

# MQSUN Inception Report and Design Document: Executive Summary<sup>1</sup>

## Impact Evaluation of the DFID Programme to Accelerate Improved Nutrition for the Extreme Poor in Bangladesh, Phase II

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Institute of Development Studies (IDS), University of Sussex, Brighton

International Food Policy Research Institute (IFPRI), Washington

BRAC Development Institute, Dhaka

Center for Natural Resource Studies (CNRS), Dhaka

ITAD, Brighton

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<sup>1</sup> The full report is available as a separate document

# Report from the Maximising the Quality of Scaling up Nutrition Programmes (MQSUN)

## *About MQSUN*

MQSUN aims to provide the Department for International Development (DFID) with technical services to improve the quality of nutrition-specific and nutrition-sensitive programmes. The project is resourced by a consortium of eight leading non-state organisations working on nutrition. The consortium is led by PATH.

The group is committed to:

- Expanding the evidence base on the causes of undernutrition
- Enhancing skills and capacity to support scaling up of nutrition-specific and nutrition-sensitive programmes
- Providing the best guidance available to support programme design, implementation, monitoring and evaluation
- Increasing innovation in nutrition programmes
- Knowledge-sharing to ensure lessons are learnt across DFID and beyond.

## *MQSUN partners are:*

Aga Khan University  
Agribusiness Systems International  
ICF International  
Institute for Development Studies  
International Food Policy Research Institute  
Health Partners International, Inc.  
PATH  
Save the Children UK

## *Contact*

PATH, 455 Massachusetts Avenue NW, Suite 1000  
Washington, DC 20001 USA  
Tel: (202) 822-0033  
Fax: (202) 457-1466

## *About this publication*

This report was produced by The Institute of Development Studies (IDS), International Food Policy Research Institute (IFPRI), BRAC Development Institute, Center for Natural Resource Studies (CNRS) and ITAD. Edited by Nick Nisbett, Richard Longhurst and Jessica Gordon. Authors include Inka Barnett, Jessica Gordon, John Hoddinott, Anisul Islam, Ferdous Jahan, Naureen Karachiwalla, Richard Longhurst, Firdousi Naher, Nick Nisbett, Shalini Roy, Valsa Shah, Philippa Tadele and Jean-Pierre Tranchant. The report presents the objectives, design, expected outputs and governance of the Department for International Development (DFID)-funded MQSUN project, entitled ‘Impact Evaluation of the DFID Programme to Accelerate Improved Nutrition for the Extreme Poor in Bangladesh’.

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## **Executive Summary**

### ***ES 1.1 Objectives***

The DFID Programme to Accelerate Improved Nutrition for the Extreme Poor in Bangladesh aims to improve nutrition outcomes for children, mothers and adolescent girls by integrating the delivery of a number of nutrition-specific (or direct) interventions with the livelihood support provided to extremely poor people by three existing programmes in Bangladesh. These three programmes are the Chars Livelihoods Programme (CLP), the Economic Empowerment of the Poorest Programme (EEP) and the Urban Partnership for Poverty Reduction Programme (UPPR).

DFID has commissioned an evaluation of the programmes' impacts and the Terms of Reference (TOR) for a mixed-methods impact evaluation (IE) of the programmes (dated 10 June 2012) are provided as Annex 1. The purpose of this Inception Report is to map progress to-date in meeting the TOR and in particular, to convey details of the agreed design, objectives, expected outputs and governance of the evaluation.

The objectives of the evaluation have been modified substantially from the original TOR over the course of the design phase in consultation with DFID to (a) ensure a robust and cost effective design for the available resources and (b) to reflect the actual programme implementation as currently planned. An earlier feasibility study was carried out in 2012 to contribute to the design reported here.

The current objectives of the evaluation are:

1. To assess the impact of the combination of direct (specific) and indirect (livelihoods) nutrition interventions in three different DFID programmes on the nutritional status of children under two; and to compare this with the impact of the existing livelihoods interventions;
2. To explain this impact, drawing on wider qualitative and quantitative evidence describing programme specific and wider societal/contextual processes with the potential to impact on programme outcomes; and
3. To assess the cost effectiveness (value for money analysis) of integrating direct and indirect interventions in the three livelihood programmes and to specify the best delivery model for doing so.

In terms of the target audiences for the evaluation, the primary users are DFID, its programme implementing partners at all levels and the Government of Bangladesh. However, DFID expects the findings to be published and disseminated more widely, to benefit secondary users including other stakeholders in the Bangladesh nutrition and development community. Moreover, since the evaluation expects to generate evidence that has wider global significance, other secondary users include global policymakers, practitioners and researchers concerned with nutrition programming.

### ***ES 1.2 Background on programmes to be evaluated***

The Chars Livelihood Programme (CLP) aims to improve the livelihoods of 1 million extremely poor and vulnerable dwellers in the remote *char* islands of north-west Bangladesh.

The Economic Empowerment of the Poorest Programme (EEP) supports 1 million people in rural and urban areas to lift themselves out of extreme poverty with livelihoods interventions, covering a range of geographical areas. This evaluation will focus on one of the sub-projects of EEP – the Economic and Social Empowerment of Extreme Poor (ESEP) Project, being implemented by Concern Worldwide in three districts: Sunamgonj, Habiganj and Kishoregonj; targeting 22,500 extremely poor households.

The Urban Partnership for Poverty Reduction Programme (UPPR) aims to improve livelihoods of 3 million poor and extremely poor people, living in urban areas, covering ten corporations and 14 municipalities.

The three programmes vary in their approach to enhancing the livelihoods of beneficiary communities, households and individuals. The nutrition package is expected to be implemented more or less uniformly across the three programmes. Both packages are summarised for the different programmes in Table ES\_1.1.

Table ES 1.1 Summary of programme interventions and beneficiaries

Programme	Livelihoods Interventions		Direct Nutrition Interventions	
	Intervention and mode of delivery	Existing beneficiaries and selection criteria	Intervention; targets and mode of delivery	Beneficiary HH
CLP	Assets plus stipends, livelihood training, water, sanitation, social development, plinths, cash for work, savings and loans, access to livestock services providers, health services, market development activities.	67,000 extreme poor households and their communities. HH must: <ul style="list-style-type: none"> <li>– Have been living for at least 6 months on island char</li> <li>– Have no ownership or access to land</li> <li>– Have productive assets worth not more than Tk5,000</li> <li>– Not own more than two goats/sheep or 10 fowl or one shared cow</li> <li>– Not be receiving cash/ asset grants from another programme</li> <li>– Have no regular source of income</li> <li>– Be willing to attend weekly group meetings for 18 months</li> </ul>	<p>Nutrition support (behavioural change):</p> <ul style="list-style-type: none"> <li>– Awareness and counselling on IYCF De-worming for pregnant women after first trimester and for the under fives</li> <li>– Iron and folic acid for pregnant and lactating women and for adolescent girls</li> <li>– Micronutrient supplementation (MNS) for children under two</li> <li>– Establishing nutrition and hygiene groups for adolescents</li> <li>– Training in hygiene and environmental health.</li> </ul>	66,770 HHS – nearly all livelihood households.
EEP Concern	<p>Input support for livelihoods: cropping; livestock; fishing; bamboo working; small businesses; tailoring, etc.</p> <p>Capacity building: mobilise self-help groups; facilitate CBOs; skills transfer.</p> <p>Innovation support; market linkage and access to</p>	<p>22,500 extreme poor HH and their communities. HH must have:</p> <ul style="list-style-type: none"> <li>– <i>Per capita</i> income &lt;BDT21/day</li> <li>– No access to microfinance</li> <li>– Homestead land: 3 decimal or less; no cultivable land.</li> </ul> <p>Supp. criteria include destitution; food insecurity (<math>\leq 2</math> meals/day); headed by widowed/divorced/abandoned/disabled; ethnic minorities; vulnerability to flood/wave.</p>	<ul style="list-style-type: none"> <li>– Micronutrient supplementation (MNS) for children under two</li> <li>– Establishing nutrition and hygiene groups for adolescents</li> <li>– Training in hygiene and environmental health.</li> </ul>	All livelihoods beneficiary households.

	value chains.			
UPPR	Savings and credit, business start-up; settlement improvement funds, social development and protection.	800,000 poor and extremely poor households in urban slums/informal settlements.		Sub-selection of poorest livelihoods beneficiary households.

The expected impacts on beneficiary households' nutritional status include a 3 per cent reduction in stunting and wasting amongst children under five; a 15 per cent reduction in anaemia in this target group plus adolescent girls; and a 5 per cent reduction in anaemia amongst pregnant and breastfeeding mothers.

### ***ES 1.3 Key questions, evaluation design and components***

The primary questions proposed in the original TOR for the evaluation (Annex 1) have been modified during the feasibility study and in discussion with DFID and the programme implementing partners (hereafter 'programme partners') to focus on anthropometric outcomes for children under two. More proximate indicators will also be considered (including, e.g. service uptake, improvements in household assets, infant and young child feeding practices) as impacts by the evaluation, but other final outcomes to be measured as specified in the original TOR (including, e.g. nutritional status of adolescent girls, pregnant and breastfeeding women) were dropped at the feasibility stage due to cost considerations, along with the inclusion of a quantitative midline survey.<sup>2</sup>

The design specified here combines a number of different analytical strands and both quantitative and mixed methods components within a strong theory-based design (see Section 1.3, main report). Table ES 1.2 maps the final three main objectives of the evaluation to the primary research questions and then to the evaluation methods to be employed within each objective. Each objective maps to a specific evaluation component:

- The *Quantitative Impact component* is designed to meet the first objective in providing quantitative estimates of outcomes and impacts of both direct and indirect nutrition interventions that support the testing of the hypotheses, as well as providing a rigorous assessment of the programme assumptions between outcomes and impacts;
- The *Exploratory/Explanatory component* is designed to meet the second objective in collecting a range of qualitative and quantitative data to explore programme-specific and wider societal and contextual processes and test programme assumptions, which might explain any detected outcomes (or lack thereof);
- The *Cost Effectiveness component* is designed to meet the third objective in providing an estimate of the costs of different interventions in terms of their impact on child under nutrition; these estimates can be compared globally.

Each component will make a unique contribution to the causal inference analysis of this evaluation, linking the interventions with the nutritional outcomes within the theory-based framework. The report identifies a number of ways in which the sequencing, management and oversight of the evaluation will

<sup>2</sup> A separate project document is available detailing these changes.

ensure adequate integration of these components at key stages of the evaluation, including: preparatory work, instrument design, fieldwork and analysis and reporting. In particular:

- The initial quantitative baseline survey will inform the sample selection for the *programme focus clusters and the community focus clusters* (see Section 5, main report). This will allow for issues highlighted in the baseline survey (e.g. on specific-contextual factors) to be followed up by more in-depth qualitative explorations;
- The findings from the ongoing exploratory/explanatory component will feed into the development of the quantitative endline survey to allow follow-up at a more representative and generalisable scale;
- At the final analysis stage, the different methodologies will be combined and merged using an iterative process whereby, for example, contextual factors and insights into causal mechanisms from the exploratory/explanatory component will be integrated with the quantitative estimates on impact;
- The nature of the qualitative investigations in the exploratory/explanatory component might also offer new avenues for the analysis of the quantitative survey and suggest additional strategies for the stratification and disaggregation of data.

*Table ES 1.2 Evaluation objectives mapped to questions, components and methods*

<b>Evaluation Component</b>	<b>Evaluation Objective</b>	<b>Research Questions</b>	<b>Metrics /Type of Data or Explanation Required</b>	<b>Methods and Source of Data</b>
Quantitative impact	To assess the impact of the combination of direct (specific) and indirect (livelihoods) nutrition interventions in three different DFID programmes on nutritional status of children under two. To compare this with the impact of the existing livelihoods interventions.	<p>What is the impact on nutrition outcomes of receiving a combination of livelihoods and direct nutrition interventions (denoting this scenario 'L+N'), relative to receiving a livelihoods intervention only (denoting this scenario 'L only')?</p> <p>What is the impact on nutrition outcomes of receiving a combination of livelihoods and direct nutrition interventions ('L+N'), relative to receiving no intervention (denoting this scenario 'C' for comparison)?</p> <p>What is the impact on nutrition outcomes of receiving a livelihoods intervention only ('L only'), relative to</p>	Quantitative estimates of programmes causal impacts on beneficiary outcomes compared with counterfactual of no programme intervention.	<p>Baseline and endline surveys of HHS as repeated cross-section. HHS randomised to receive nutrition component; outcomes analysed via difference in difference approach.</p> <p>Comparison HH selected via quasi-experimental methods (RDD or matching).</p>

		receiving no intervention ('C')?		
Exploratory and explanatory	To explain (any quantifiable) impact, drawing on wider qualitative and quantitative evidence describing programme-specific and wider societal/contextual processes with the potential to impact on programme outcomes.	<p>What are the critical processes and mechanisms in implementation of the programme strategy? Were the processes implemented as planned and to what extent has this affected achievement of outputs?</p> <p>How does the quality of programme delivery relate to more proximate outcomes (care, feeding, livelihoods, etc.) identified in the quantitative survey and how does this explain the impacts detected (or not detected)?</p> <p>What wider interactions between societal, community, family and programme structures might influence intervention uptake and behavioural change?</p> <p>What are the contextual factors that can enhance or hinder the programme uptake? This will include an in-depth examination and testing of the programme assumptions and causal chain processes (described in the ToC) within the context of the study communities.</p>	<p>Qualitative and quantitative data on critical components in programme planning, resourcing (including staffing) and delivery; beneficiary targeting and access.</p> <p>Quantitative data on more intermediate outcomes (e.g. assets, access to services, HH food security; infant and young child feeding practices).</p> <p>Qualitative data on the social networks, relationships, interactions and communication structures within the community.</p> <p>Qualitative data on:  – Personal views, perceptions and judgements on the interventions;  - Nutritional behaviour patterns and resources;  – Context of programmes and interventions and how this can influence interventions;  – Family structures and household decision-making processes in relation to the interventions;  – Contextual factors and wider community</p>	<p>Process Mapping Process Diary.</p> <p>Quantitative survey data.</p> <p>Existing programme MIS/M&amp;E data including reporting against logframe.</p> <p>Social mapping In-depth interviews Focus group Discussion Participatory Observation Life history</p> <p>As above</p>

			changes and the effect of the interventions on community structures; – Barriers and facilitators of intervention uptake.	
Cost Effectiveness	To assess the cost effectiveness (value for money analysis) of integrating direct and indirect interventions in the three livelihood programmes and to specify the best model for doing so.	<p>What is the unit cost of changes to child stunting for each of the three programmes for both L only, and L+N? Which nutrition intervention is the most cost effective, and why?</p> <p>How cost effective are these programmes compared with similar programmes in other countries and contexts?</p> <p>What are the main cost categories, and how do they compare to external benchmarks? If possible to assess, what are the main cost drivers that justify relatively high costs?</p> <p>What are the total costs incurred by society and opportunity costs incurred to participate in the programme?</p>	<p>Estimates of changes in child stunting: % change in HAZ (height-for-age Z score):</p> <ol style="list-style-type: none"> <li>1. How much did it cost to increase HAZ by x% using 'L' only?</li> <li>2. How much did it cost to increase HAZ by x% using 'L+N'?</li> </ol> <p>Conversion of HAZ scores into cost per DALY (Disability Adjusted Life Years) for each intervention. If data permits the evaluation will also attempt to convert Z scores to DALYs using standardised assumptions from WHO and region-specific literature in a model built up from first principles.</p> <p>Actual (not projected) monetary value of direct costs (project inputs, equipment, services, HR, etc.) and indirect costs (office services, security, administrative staff, etc.) per year for each programme (see Annex 5).</p> <p>Documentation of total resource costs incurred in delivery of intervention (used in unit cost analysis) and extra opportunity costs incurred and reported by beneficiaries (estimated by local</p>	<p>Cost Effectiveness Analysis of detailed financial data on programme expenditure and end-user cost data from quantitative survey.</p> <p>Quantitative survey baseline and endline data; Standardised data assumptions and threshold indicators on cost effective DALYs from WHO; region-specific literature.</p> <p>Disaggregated financial data from all programmes (see Annex 5).</p> <p>External benchmarks from similar programmes; regional literature on cost drivers</p> <p>Opportunity costs tracked in quantitative survey.</p>

		<p>What are the unquantified benefits, direct and indirect of the nutrition interventions?</p>	<p>wages in community if relevant to foregone benefits).</p> <p>Qualitative and process data on intervention efficiency; beneficiary perceptions including direct/indirect benefits and costs of intervention; barriers to accessing intervention, etc.</p>	<p>Qualitative and process-related investigations as part of Exploratory/ Explanatory component (in-depth interviews, focus group discussions, detailed life histories, participatory observation, process map and process diary).</p>
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## ***ES 1.4 Component design summary***

The key methodological approach of each component is summarised here:

The ***quantitative impact component*** will provide quantitative estimates of outcomes and impacts of both direct and indirect interventions that support the testing of the primary questions on programme impact, as well as feed into a rigorous assessment of programme assumptions between outcomes and impacts. The design of the evaluation will rely on a repeated cross-section of each of three groups: those receiving livelihoods plus nutrition support ('L+N'), livelihoods only ('L only') and a comparison group ('C') not receiving the interventions. A representative sample of children under two years of age will be drawn from the target population at baseline, and a new representative sample re-drawn from the same target population at endline. The relative impacts of the components of 'L+N' versus 'L only' will be estimated using the statistical 'double-difference' approach.

For each key nutrition outcome, the difference at baseline between 'L+N' and 'L only' groups will be subtracted from the difference at endline between the two groups (see Section 4.1, main report). Given that the livelihoods interventions began long before the inception of this evaluation, the construction of the comparison groups has required some careful thought. We will construct comparison groups formed of a group of non-beneficiary households that looked very similar to eventual-beneficiary households before any interventions were in place. These comparison groups will be constructed by assessing similarity in observable pre-intervention characteristics, collected during the baseline survey (see Section 4.2, main report).

The baseline survey instrument will elicit information on household characteristics, knowledge, attitudes and practice, measures of health status and direct measures of anthropometry. The endline survey will be fielded 24 months after the baseline and will include the modules from the baseline survey, such that changes can be detected. The endline survey will additionally include questions on beneficiary households' programme experience, as well as quantitative exploration of issues drawn from the qualitative investigation. Variations in data outcomes according to the season when the data are collected will be taken into account.

The ***exploratory/explanatory component*** will explore underlying causal processes and mechanisms operating at a community and a programme level; providing detailed contextual analysis that will help to explain how and why the combination of indirect and direct nutrition interventions may have had an impact on child nutrition outcomes if such an impact is detected, or explain the reasons why not. While this component cannot make definite claims about causality (this will be addressed by the quantitative impact component), it will allow for an in-depth exploration of the causal pathways along the programme theory of change (see Section 3.2, main report) and test the programme assumptions therein. A range of different methodological approaches (including further analysis of survey data, programme MIS data and logframe indicators, in-depth interviews, focus groups, observations and participatory mapping) carried out in both randomly and purposively sampled study locations, with a wide range of beneficiaries and programme staff, will provide a comprehensive insight into the operation of programme and community processes within each intervention. These case studies will also complement, extend and discuss the findings from the quantitative impact and cost effectiveness components.

The ***cost effectiveness component*** will allow an estimate of the costs of different interventions (internal efficiency) in terms of their impact on child undernutrition; these estimates can be compared globally, usually defined as 'cost per unit' measure of outcome. The cost per unit change in Z scores for each of the three intervention types will be estimated, so it will be possible to conclude which is the most cost effective. For external comparisons and further benchmarking, Z scores will be converted to DALYs (data permitting). This will allow a cost per DALY to be estimated for each intervention type and allow benchmarking with similar interventions in the region and globally.

This component will therefore address two central research questions, regarding (a) the greatest change in wellbeing of the beneficiaries from the intervention and (b) the most cost effective means of delivery. The cost effectiveness analysis will draw on programme costs and an analysis of evaluation findings.

### ***ES 1.5 Governance; internal and external communications and research uptake***

The evaluation is funded by DFID under the structure of its framework arrangement ‘Maximising the Quality of Scaling up Nutrition (MQSUN) that was signed with an international consortium led by PATH. The overall management and coordination and quality assurance of the evaluation will be the responsibility of IDS, with responsibilities for specific sub-components of the evaluation divided between IDS, IFPRI and ITAD and their in-country partners in Bangladesh, BRAC Development Institute, DATA and CNRS. IDS has appointed a part-time Programme Manager responsible for leading on the general management and coordination of the evaluation programme activities, ensuring effective internal and external communications, monitoring risks and reporting to PATH on behalf of all partners on the evaluation’s progress on a monthly basis, who in turn report to DFID and ensure final quality control.

In addition to the management structure described here, two formal governance structures will be utilised to uphold the overall quality and independence of the evaluation – the DFID Management Group and an independent external Specialist Evaluation and Quality Assurance Service (SEQAS) contracted by DFID to provide specialist technical advice and recommendations on the evaluation design and quality.

The primary users of the evaluation are DFID, its programme implementing partners at all levels, and the Government of Bangladesh. DFID’s implementing partners have actively participated in the design of the evaluation, most notably through discussions at the Inception Workshop held in April 2013. The evaluation will also provide valuable contributions to the wider knowledge base about improving nutritional outcomes in Bangladesh globally, and potentially shape the design of future policies and interventions implemented in the intervention sites and elsewhere. DFID therefore expects the findings to be published and disseminated more widely. Secondary users include other stakeholders in the Bangladesh nutrition and development community and, since the evaluation expects to generate evidence that has wider global significance, to global policymakers, practitioners and researchers concerned with nutrition programming.

As a guiding principle, the evaluation will be conducted in a professional and ethical manner, with strict respect for a number of ethical codes and principles of integrity, honesty, confidentiality, voluntary participation, impartiality and the avoidance of personal risk. Adherence to these guiding principles will be overseen by IDS and IFPRI in collaboration with IDS’ Research Ethics Committee and IFPRI’s Internal Review Board.