

## Opening up economic opportunities to address undernutrition: Concern Worldwide's experience with the Graduation Approach

CONCERN  
worldwide

ENDING  
EXTREME POVERTY  
WHATEVER  
IT TAKES

### Introduction

719 million people in the world live on less than \$2.15 a day. This equates to approximately 9% of the world's population living below the global poverty line (World Bank). Secure livelihoods offer people living in extreme poverty a pathway to forge their way out of it; one of the approaches Concern Worldwide uses to facilitate this pathway is the **Graduation' Approach**. The Graduation Approach is an example of a 'big push' intervention designed to move people out of conditions of extreme poverty by simultaneously boosting livelihoods and income, providing access to financial services and improving social wellbeing. The approach provides an integrated and sequenced package of support to targeted households over a period between 18 to 36 months. Collectively, this package helps people to address the root causes of, and barriers they face to moving out of poverty – from situations often defined by food insecurity and high levels of vulnerability towards sustainable livelihoods.

Concern has been implementing graduation programmes since 2007 and as of 2024, has implemented programmes in 11 countries (Bangladesh, Burundi, Chad, the Democratic Republic of Congo, Ethiopia, Haiti, Malawi, Pakistan, Rwanda, Somalia and Zambia) - reaching 172,846 people directly and many more indirectly. Alongside programme implementation, Concern has engaged in several high profile pieces of research with the aim to producing learning on what works and where. Between 2012 and 2016, Concern partnered with the Centre for Social Protection at the UK's Institute for Development Studies to assess changes in key indicators over time and the sustainability of these changes (**Rwanda**) and the contribution of the coaching component (**Burundi**). Continued collaboration between 2017 and 2019 further explored graduation trajectories and the effect of graduation programmes on intra-household dynamics and inter-generational transmission of poverty. Then between 2017 and 2021, Concern partnered with TIME (Trinity Impact Evaluation Unit) at Trinity College Dublin in **Malawi** to test an innovative approach to engaging male and female spouses in gender transformative dialogue to improve gender equality and poverty-related outcomes amongst programme participants.

In addition to these pieces of operational research, Concern has also undertaken impact evaluations and smaller studies in **Bangladesh**, the **Democratic Republic of Congo**, **Ethiopia**, **Haiti**, **Somalia** and **Zambia**.

### The interface between socio-economic inequalities and undernutrition

Social and economic inequalities and nutritional status are intertwined. What people can, or choose to consume, is determined by multiple factors including social (culture, family, peers and meal patterns) and economic (cost, income and availability) determinants<sup>1</sup>. Social and economic exclusion (including gender inequality) and the barriers that block or limit an individual's participation in social and economic life can have significant implications on nutritional status. Malnutrition and poor health also limit productivity thereby creating a vicious cycle of poverty and malnutrition. This creates a strong argument for focusing on social and economic inclusion, defined as '*the opening up of economic opportunities to under-served social groups*'<sup>2</sup> in order to address undernutrition.

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<sup>1</sup> <https://www.eufic.org/en/healthy-living/article/the-determinants-of-food-choice>

<sup>2</sup> European Bank for Reconstruction and Development

This brief is one of a series of briefs synthesizing Concern's experience adopting the Graduation Approach since 2007 and looks specifically at how programmes have addressed undernutrition. It shares specific examples from **Burundi, Rwanda** and **Malawi**.

## The nutritional impact of the Graduation Approach

There are several hypotheses around a set of indicators that are monitored before, during and after the programme has been implemented. Whilst programmes have a specific theory of change, participants are expected to see improvements in several of the following - asset ownership, food security, spending on basic needs, savings, ability to borrow and repay loans, investment in education, investment in health and preventative health care, hygiene practices, empowerment over household decision making, and engagement in social activities and community institutions.

Whilst, the Graduation Approach is not a nutrition-specific intervention, nutrition (or more accurately undernutrition) is a key determinant of extreme poverty meaning that programmes must be nutrition-sensitive. This is achieved via several means: 1) targeting based on community-based vulnerability criteria; 2) referral to preventative and curative health and nutrition services; 3) delivering basic nutrition behaviour change messages through case managers and, 4) diversification of livelihoods to increase and stabilize income. Overtime it is expected that programmes will lead to participants improving their food and nutrition security – both during the period of intervention as well as post-intervention. Standard indicators used to monitor changes include (but are not limited to):

Indicator	Definition
Meals per day	Number of meals consumed during the previous 24 hours.
Hunger gap	Number of months that households struggle to meet their minimum daily food requirements.
Household Dietary Diversity	The average number of different food groups consumed by households over a given reference period (normally 24 hours).
Annual Food Security Index	Consist of 9 questions considering meal consumption, portions, meat consumption, access etc.
Recent Food Security Index	Consists of 3 questions considering meat consumption, number of meals eaten, reduced consumption etc.

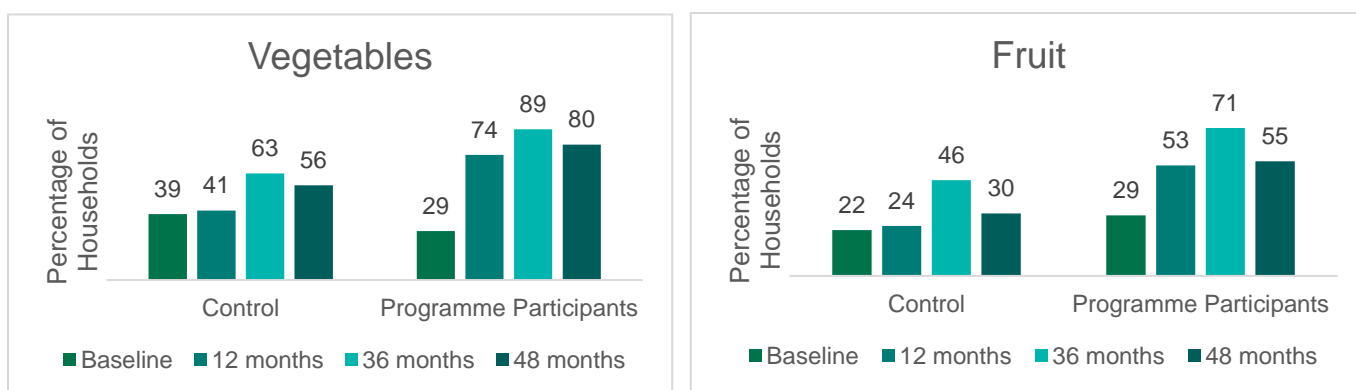
Other indicators are sometimes used, including Child Dietary Diversity, Social and Behaviour Change through Knowledge, Attitudes and Practices (exclusive breastfeeding etc.) and Access to Services.

## Evidence of impact

### Rwanda

In **Rwanda**, research between 2012 and 2016 found that the programme had a significant impact on people's consumption habits in the first twelve months of the programme. The number of participating households eating meat at least once a month increased from 8% to 41%, whilst the number of households drinking milk at least once a week increased from 4% to 20%. Thereafter, meat consumption stayed steady whilst milk consumption continued to rise between 12 to 36 months to 27%. Whilst consumption of both fell back by 48 months (12 months post-intervention), they remained significantly higher than levels at baseline. Participating households were also significantly more likely to grow their own vegetables and fruit following engagement in the programme - 29% to 74% (vegetables) and 53% (fruit) after the first twelve months. This growth continued for the next two years to 89% of households growing vegetables and 71% of households growing fruit 36 months after the start of the programme.

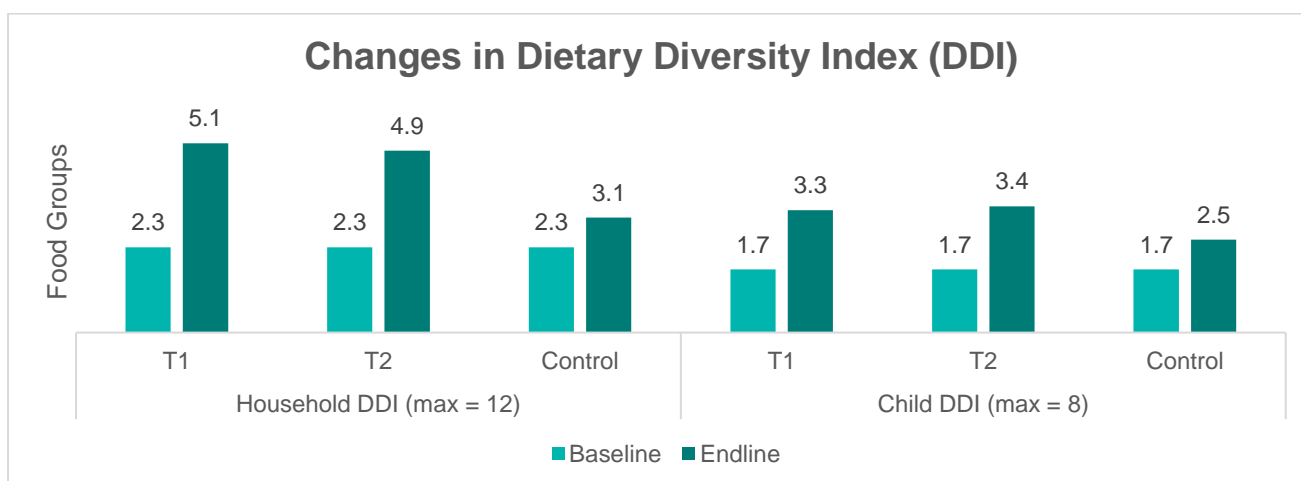
Figure 1: Changes in Growing Vegetables and Fruit in Rwanda 2012-2016



## Burundi

In **Burundi**, research between 2012 and 2016 found that the programme had a significant impact on the food security amongst participating households. At baseline, the number of **meals per day** consumed by adults and children was low, with the vast majority only eating one meal per day. This situation improved greatly over time, with an average of 2 meals per day consumed by adults and 2.3 meals per day consumed by children by the end of the programme. **Months of hunger** also improved. At baseline, households experienced on average more than 7 months of hunger in the 12 months preceding the interview, with as many as one in four of all households reporting being hungry for 12 months out of 12. At endline, the highest proportion of participating households (35%) reported zero months of hunger with the average being one and a half months compared to a control group who were still reporting 6 months of hunger in the preceding 12 months. Participating households also saw significant changes in their **dietary diversity**. At baseline, all adults (participating and control group households) reported consuming approximately 2.3 food groups in the past 24 hours. Whilst at endline, the **Household Dietary Diversity Index (HDDI)** score improved more than two-fold for adults in participating households compared to only a third amongst control households. Dietary diversity was greatest amongst those participating households who received higher treatment (greater levels of coaching) with approximately 5.18 food groups consumed in the past 24 hours compared to approximately 4.92 food groups consumed in the 24 hours amongst participating households who received lower treatment (lower levels of coaching). Comparatively, adults in control group households reported consuming approximately 3.07 food groups in the past 24 hours. For children, the results are similar with the programme leading to significant improvements in the diversity of children's diets. The average **Children Dietary Diversity Index (CDDI)** score for children in participating households doubled from 1.7 to 3.4 food groups consumed in the past 24 hours between baseline and endline, whilst it increased by a smaller amount (from 1.7 to 2.5 food groups) for children in control group households.

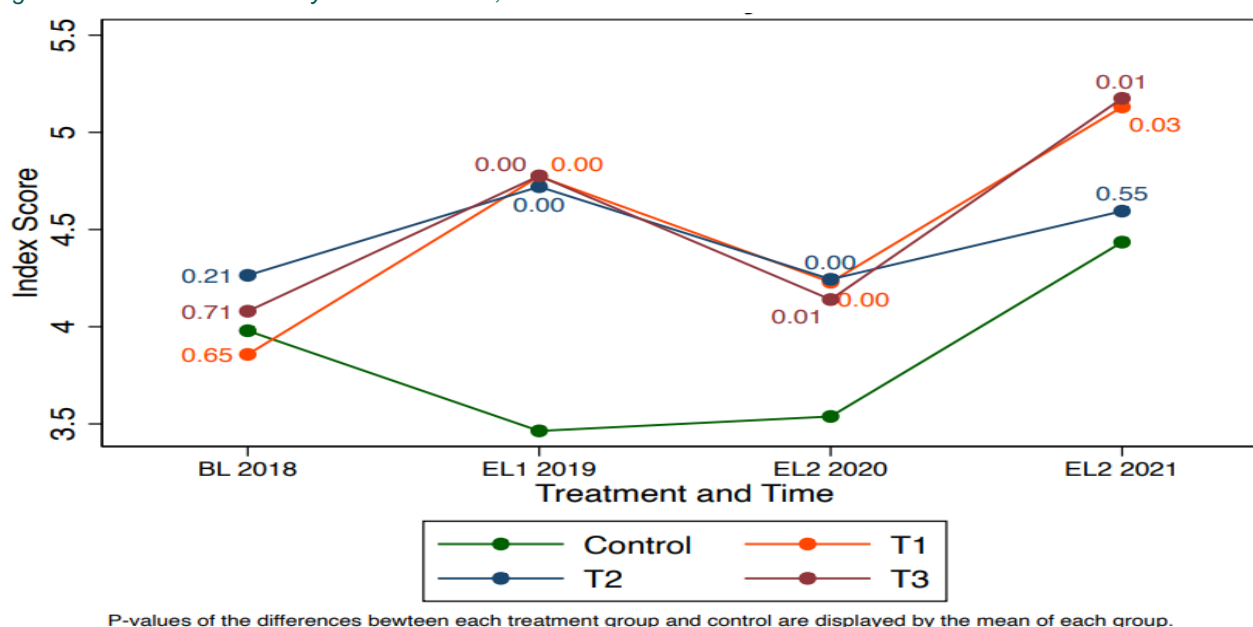
Figure 2: Changes in Household and Child Dietary Diversity in Burundi, 2012-2026



## Malawi

Three different measures were used to capture household level food and nutrition security data – Annual Food Security Index (which considered the lean season in Malawi), Recent Food Security Index and the Household Dietary Diversity Index (HDDI). In Malawi, research found that all participating households had a score 13-15% higher (equivalent to .5 - .6 points) on the **Annual Food Security Index** than control households five months post-intervention, with the effect greatest amongst female-targeted households. This remained the same 17 months post-intervention. Regardless of time-period, all participants also saw an increase in their score on the **Recent Food Security Index**. Five months post-intervention, participating households had a score that was .2 points higher than that of households in the control group and this remained the same 17 months post treatment. The difference was marginally higher amongst households engaged in gender transformative dialogue. Finally, participating households saw improvements in their score on the **Household Dietary Diversity Index**. Five months post-intervention, households in the control group reported consuming approximately 5.3 food groups in the past 24 hours. This improved slightly, to approximately 5.45 food groups in the past 24 hours, 17 months post-intervention. Participating households reported a score that was 0.4 points higher than the control group five months post-intervention and this difference was sustained 17 months post-intervention.

Figure 3: Annual Food Security Index in Malawi, 2017-2022



## Summary

In summary, social and economic inequalities and nutritional status are clearly intertwined. What people can, or choose to consume, is determined by multiple factors including social (culture, family, peers and meal patterns) and economic (cost, income and availability) determinants. Social and economic exclusion and the barriers that block or limit an individual's participation in social and economic life can have significant impacts on what people can or choose to consume. Malnutrition and poor health also limit productivity thereby creating a viscous cycle of poverty and malnutrition. The findings presented above support the argument for focusing on social and economic inclusion in order to address nutritional outcomes – particularly undernutrition.