



**Fighting Maternal and Child Malnutrition:
*Analysing the political and institutional determinants of delivering a national
multisectoral response in six countries***

A synthesis paper¹

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**Comparative study prepared for DFID
by the Institute of Development Studies**

April 2012

¹ Lawrence Haddad played a substantial role in the framing and analysing of research findings. We benefited from valuable comments and suggestions from Anna Taylor, Tanya Green, Jay Goulden, as well as all country authors and country officers at DFID. All errors remain our responsibility.

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Abbreviations

AL	Awami League
ACF	Action against Hunger
BNNC	Bangladesh National Nutrition Council
Bolsa Família (BF)	Family Grant
CIAS	Technical Secretariat for Social Affairs
CONSEA	National Council for Food Security
CRECER	Peru's National Strategy for Poverty Reduction
CSO	Civil Society Organisation
DA	Development Army
DFID	UK Department for International Development
DHS	Demographic and Health Surveys
EHNRI	Ethiopian Health and Nutrition Research Institute
EPRDF	Ethiopian People's Revolutionary Democratic Front
FAO	United Nations Food and Agricultural Programme
Fome Zero	Zero Hunger
GAIN	Global Alliance for Improved Nutrition
GDP	Gross domestic product
GMP	Growth monitoring and promotion
GoB	Government of Bangladesh
HIV	Human Immunodeficiency Virus
HSDP	Health Sector Development Programme
ICDS	Integrated Child Development Scheme
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MDS	Ministry for Social Development and the Fight against Hunger
MEF	Ministry of Finance and Economy
MoFED	Ministry of Finance and Economic Development
MoA	Ministry of Agriculture
MoE	Ministry of Education
MoH	Ministry of Health
NFHS	National Family Health Survey (India)
NFNC	National Food and Nutrition Commission
NGO	Non-governmental Organisation
NNMB	National Nutrition Monitoring Board
NPAN	National Plan of Action on Nutrition
NRHM	National Rural Health Mission
PCM	Presidency of the Council of Ministers
PDS	Public Distribution System
PRI	Panchayati Raj Institutions
PRSP	Poverty Reduction Strategy Paper
PSCAP	Public Service Capacity Building Programme
PSNP	Productive Safety Net Programme
RBB	Results-based Budgeting

SC	Supreme Court
SHNP	School Health and Nutrition Policy
SNNP	Southern Nations, Nationalities and Peoples Region (Ethiopia)
SUN	Scaling Up Nutrition
SWAp	Sector Wide Approach
TPDS	Targeted Public Distribution System
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VHND	Village Health Nutrition Day
VHSC	Village Health and Sanitation Committee
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

Executive Summary

The burden of undernutrition chronically afflicts 171 million children worldwide. This devastating circumstance has lifelong negative consequences such as stunted growth and impaired cognitive development that permanently disable a child's potential to become a productive adult. One of the underlying reasons why undernutrition persists is because of the lack of credible and sustained government commitment to tackle the issue. This is likely to change however with renewed efforts to end undernutrition such as investing in lifesaving nutrition interventions for the most vulnerable, ensuring appropriate funding and building capacity to deliver those interventions, with a focus at the country level. Yet, the governance of the nutrition sector remains an under explored area in advancing the nutrition agenda. In the context of global efforts, e.g. the Scaling Up Nutrition movement, this is a critical time to understand *how governance works best to improve nutrition outcomes* in the developing world, and how nutritionists, development actors, civil society, private sector and donors can support government officials in sustaining political commitments over the long term.

Why focus on the governance of the nutrition sector? Because governments need to demonstrate capacity, accountability and responsiveness to effectively reduce the burden of undernutrition. First, governments need to be *capable of coordinating policy interventions* to deal with the multiple causes of undernutrition such as poor diets, unclean water, insufficient sanitation, illness and poor parental care. Government coordination is an elusive goal, as it requires articulating diverse approaches and interests across different government sectors, ministries and non-governmental actors. Second, governments must be *accountable to the needs of the most vulnerable*. Undernutrition however, is often invisible until it becomes highly acute and produces devastating consequences. The implication is that organised civil society, the media and the private sector need to generate public awareness and demand government officials to take action. Finally, governments need to provide *rapid and effective responses* to prevent irreversible damage from undernutrition. Nutrition interventions are most effective when they take place within a relatively short window of opportunity, of 1,000 days from conception to age 2. This report shows that strengthening nutrition governance will directly contribute to the improvement of nutrition outcomes.

Previous efforts to define nutrition governance have focused on enabling institutional or organisational factors, without exploring the role of key stakeholders and their motivations. For example, the WHO-led Landscape Analysis reports on several indicators of nutrition governance, such as whether governments are committed to having a national nutrition plan, which is also part of the national development strategy; have set up intersectoral coordinating committees; maintain regular surveys and data collections or allocate budget lines for nutrition strategies and plans. Yet, there is much to understand about why and when different stakeholders would want to coordinate with one another in the formulation and implementation of nutrition policies or why would local government officials want to implement national policies. At the national level, it is relevant to ask: why are some countries that are strongly committed to the nutrition agenda, able to effectively reduce the burden of malnutrition, while others make insufficient or no progress at all? And more specifically, *what exactly do we mean when we talk about 'political commitment' or 'strong leadership' around nutrition initiatives?*

This study adopts a *political economy* approach to compare such differences, taking into account diverse and conflicting stakeholders' motivations, the institutional and organisational structures in which they operate and their capacity to mobilise different funding and political resources at any given time. The study compares government nutrition strategies in six countries: *Bangladesh, Brazil, Ethiopia, India, Peru and Zambia*. All countries exhibit medium and strong nutrition governance indicators but only some are on track for reaching the MDG nutrition target by 2015, while others show insufficient or no progress at all (WHO 2009). The purpose of this study is to go beyond the

vague notion of ‘political will’ and explore: when do governments commit to adopting and implementing a national nutrition strategy and create effective incentives, motivations and alliances so that policymakers deliver appropriate and comprehensive nutrition policies in the long run.

The study proposes a four pillar nutrition governance framework: intersectoral cooperation across stakeholders, vertical coordination within the government and the financing mechanisms for nutrition policymaking and implementation. A fourth dimension, common to all, is the extent to which countries are committed to developing accurate indicators of nutrition and required budgets, that are validated by a wide array of stakeholders and the extent to which the data is effectively used to monitor progress. Good quality data can also help civil society groups to advocate for more focused and sustained government interventions. The report identifies knowledge gaps, and which institutional arrangements and political dynamics are more likely to advance government efforts in reducing maternal and child undernutrition.

The study reports ten key findings from the six country studies:

1. ***The direct involvement of the Executive Branch (at Presidential or Prime Ministerial level) is critical for success of nutrition efforts.*** This involvement helps raise public awareness of the nutrition problem, coordinates efforts of different line ministries and agencies and protects the essential nutrition funding allocations. How to secure this direct involvement? Executive leadership, agenda setting and messaging all played key roles in Brazil, Peru and in Ethiopia. By placing leadership for poverty reduction (and subsequently reductions in undernutrition) with the president, as done in Brazil, stunting levels have dropped significantly.
2. ***Bodies set up to coordinate nutrition actions*** can play a critical role to facilitate cooperation across government ministries, facilitate effective funding allocations, monitor progress and include other stakeholders in the decision-making process. But they can just as easily be ineffective fig-leaves, meeting infrequently and without much power to demand change. In Zambia, the recent government change has opened a unique opportunity to secure additional commitment around nutrition by their intent to strengthen the functions and funding available to the National Food and Nutrition Commission.
3. ***Framing nutrition as part of the national development agenda.*** Giving nutrition a high national profile can generate greater public awareness and concern around critical nutrition issues. This is most effective when nutrition is framed as part of a broader development agenda. In Peru, civil society movements and other stakeholders organised around the Children’s Nutrition Initiative played a critical role to encourage the government to include nutrition goals as part of Peru’s poverty reduction strategy.
4. ***Developing a single narrative about the severity of undernutrition*** can help set clear policy goals. In Bangladesh, there is a strong and well-organised policy infrastructure operating under the Ministry of Agriculture and the Ministry of Food and Disaster Management to ensure food distribution and availability. Despite the lack of real nutritional value, the price of rice is a hotly debated topic in the public domain and is widely considered to be critical for electoral survival. The Government could use well coordinated existing institutions in charge of food supply and prices, to generate greater inclusion, public awareness and electoral accountability around nutrition outcomes.
5. ***Delivering nutrition services to the local level*** tends to work better in countries that have adequate decentralised structures. Some factors that facilitate service delivery include the presence of a political party structure; existing ministerial bureaucracies; donor or

government capacity to provide technical support at all levels and the availability of reliable nutrition data and performance indicators. Effective decentralised structures can also contribute to improved capacity of government offices at the regional and local levels, through training programmes as well as professional incentives and salary rewards. In Ethiopia, the vertical structure of the EPRDF government party offers a unique opportunity to ensure effective and transparent implementation of nutrition policies through Development Army workers, all the way to the local (*Kebele*) level.

6. ***Encourage local ownership of nutrition programmes and their outcomes.*** Incumbent politicians are more likely to commit efforts to improve nutrition outcomes – and secure the funding for them – when they are directly accountable to citizens’ demands. In general, food distribution schemes tend to generate electoral demand and political commitment, but the challenge consists in aligning the (successful) implementation of nutrition programmes with their own electoral success. In Brazil, the success of national poverty reduction schemes (such as *Bolsa Familia*) encouraged local mayors from the government and opposition parties to further support and sponsor these programmes in their own districts and benefit from the electoral rewards.
7. ***Support civil society groups to develop social accountability mechanisms.*** When civil society groups have the capacity to produce, analyse and disseminate credible data, they can make undernutrition problems visible and improve the scope and quality of service delivery. Civil society groups have actively campaigned on behalf of nutrition issues in Brazil and India. In Brazil however, CSOs influenced and shaped nutrition policies more effectively because they directly engaged with (and became part of) political parties, government ministers and local governments, to turn nutrition campaigns into government policies.
8. ***Collect nutrition outcome data at regular intervals*** especially in highly dynamic and fragile contexts. Frequent data observations to monitor progress are preferable to the development of detailed nutrition indicators. The absence of accurate and timely nutrition data has been a major limitation in formulating nutrition strategies in all countries, especially Bangladesh and India. Regularly updated and well-collected data is crucial for identifying coverage gaps and for preventing and responding to emerging crises, such as in areas of Bangladesh and Brazil, where flooding and climate change has increased the vulnerability of the most undernourished populations. Collecting data in a frequent and reliable manner is key to expanding political commitment, tracking progress and allocating needed funding for nutrition initiatives.
9. ***Use centralised funding mechanisms to generate greater incentives to cooperate in the design, implementation and monitoring of nutrition interventions.*** By contrast, if line ministries mobilise funding from a wide array of sources, they are more accountable to external rather than domestic funding sources. In Bangladesh, nutrition funding could significantly improve if donors channelled transfers through central coordination bodies, while ensuring rapid and transparent allocation of funds.
10. ***Governments should create financial mechanisms to protect and earmark nutrition funding and use it in a transparent way.*** The presence of alternative sources of funding from extractive industries or private sector investments can enhance the targeting and effective allocation of nutrition funding in the long run. In Zambia, the adoption of a 1 per cent Medical Levy suggests that there is potential for channelling tax revenue from mining companies to fund nutrition strategies in the long term.

In the context of a renewed global commitment to end undernutrition, embodied by the Scaling Up Nutrition (SUN) movement, this report offers an array of analytical tools, new knowledge and policy recommendations to understand how governance works to improve nutrition outcomes. The existing technical and scientific evidence is relatively clear to show ‘what works’ for reducing undernutrition. The challenge is making sure these interventions are delivered through governance systems that make them cost-effective and sustainable. The six country case studies that accompany this comparison study provide detailed insights into how governance around nutrition issues within these high burden countries (with the exception of Brazil) has unfolded and where decisions have paid off. The analysis examines where there is a need for rethinking political motivations for intersectoral cooperation, how to make effective use of single party structures for effective service delivery or how to minimise the fragmentation of funding sources.

Nutrition is the bedrock of human development. It is a core indicator of progress on the MDGs, and will likely remain central with the new Sustainable Development Goals to be announced at Rio+20. While we acknowledge there is no single blueprint to achieve this solid foundation, the six countries highlighted in this report help us to identify the stakeholders, the mechanisms and the key entry points to inform DFID’s ongoing work on priority countries and to support the political momentum generated by the Scaling Up Nutrition global movement. We hope the lessons shared here can thus help leverage nutrition status for a wider set of development goals towards and beyond 2015.

1. Introduction

One of the targets of the first Millennium Development Goal (MDG) is to reduce the proportion of people who suffer from hunger by half, between 1990 and 2015, with hunger measured as the proportion of the population who are undernourished and the prevalence of children under five who are underweight. Many countries remain far from reaching this target, and much of the progress made has been eroded by the recent global food price and economic crises. As we enter the final three years to achieve the MDGs, we look upon one of the greatest challenges of our time with 115 million children under five years of age who are underweight and 171 million children with stunted growth (WHO 2010).

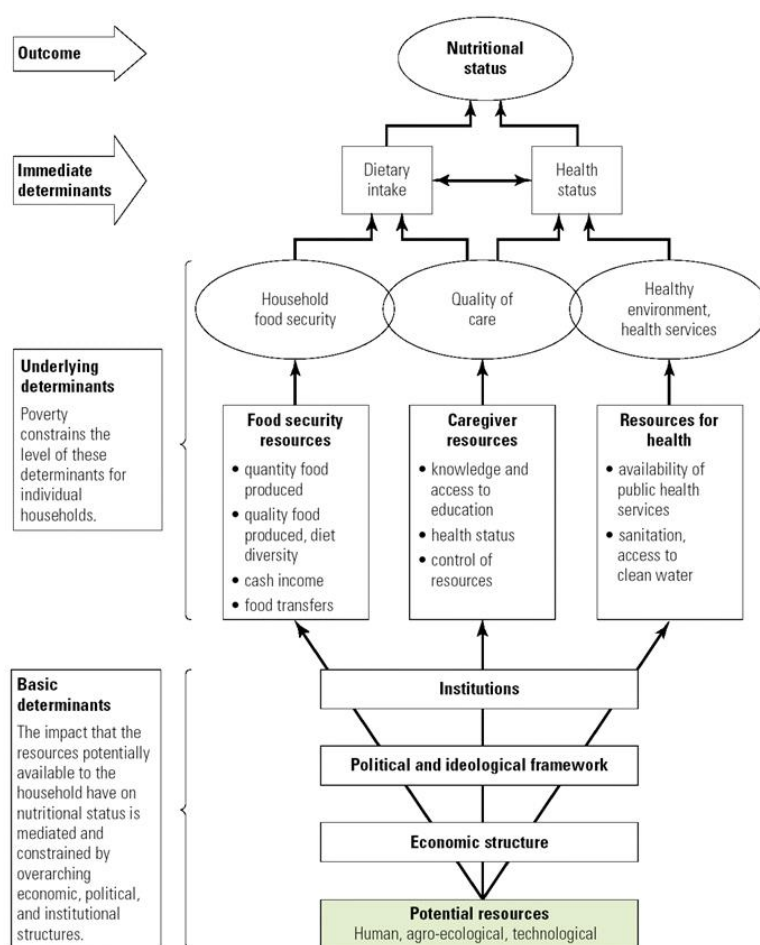
1.1 The Cost of Undernutrition

Maternal and child undernutrition account for 11% of the global burden of disease (Black *et al.* 2008). Stunting, a chronic slowing of linear and cognitive growth, often results from inadequate access and intake of nutritious food, poor health, and inadequate child and maternal care (*Figure 1*). This chronic undernutrition affects one out of three children under five years of age in the developing world, with 80 per cent of these children residing in just 22 countries (Black *et al.* 2008). The economic costs of not investing in nutrition are significant. It inflicts productivity losses on individuals in more than 10 per cent of lifetime earnings, and losses to gross domestic product as high as 2–3 per cent (World Bank 2006; Horton *et al.* 2010).

1.2 The Causal Path of Undernutrition

As shown in *Figure 1*, the causal pathway of maternal and child undernutrition ‘links the availability of nutrition resources to a set of basic determinants, which are themselves a function of how society is organized in regard to economic structure, political and ideological expectations, and the institutions through which activities within society are regulated, social values are met, and potential resources are converted into actual resources. Consequently, this pathway identifies undernutrition as a subject for political debate and an issue of immediate concern to any national development strategies’ (UNICEF 1990; Benson and Shekar 2006). The causal pathway, established over 20 years ago by UNICEF, has been widely used and referred to as an effective framework demonstrating the impact of poverty, politics and basic resources on child undernutrition. Although the immediate causes of diet and infectious disease on undernutrition are often the predominant focus for programmes and action, the deeper underlying layers are very important for sustainable change and impact. Institutions, political economies and economic structures, as well as technical, human and environmental resources hinge on addressing poverty and the undernutrition at the root level through better governance and political will (STC 2012).

Figure 1: Causal pathway of undernutrition



1.3 The Role of Governance in Addressing the Challenge

Renewed commitment by global leaders pledging to achieve the first MDG by 2015 is welcome, but may not be enough. Over the past decade, both the political will and resources to comprehensively address this component of MDG1 have not made sufficient progress in many countries. Donors, development workers, scholars and policymakers have developed multiple approaches to strengthen countries' capacities to effectively tackle children's malnutrition as well as improving the treatment of stunting and micronutrient deficiencies. Suggested interventions feature a combination of technical improvements with long-term institutional and legal reforms. Within these processes, there is growing recognition among cooperation agencies and country governments that the *governance of the nutrition sector* is key to promoting the coordination of government and non-government agencies, promoting donor coordination, making budgetary commitments and advancing the adoption of legal frameworks that incorporate nutrition concerns into national strategies and plans (WHO 2009; Pelletier 2002).

This study builds on existing understandings of governance in order to adjust the relevant dimensions for the nutrition realm. Governance refers to the institutional capability of public organisations to provide public goods and services demanded by the citizens in an effective, transparent, impartial and accountable manner (World Bank 2000). This notion of governance refers

to the decision-making processes, the implementation of such decisions and the structures through which those processes occur (Shrimpton *et al.* 2001).

Good governance of the nutrition sector entails making adequate policy decisions in a timely manner, committing the necessary financial and organisational resources to their effective implementation, i.e. ensuring that benefits reach the majority of the population, preferably the most vulnerable. Good governance also entails a sustained political commitment to ensure that nutrition programmes and policies are able to withstand threats and constraints from changes in national leadership and political and socioeconomic upheavals (Solon 2007). Finally, good governance also entails accountability, in a way that policy decisions can be influenced by the demands of the majority of the population, and their implementation can be executed in a transparent way.

2. Analysing Nutrition Governance

Existing works around nutrition have acknowledged the importance of governance organisations and institutions to improve the quality of nutritional outcomes (Pelletier 2002, 2011; Natalicchio 2002; REACH 2009; WHO 2009). This paper makes two contributions to existing approaches:

1. It provides a qualitative account of how formal political dynamics and informal practices influence the management of government efforts to reduce undernutrition, and how the political management of such interventions impact the effectiveness of nutrition programmes and outcomes.
2. It brings a comparative perspective to understanding why or when, some countries that have strongly committed to reducing malnutrition, can effectively deliver on improved nutrition outcomes while others make insufficient or no progress at all. The comparative approach is helpful to illustrate, e.g. why some countries with strong civil society activism are more successful at mobilising effective political support, whereas strong civil society is less effective in other countries.

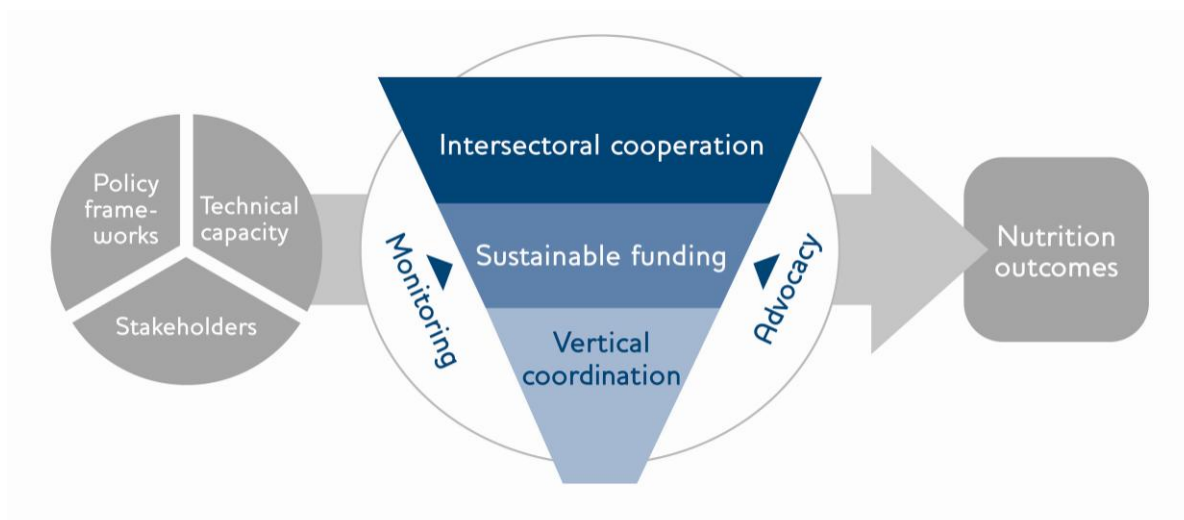
In order to analyse these dimensions, we operationalise the notion of strong 'nutrition governance' around four pillars, contained in a nutrition governance framework. The framework wants to explore whether: (1) there are strong linkages between government and non-government actors to facilitate cooperation at the national level; (2) there are strong linkages between the national government and regional or local level dynamics to implement and coordinate policies (the vertical linkage); (3) funding for nutrition initiatives are allocated in a sustainable and transparent manner; and (4) civil society has the effective tools and mechanisms to influence decision-making and monitor policy implementation in a transparent way.

2.1 The Nutrition Governance Framework

This paper proposes a framework to understand how good nutrition governance can contribute to positive changes directly related to nutrition outcomes. As illustrated on the left hand side of **Figure 2**, the framework acknowledges the importance of the relevant stakeholders, their motivations and capabilities, and the existing institutions and policy frameworks in which they operate. Most of these nuances reflect the country's own history, as well as its political, geographic and demographic challenges.

The central part of the framework proposes to look at four dimensions of nutrition governance as an inverted pyramid which runs from the most general, national level decision-making spaces, to the specific local level dynamics.

Figure 2: The Nutrition Governance framework



- *Intersectoral cooperation*

The first dimension of analysis explores why and when different government sectors and non-government agencies would want to cooperate with one another around the design, formulation and approval of nutrition policies. Thus, intersectoral cooperation (also called horizontal coordination) reflects whether the central government has made efforts to design, adopt and implement nutrition policies with different government sectors and ministries. The analysis also examines the cooperation between government and non-government agencies, including civil society, donor and cooperation agencies and the private sector. In addition to coordination dynamics, we also explore the extent to which nutrition programmes are built into national development plans and poverty strategies. We argue that promoting intersectoral cooperation is critical to effectively integrate nutrition into development and economic policies due to the cross-sectoral nature of the nutrition and food security.

The collected evidence for this study suggests that intersectoral cooperation is more likely to work when there is strong political commitment – usually from the executive branch – to integrate nutrition into national plans, convene the cooperation of several ministries and allocate the necessary political and financial resources. We argue that centralised political commitment is a necessary, albeit not sufficient, condition to promote improved nutrition outcomes.

- *Vertical coordination*

At the bottom of the pyramid, the nutrition governance framework is concerned with micro-level dynamics, exploring why and when local actors (i.e. health officials or local politicians), would want to respond to the policy challenges advanced by the central government, but also why and when they would want to respond to the demands of the population they directly serve. In most cases, central government efforts would seek to reduce undernutrition by promoting and implementing policy changes across all tiers of government, from the national to the subnational (region, state and district) level. The notion of vertical coordination refers to the existence of legal frameworks, technical capacities and political motivations of stakeholders to share information, transfer resources and remain accountable to one another. Inevitably, the idea of vertical coordination poses an inherent dilemma or trade-off between centralised planning and efficiency and local

commitment and capacity to deliver (Benson 2008). Thus, centralised planning is likely to become effective only when local actors also have motivations to cooperate at the regional and local levels.

The collected empirical evidence suggests that local level actors have motivations to implement national policies when they are directly responsive to or funded by central levels of government, as in the case of health bureaucrats. Successful policy implementation however, is likely to reflect national level dynamics. If line ministries (such as health or education) promote their own nutrition agendas without coordination, local level integration is likely to be equally fragmented or siloed (Darnton Hill *et al.* 1998).

- *Sustainable funding*

The central layer of the framework is represented by the presence of adequate funding mechanisms to support nutrition initiatives. Funding mechanisms are at the core of the policymaking process: funding reallocations inevitably produce winners and losers and therefore are the object of intense political bargaining. We believe that the adequate funding of nutrition interventions is the cement that holds together the other two dimensions: it encourages (or deters) intersectoral cooperation, and it facilitates (or obstructs) the implementation of nutrition policies across government levels.

Adequate and timely funding of nutrition initiatives is key to give policymakers greater predictability over policy interventions. Predictable funding also ensures effective service delivery, especially if investments can be traced and administered in a transparent manner.

- *Monitoring and advocacy*

Monitoring progress across the three other governance pillars is a critical condition to ensure strong nutrition governance. Governments need to invest in the production, collection and analysis of reliable nutrition indicators as well as the cost of funding proposed interventions. This timely information would enable governments to diagnose the magnitude and diversity of nutrition deficits, coordinate timely policy actions, set credible targets and measure progress. Other stakeholders such as non-government agencies can also contribute to this effort by helping governments identify priority areas for intervention and report on effective and transparent government spending to inform the population.

The comparative evidence presented in this paper suggests that countries who exhibit greater success in reducing malnutrition are the ones that have invested greater resources to produce good quality nutrition data, systematically conduct nutrition surveys and have developed consensus around the applied methodology and existing indicators. Conversely, countries with unsatisfactory progress in reducing nutrition also lack reliable data sources and methodologies, do not have clear costing estimates of nutrition interventions and have conflicting versions around what the main nutrition challenges are within the country.

The nutrition governance framework proposes that improved intersectoral coordination, strong vertical linkages, adequate funding allocations and transparent monitoring mechanisms will contribute to improved nutrition outcomes (right side of Figure 2). This study focuses on the formal interactions and informal dynamics of stakeholders around nutrition governance, the central part of the framework, but it does not measure the change over time in actual nutrition outcomes, nor does it test the impact of political and institutional dynamics on nutrition outcomes in a systematic way. This remains an empirical question that would need to be addressed through additional research and data collection to establish the magnitude and direction of causal linkages.

2.2 Selection of Countries and Research Design

The reported findings in this study reflect the work emerging from a series of desk studies and fieldwork visits to six countries, most of them of strategic significance and priority for DFID: Bangladesh, Brazil, Ethiopia, India, Peru and Zambia. A team of three IDS researchers visited all countries but Zambia between November 2010 and July 2011.² Researchers visited countries for five and eight days, interviewing between 25 and 32 stakeholders in each country, according to a common theoretical framework and adjusted questionnaire (both available upon request). The rationale for doing original fieldwork was to test the main premise of the study: that political dynamics (of conflict and cooperation) were key to understanding why some countries effectively reduced the incidence of stunting while others did not, despite both having ‘adequate’ nutrition governance frameworks.

Table 1: Nutrition governance countries and MDG performance

Country progress in reaching MDG1 nutrition target *		Nutrition Governance **	
		Score	Classification
On track	Afghanistan	6.4	Weak
	Bangladesh	10	Strong
	Cambodia	6	Weak
	Ghana	5	Weak
	Guatemala	9	Medium
	Indonesia	8.7	Medium
	Malawi	11	Strong
	Peru	10	Strong
	Turkey	8	Medium
	Viet Nam	10.9	Strong
Insufficient progress	Côte d'Ivoire	8	Medium
	DRC	4	Weak
	Egypt	10	Strong
	Ethiopia	7.7	Medium
	India	11	Strong
	Iraq	6.2	Weak
	Kenya	6	Weak
	Mali	6	Weak
	Mozambique	5	Weak
	Myanmar	9.7	Medium
	Nepal	9.7	Medium
	Nigeria	10	Strong
	Pakistan	6	Weak
	Philippines	10.7	Strong
	Uganda	10	Strong
	United rep. Of Tanzania	6	Weak
	Zambia	9	Medium

Sources: *UNICEF (2007); **Table 2 and see Methods section for classification (Landscape Analysis, *SCN News* No. 37). ‘On track’ means having an Average Annual Reduction Rate (AARR) of child underweight greater than 2.6%; ‘Insufficient’ rate is AARR 0.6–2.5% and ‘No progress’ means AARR less than 0.5%

The six countries were selected because they exhibited formal legal frameworks to promote good ‘nutrition governance’ but had mixed results to show in the fight against undernutrition. Although

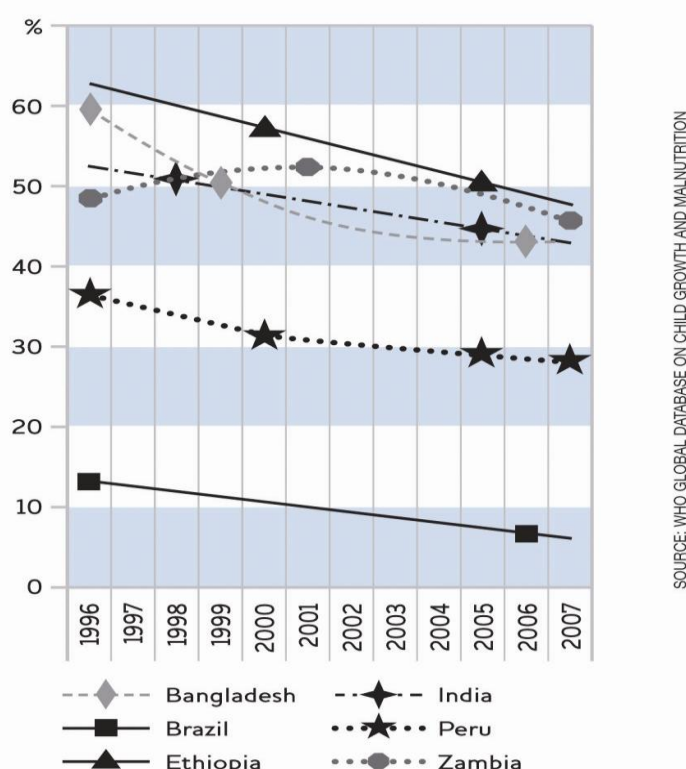
² The Peru case study, conducted during November 2010, was commissioned by CARE Peru and resulted in the publication of a separate case study. See Mejia Acosta 2011. <http://www.ntd.co.uk/idsbookshop/details.asp?id=1232>

these countries showed medium to high levels of nutrition governance according to the indicator developed by the WHO Landscape Analysis (Brazil excluded), they had important differences in their progress towards achieving the MDG1 nutrition target (UNICEF 2007). The WHO Landscape Analysis aggregates different in-country attributes that are believed to be necessary for successfully developing and implementing national nutrition plans and policies (Nishida *et al.* 2003; WHO 2009). As illustrated in Table 1, the Landscape Analysis was developed to systematically assess the readiness of stakeholders' commitment and capacity to implement the evidence-based interventions in the high-burden countries.

3. Comparative Analysis of Case Studies

This section summarises key governance attributes in the different case studies according to the main dimensions of the nutrition governance framework. This is a first attempt to systematically compare the four governance dimensions across all six cases. **Figure 3** shows stunting figures across all cases since 1996. All the countries have recently shown declining rates of undernutrition of children under five years of age (for India, the data are reported for children under three), as measured by low height for age (stunting). Brazil is the clearest success story: low rates declining rapidly. Peru has the next lowest level of stunting with little progress between 2000 and 2005 but with accelerating progress since then. Bangladesh and India have very high rates of stunting with slow but steady rates of progress, with Bangladesh marginally faster. Ethiopia has equally high levels of stunting, but with more rapid progress than both India and Bangladesh. In Zambia, after a sharp increase in stunting in the late 1990s, stunting rates have been steadily decreasing. Together, the countries present a wide ranging set of comparisons on levels and on rates of progress in combating stunting.

Figure 3: Prevalence of stunting (low height for age) in children under five years by country over time



SOURCE: WHO GLOBAL DATABASE ON CHILD GROWTH AND MALNUTRITION

Source: WHO Global Database on Child Growth and Malnutrition.

The appendices one and two discuss the country comparisons in greater detail. *Appendix one* illustrates that the prevalence of wasting or stunting in the selected countries is not directly associated with reported indicators of nutrition governance, nor does the governance reflect the country's position according to human development indicators or IFPRI's Global Hunger indicators. *Appendix two* makes a systematic attempt to evaluate the existence of key relevant governance dimensions highlighted in this study, to identify what are the advantages and governance challenges that each country has in tackling child undernutrition.

The next sections will discuss in greater detail, how the countries compare according to the main governance features.

3.1 Intersectoral Cooperation

The idea of multisectoral nutrition planning as a key component of overall development planning is not recent. A multisectoral approach to nutrition is justified both in terms of diagnosing the problem and identifying solutions that would cut across established sectors (agriculture, health and education, etc.), as well as in terms of the ministerial jurisdictions based on them (Field 1987).

The key questions are why and when different government sectors – and non-government agencies – would want to cooperate with one another around the design, formulation and approval of nutrition policies. There are multiple experiences that explain successful intersectoral cooperation, but this section focuses on three key aspects. First, a common recognition is needed, among government and non-government agencies, including civil society, donor and cooperation agencies, the private sector and research institutions, that nutrition is a core indicator of development and is strongly associated with poverty reduction. Second, explicit institutional efforts are needed to

enable cooperation between a multiplicity of food and nutrition councils or committees across countries. Third, strong executive leadership is needed to advance nutrition commitments as part of national development or poverty reduction plans, and to facilitate the functioning and enhance the political leverage of such coordinating bodies. These aspects are discussed in greater detail, below.

3.1.1 Executive Leadership

Strong presidential involvement is key for making visible progress around nutrition goals

Presidents Lula in Brazil and Garcia in Peru were directly involved in gathering consensus around national priorities, to set the nutrition agenda and to support the coordinating and implementing bodies. The adoption of national programmes such as Zero Hunger (*Fome Zero*) in Brazil or the *Child Nutrition Initiative* in Peru enhanced the political impetus of nutrition as a national priority and gave enhanced public visibility to these government initiatives (Sanchez-Montero and Salse Ubach 2010). Strong executive ownership was further reflected in the fact that the responsibility for policy coordination was located within the scope of the Presidential office, as in the case of the Technical Secretariat for Social Affairs (CIAS) at the Presidency of the Council of Ministers (PCM) in Peru. In Brazil, the responsibility for policy coordination was given to the Ministry of Social Development (MDS) but in direct and permanent communication with the Presidents' own Executive Office (*Casa Civil*).

Other countries analysed have shown decisive political commitment to reducing the prevalence of malnutrition. The Chief Minister of the state of Orissa in India displayed decisive political leadership to make great improvements in nutrition. His commitment was crucial to decreasing underweight figures by 10 per cent over eight years. Outside Orissa, the lack of a strong national nutrition strategy, poor political commitment and weak leadership help explain the persistence of significant economic and food security problems and the burden of high malnutrition rates over the last several decades (Haddad 2011).

The role of executive leadership and policy continuity

Brazil offers a unique case where strong political leadership and civil society involvement helped to ensure the continuity of nutrition policies for nearly 18 years. The first national initiative to fight against hunger (*Campanha Contra a Fome*) was launched by civil society groups in 1993 to raise awareness around food security. The citizens' movement acquired political salience by prompting the Cardoso administration (1993–2003) to create in 1994, a National Council for Food Security (CONSEA). The main proponents of the Campaign regrouped around the *Instituto da Cidadania*, a think tank with political affinities to the Workers Party (*Partido dos Trabalhadores* or PT), to produce research and monitor government efforts in reducing hunger. By 2001, the PT president elect Lula da Silva had launched 'Project Fome Zero: Proposal for a Food and Nutrition Security Policy for Brazil' as part of his electoral campaign. Lula went on to implement and continue with his nutrition strategy after his 2005 re-election. Lula's political successor Dilma Rousseff capitalised on the success of social policies and announced *Brasil sem Miséria* to continue the fight against poverty (2011).

Governments in Ethiopia and Bangladesh have shown strong commitment to raising the national profile of the nutrition agenda and committing the necessary resources to this effect. In Ethiopia for example, the National Nutrition Programme aims to reduce stunting by 4 per cent in two years. Currently, the key coordinating bodies for nutrition report directly to the Ministry of Health. Prime Ministers in both countries could play a more active role in leading nutrition efforts if they took greater ownership of nutrition initiatives as observed in Peru or Brazil.

In Zambia, the aftermath of the 2011 election offers an opportunity to elevate nutrition to the national level in the context of the country's transition to a multi-party democracy. For the time being however, political change does not seem to affect the nutrition sector directly, given that the issue of nutrition has low political salience and remains as a low funding priority for the government. For the most part, the nutrition sector is predominantly conceived and staffed as a health sector issue and mostly funded through donor contributions. The Scaling Up Nutrition movement (SUN) represents a recent opportunity to increase the active involvement from the Government of Zambia, and the President of the country has made some initial commitments to support SUN. Greater

efforts are needed on the part of the donor community, civil society and Zambian political parties to make nutrition a national priority both in the political discourse as well as in the public finances.

3.1.2 Agenda Setting and the Nutrition Narrative

Agenda setting involves bringing attention to a policy issue depending on the way the problem is framed and communicated. Government discourses are often hard to shift when incorporating nutrition into national food security development strategies, but there are successful cases of raising public awareness against chronic malnutrition. One example is Peru's '5 by 5 by 5' programme to gather public attention around a policy problem and to signal a political commitment.³ In Brazil, the entire Campaign Against Hunger and subsequent 'Fome Zero' mandate was pitched as a poverty and hunger reduction strategy which had nutritional benefits, thus lifting the responsibility of improving nutrition out of the health sector and into a national concern. In Madhya Pradesh, because of its

Developing a single narrative

The *Right to Food Campaign* in India has been instrumental in putting food security on the policy agenda and highlighting it regularly through the media. The Campaign is a network of various non-state organisations that functions as an advocacy lobby on issues of child malnutrition, and is focused in particular on calling for the expansion and universalisation of the Public Distribution System (PDS). A parallel group, the *Jan Swasthya Abhiyan*, the Indian chapter of the worldwide People's Health Movement and a coalition of over 100 health-related networks and organisations, has worked with the state since 1999 and was instrumental in affecting a change in state discourse on health. In fact, it was closely involved in the design phase of the National Rural Health Mission (NRHM) and now monitors its work (Mohmand 2012).

dismal and shocking Global Hunger Index ranking in 2008, the leading political party in the state took immediate action and evoked a serious response to the hunger and nutrition situation. This response is an interesting example of how data and rankings, when publicised, can drive political response and commitment.

Framing the problem of malnutrition as one of national concern, that requires many sectors involvement, is far from simple. Both Brazil and Peru largely focused on food security issues (such as agriculture-based cash cropping schemes) as ways to improve nutrition during the 1990s, but they moved on to adopt a multisectoral

approach to reducing malnutrition. In most other countries of the study, the issue of *food security* remains a high priority issue but this is often disconnected from broader nutrition outcomes.

Research on cash crop production schemes in Africa and Asia in the 1980s showed that income generated from cash crops does not bring significant decreases in malnutrition among preschoolers. Even when household incomes increase, the income gains did not have a direct or large effect (nor an adverse effect) on child health and nutrition (Kennedy *et al.* 1992). For the most part, crop schemes remained largely ineffective until they were combined with country investments in community health and sanitation, nutrition education and adequate childcare practices (Kennedy *et al.* 1992).

In a country like Zambia, the importance of the maize economy may have unintended negative consequences for advancing the nutrition agenda. Long-standing fertiliser, seed and price subsidies have created an electoral constituency around maize cultivation and strong electoral incentives to prioritise around maize production, instead of the promotion of dietary diversity and coherent programmes around food availability and use. Nutrition on the other hand, has been placed under the auspices of the Ministry of Health and has thus been framed as a curative/preventive problem, which mainly involves health sector interventions. Similarly, India and Bangladesh have made concerted government efforts to promote and scale-up rice production, moving away from core intersectoral issues and discourses around nutrition. In Bangladesh, nutrition is inextricably tied to food availability, which is in turn, tied to environmental crises such as flooding. It is also tied to the commodity of rice, which is highly important politically, despite its lack of real nutritional value. At the highest levels of government, controlling the price of rice is addressed as a *sine qua non* for

³ Reducing stunting rates in 5%, for all children under five, in 5 years.

electoral survival, with a strong and well-organised policy infrastructure operating under the Agriculture and Food and Disaster Management portfolios rather than a nutrition brief.

Peru illustrates a successful case of developing a single narrative against malnutrition. A diverse group of NGOs, cooperation agencies and government organisations formed the Child Nutrition Initiative (CNI) in 2006 to get presidential candidates to sign a public commitment to upholding key efforts around children's nutrition. Once elected, President Alan Garcia ratified those commitments with the signing of a 100-day plan, and a subsequent public commitment to reduce chronic child malnutrition rates in children under five years of age, by 5 per cent in five years ('5 by 5 by 5'). The success of the slogan and achievement of the target encouraged the CNI to gain similar backing from the 2011 presidential candidates and a validation of president elect, Ollanta Humala, to continue efforts to fight against child malnutrition. The public campaigning and political commitment promise to ensure some degree of continuity, despite the fact that elected presidents came from different parties in 2006 and 2011.

3.1.3 Centralised Coordination Mechanisms

In principle, centralised coordination mechanisms can contribute to more effective intersectoral cooperation around policy formulation, implementation and funding priorities. Each of the six country cases exhibit different solutions to the problem. In Brazil, the formulation, adoption and implementation of nutrition policies is coordinated by the National System of Food Security and Nutrition (SISAN). At the national level, SISAN is formed by 17 ministries that are nominally working on nutrition and food security issues, and SISAN is led by the President himself. Government coordination was also paired with a strong civil society element to ensure that advocacy around the right to food was central to the overall mandate. In Peru, the Child Nutrition Initiative (CNI) played the role of an informal coordination mechanism that channelled technical and financial contributions from different cooperation agencies and served as a platform to disseminate and review government efforts in the fight against malnutrition and secure future political commitment from elected politicians.⁴

Other countries have formal coordinating bodies to advance nutrition agendas, but these are less effective in practice. In India for example, 'nutrition may be the joint responsibility of the ICDS and the NRHM and they may work together at the village-level, but they function as two completely separate systems in terms of authority and accountability' (Mohmand 2012). In Bangladesh, the responsibility for coordination has passed from the National Nutrition Programme management committee to the Ministry of Health more generally, as nutrition has been mainstreamed and the former National Nutrition Programme has been shut down. The Ministry of Health has very limited influence to formulate, articulate or implement nutrition policies given that its nutrition activities lack political salience with the Executive. Line ministries are less accountable to the Bangladeshi government or civil society as they prefer to bargain and implement their own projects directly with bilateral donors. A similar situation is observed in Ethiopia, where the National Nutrition Coordinating Body (NNCB) has very limited influence to set the nutrition agenda. In both cases, the coordinating bodies directly report to the Ministry of Health, which partly explains the lack of political leverage they have.

⁴ The founding agencies included Action Against Hunger (ACF); ADRA Perú; CARE Perú; CARITAS Perú; UNICEF; UN Population Fund; Future Generations; Institute of Nutritional Research (IIN); Mesa de Concertación para la Lucha contra la Pobreza (MCLCP); FAO; PanAmerican Health Organization (PAHO); Plan International; PRISMA; World Food Programme (WFP) and USAID.

In Zambia, the National Food and Nutrition Commission (NFNC) has had very little leverage to promote effective intersectoral cooperation due to three reinforcing factors: lack of qualified staff, lack of sufficient political salience to convene high-level actors and lack of sufficient funding for nutrition activities. As a result, nutrition has been divided into health and food security lines, but there are very few staff in the Ministry of Health with a proper nutrition mandate. However, this is changing with the hiring of nutritionists in the provinces. The Commission is nominally – but not functionally – the main implementation coordinator and runs a nutrition technical working group comprising the Ministry of Health and donors.

3.2 Vertical Coordination

The centralisation of technical expertise, funding resources and policy coordination in the hands of central governments may produce effective incentives to cooperate across different sectors at the national level. Conversely, decentralised systems may formulate and implement policies adjusted to local needs and demands, perhaps at the expense of centralised planning and efficiency. Ideally, countries are best prepared to design and deliver nutrition policies at the local level when they already have an existing level of technical capacity, and have secured funding transfers and political support at the regional or municipal level.

3.2.1 Policy Implementation

A key condition to enable strong vertical coordination is to ask what the motivations of subnational governments are (regional and municipal) – to adopt, advance and benefit from the policy interventions demanded by central governments. Paradoxically, the emphasis on central government planning tends to undermine the political involvement of local government actors. The logic has been to depoliticise policy interventions to ensure the technical implementation and reduce opportunities for corruption and mismanagement of poverty reduction funds. Yet, the presence of political parties and elected officials in Brazil has been associated with the effective implementation of policies and transparent management of funds at the local level (Rodden 2008). Since 1988, Brazil has adopted a unique federal arrangement to ensure that the national government has significant political and budgetary influence over municipalities with little or marginal influence from state governors. Brazil adopted a ‘capillary structure’ for the design, formulation, budget allocation, implementation and accountability of the National System of Food Security Nutrition (SISAN). The SISAN ensures effective policy consultation and policy implementation at all levels of government (national, state and municipal). For example, the approval of the National Policy for Food Security and Nutrition (PNSAN) requires that all initiatives are approved at the local level by a bipartite agreement between local and regional level government, then discussed at the tripartite level with national level officials, and finally approved by the president. Effective vertical coordination in Brazil was further facilitated by the existence of clear organisational structures (such as the national health system or Brazil’s unified health system, SUS), the existence of national data sharing mechanisms and for the most part, the presence of a successful coalition government at the national level.

Vertical coordination in Ethiopia is facilitated by the presence of the government’s party structure, which permeates to the local and district level (termed the *woreda*). The presence of a strong party organisation creates coordination incentives down to the grassroots level, but the vertical control may become a liability if political loyalties of local governments to the national party may obstruct or politicise the effective implementation of nutrition programmes.

In Bangladesh, vertical coordination of nutrition initiatives is strong but segmented. Nutrition interventions are for the most part, centralised in the hands of ministerial bureaucracies, but there is little communication to coordinate across different ministries, which may lead to policy duplication

and ineffective policy implementation at the local level. Furthermore, the centralisation of nutrition policies is insufficient to address the practical implementation of programme activities around nutrition. Local authorities remain loyal to central bureaucracies or seek to influence Members of Parliament as a way to gain resources for the provision of local level services.

In Peru, the direct involvement of the executive authority in policy planning, implementation and funding improved horizontal coordination. Paradoxically, the implementation of the National Strategy achieved good coordination between the central and regional governments, but there were significant remaining gaps in coordinating poverty reduction policies between the regional and municipal levels. As it will be developed in the corresponding sections, some areas for attention included improved political (electoral) incentives of local officials, dedicated career promotion and training schemes, and secured funding at all levels.

Implementation in Zambia of both government and donor programmes is done mainly through government bodies at all levels, so that donors must work through the implementation structures of the MoH, MoA, MoE and any other sectors involved. Some programmes are also implemented through private consultants but in the main, programming occurs through sectoral ministries. This is supposed to be coordinated down to community level but these lower-level bodies are weak or ineffective so that there is no overall coordination for nutrition implementation.

At the Federal level, the Indian government's mode of delivery and implementation remains centralised and bureaucratic: 'Policy is set at the centre, programmes and interventions are similarly devised in New Delhi, aims and objectives are set, and these are then passed down to the states as Centrally Sponsored Schemes (CSS) and from there to districts and so on for implementation' (Mohmand 2012).

3.2.2 Local Ownership

One of the underlying elements for successful vertical coordination has to do with the political incentives of local level officials to coordinate and implement the mandate from central or national level policymakers. In some countries, this linkage can be facilitated when local elites belong to the same political party of the national government. In this sense, strong political parties may emerge as vehicles that facilitate policy coordination and implementation between central, regional and municipal governments. In addition to the implementation role, parties can also serve as instruments to coordinate, fund and mobilise election campaigns of local elites, providing clear incentives and tangible benefits to ambitious politicians who are committed to the success of poverty reduction strategies.

In Brazil for example, the electoral identification of local level politicians with national level policies was key to effective decentralisation. This was in part helped because local level politicians identified with and benefited from the successful implementation of *Bolsa Familia*, a conditional cash transfer and essential part of the governments' poverty reduction strategy. Political motivations were enhanced by the fact that the Workers' Party (PT) maintained significant strongholds at the local level as well, so that successful policy implementation generated a win-win situation for local and national level politicians alike. Even if some local elites belonged to a different party, the expected electoral benefits of association with *Bolsa Familia* were believed to outweigh the liability of espousing a policy from an opposing party.

At the other extreme, Peru is marked by a significant (electoral) disconnect between local level elites and national level politics. National parties have no resonance at the regional or municipal level, and local level politicians, whether associated with incumbent or opposition parties, have very low

probabilities of re-election. Thus, there is very little 'ownership' of programmes: in most cases, policy implementation takes place despite party affiliations, usually because the central government has the monopoly of technical capacities and controls budgetary allocations. While the purely technical or financial incentives have produced a useful short-term alternative to policy implementation, there is awareness in the Peruvian context that proper policy ownership will take place as long as local elites become responsive, directly accountable and rewarded for good policy implementation.

Bangladesh and Ethiopia represent cases where the nature of the electoral connection around the issue of nutrition may in some instances be counterproductive to enhance nutrition governance. In Ethiopia, there is strong central coordination from the central to the community (*Kebele*) level around the political structure of the government party, the Ethiopian People's Revolutionary Democratic Front (EPRDF). While a strong presence of the party at the central and local level can be an advantage for policy implementation, it may also represent a liability if the political loyalty of the local government has negatively affected their nutrition mandate. As reported by a former agricultural extension worker (SNNP), governments may have 'strong incentives not to report bad news' related to food security when they were expecting to obtain central government recognition for showing strong agricultural production. Another potential challenge of strong political influence was the deployment of Community Volunteers (to be later replaced by Development Army cadres) to deliver basic nutrition monitoring and counselling. The reported challenge was that the deployment structure to work at the household level also resembled the EPRDF's party recruitment strategy during the 2010 election. People not affiliated with the government perceived it to be an important problem if grassroots nutrition work was combined with the potential delivery of political messages, as this will convey the message that the access to nutrition benefits was conditioned on the households' political loyalties.

In Bangladesh, the political responsiveness around nutrition issues takes the form of clientelistic service delivery. One problem is that national level MPs are reluctant to share power or credit for achievements with local councils. Second, there is a problem of political allegiances where local civil servants prefer to collaborate with Members of Parliament (who have greater access to central government contacts and funding), rather than with local elected officials (who are also perceived to be of lower in social status). While the targeting of social protection initiatives is largely associated with the allocation of patronage and selective benefits, most interviewees did not feel this was a serious problem, as it may produce not optimal but effective ways of service delivery.

3.3 Sustainable Funding

The reported evidence, emerging from a selective review of country case studies in nutrition related domains, suggests that there is insufficient attention paid to the funding of nutrition programmes, particularly looking at different modalities to allocate, administer and monitor the use of nutrition-oriented funds. Much less is known about the conditions that would secure (through budgetary earmarking, for example) the allocation of funds to finance nutrition efforts in the long term, and whether such modalities ensure transparent mechanisms to prevent the political capture or misuse of nutrition funding. There is also an important knowledge gap regarding the generation of sustainable funds in the long term, whether through taxation schemes, matched government-donor funding or public-private partnerships.

Adequate nutrition funding serves multiple purposes: it ensures an effective delivery of services provided that investments can be traced and administered in a transparent manner; it contributes to the long-term sustainability of policies inasmuch as it creates entitlements and ownership for citizens, political elites and policymakers; more importantly, nutrition funding is the glue that holds

together the incentives (or deterrents) for intersectoral cooperation, and it facilitates (or obstructs) the implementation of policy interventions across different territories.

3.3.1 Donor Interventions

A prevalent form of donor intervention has been in the form of food aid and supply-led technical assistance. In 2006, a total of US\$2.7 billion was spent on direct food aid, \$1.5 billion of which went to countries with the highest undernutrition prevalence (World Food Programme, quoted in Bryce *et al.* 2008). However, according to recent research, this approach to combat undernutrition tends to be 'grossly insufficient and poorly targeted' (Morris *et al.* 2008).

For the most part, donor interventions to fund nutrition initiatives take the form of budget support or sectoral support modalities. When donor interventions (e.g. by the World Bank) promote sectoral support, it is nevertheless difficult to gauge the amount of support for nutrition programmes, since nutrition is not usually reported as a distinct budget line (Morris *et al.* 2008). Since the 1990s, budget support has been growing as a mode of donor intervention. It is channelled to nutrition programmes through such mechanisms as National Plans of Action for Nutrition (NPANs), promoted since the 1992 International Conference on Nutrition, in order to create political and funding support for country-level programming. By 1998, 162 countries had these plans. In contrast, Poverty Reduction Strategy Papers (PRSPs) were supposed to help put nutrition on countries' development agendas but have largely failed (Bryce *et al.* 2008), with only 35 per cent of PRSPs of countries with serious malnutrition problems including budget allocations for nutrition programmes (Meerman 2008).

In countries where foreign aid is significant such as Bangladesh, Ethiopia and Zambia, donor funding has tremendous potential to encourage greater intersectoral and vertical coordination to address nutrition problems. In Bangladesh, donors to the health sector have pooled their funding through a Sector Wide Approach 2003–11. Effective and transparent implementation of these funds however, is difficult given the high complexity and required administrative and accounting capacity on the part of the Government of Bangladesh and sector ministries, including the Ministry of Finance itself. Effective implementation may also suffer from lengthy and complex accounting structures of donors that can take several months to process and release funds. The complex funding arrangement generates unnecessary rigidities for donors, government and implementing partners, while it does not necessarily prevent the eventual misallocation, embezzlement or inefficient duplication of funding, especially at the local level.

Paradoxically, the complexity and rigidity of the funding mechanism has encouraged a *de facto* shift towards project support and adoption of parallel funding mechanisms. Donors often prefer parallel funding because it gives them greater leverage over the Government of Bangladesh, unlike participating in the pooled fund, where their contribution is dwarfed by that of the biggest donors. However, these mechanisms often create further duplication, fragmentation and rent-seeking opportunities. A recent attempt by the Ministry of Finance to move towards direct budget support for health and nutrition did not progress, given the reported lack of capacity of the Ministry of Health and Family Welfare, which claimed not to have the capacity to manage budget support. Thus, the more complex system has been renewed to support mainstreaming of nutrition activities over the 2011–16 budget period.

In Ethiopia, the financing system for nutrition initiatives involves much effective bilateral negotiation, but very little effective coordination. The fragmented and uncoordinated funding structure in Ethiopia is one of the key factors contributing to poor intersectoral and vertical coordination described elsewhere. There is no national budget line for nutrition, although in 2011, a programme budget was instituted within the Ministry of Health (MoH) with a view to moving toward

a more results-based approach to nutrition. The Ministry of Health uses this fund pay for sector development programmes, and for supervision and support for regional health bureaus. Donors have limited areas in which they can provide direct budget support, as regulated by the government since 2005. Donors can support public sector capacity building, food security, education and the PSNP through various pooling mechanisms. The lack of budget monitoring capacity and the limited areas in which donors can offer direct support make it difficult to engage in large-scale programmes or to support the government's inclination to shift toward results-based budgeting. Pooled donor funding mechanisms exist within the health sector, but there is none in the area of nutrition which inevitably leads to greater programmatic fragmentation and greater monitoring problems.

There are other operational considerations which also lead to fragmentation in programming. The government through the Ministry of Finance and Economic Development (MoFED) has created a system of financing 'channels' to coordinate development assistance according to donors' status as bilaterals, multilaterals or UN bodies. It is believed that this channel structure allocates greater influence to larger funders, so that a donor that increases its funding achieves greater efficiency in terms of communication with the MoH. However, increased funding from a particular donor also leads to a greater number of projects being assigned to that donor's budget. Indirectly, the presence of bilateral funding reduces the ministry's incentives to coordinate funding allocations with other agencies and undermines accountability *vis-à-vis* the central government. There are also other disjunctures reported between the MoH and other bodies charged with nutrition programming. Many funding agreements are facilitated through Memorandum of Understandings between a lead ministry (such as the Ministry of Agriculture and Rural Development in the case of projects involving food security and nutrition) and other ministries, thus avoiding the need for real coordination.

Zambia offers a case of untapped potential for greater funding allocations. Under-coverage is a pervasive issue throughout Zambia, due to the lack of available government revenues. This leaves the sector dependent on donor activities, which tend to be small-scale and lack effective monitoring and coverage. Different from other donor recipient cases analysed, the primary issue regarding funding of nutrition in Zambia appears to be the quantity of available funding. The NFNC is widely regarded as under-funded, considering its broad mandate. Nutrition funding, is reliant on a shrinking budget line managed by the Ministry of Health, which is further divided between preventive and therapeutic care. The dedicated annual nutrition budget fell by nearly 35 per cent between 2010 and 2011 (from US\$113,385 to US\$74,574). Poor nutrition funding also suffers from lack of transparency. Donors have withdrawn bilateral funding commitments in the wake of a 2009 corruption scandal in the Ministry of Health and have gradually moved towards multilateral funding schemes through UNICEF and UNDP (AVERT 2010). Some donors, such as DFID, use budget support to finance the health sector, but the majority of nutrition funding continues to flow through the Ministry of Health as projects, rather than budget support.

3.3.2 Domestic Funding

The funding of nutrition initiatives remains the primary responsibility of national governments in middle income countries, with little or marginal donor intervention. The case of India presents a significant nutrition paradox since it is reported to have nearly 40 per cent of the undernourished children worldwide, despite having some of the fastest rates of economic growth in recent years. Government allocations to fund the social sector in general and nutrition in particular, has increased significantly but not sufficiently given the magnitude of the problem and the perceived demands.

For example, the 2011 budget saw a 17 per cent increase of its social sector spending (Mukherjee 2011). The Planning Commission increased the funding for ICDS from about US\$2 billion (₹100 billion) in the 10th Five Year Plan (2002–06) to US\$8.6 billion (₹424 billion) in the 11th Five Year Plan (2007–11). The budget increase sought to implement the universalisation of the ICDS ordered by the Supreme Court (Mehrotra 2010). The budget for the supplementary nutrition component also had a

Comparing the nutrition funding gap in India

One of the reasons for the lack of success in reducing undernutrition is insufficient government funding. It is reported that the 2007–11 Five Year Government Plan allocated US\$8.6 billion (₹424 billion) to reach some 160 million Indian undernourished children under six over a five-year period. Yet, it is estimated that it would be necessary to spend at least US\$10.5 billion (₹500 billion) each year to effectively tackle undernutrition problems. Despite the magnitude of the required investment every year, this is only a tenth of what the state offers to the private sector in the form of tax subsidies (US\$104.6 billion) and a fraction of the 2011 foregone revenue listed in the budget as tax exemptions for the corporate sector (US\$112 billion) (Mohmand 2012). The magnitude of the funding gap also illustrates the potential for generating greater nutrition revenues in the future.

proportional increase, but given India's population and the size of the ICDS and NRHM networks, the funding is insufficient to address malnutrition itself. Many argue that the funding shortfall is also a product of corruption and inefficient spending. The absence of effective oversight or monitoring mechanisms is reinforced by a lack of credible record-keeping, as official records are reported to be forged or tampered with (Khetan 2011; Polgreen 2011). The lack of data transparency is a contributing factor to the inefficient use of allocated funds to target malnutrition (Mohmand 2012, also highlighted in Saxena 2010).

The cases of Brazil and Peru offer some interesting insights on the adoption of funding mechanisms to encourage more transparent record-keeping and accountable spending patterns. In different ways, these mechanisms have also facilitated greater intersectoral and vertical coordination. In Brazil, the implementation of *Bolsa Família* is a good example of how a conditional cash transfer can be used to promote intersectoral cooperation between different ministries at the local level. According to the scheme, poorer families with children receive an average payment of US\$35 every month; in exchange, they commit to ensure that children attend school and take them to regular health checks. The conditionality of the cash transfer encourages different government ministries (Education and Health in this case) to share data and coordinate actions in order to make the conditions effective. The transfer of *Bolsa Família* funds is decided according to a formula that takes into account the economic situation of the household. In addition, the central government has designed an Index of Decentralized Execution (*Índice de Gestão Descentralizada*) to gauge the municipality's capability of using government funds, and has allocated additional support to help poor municipalities execute the *BF* programme. The relative importance of central government funding for some municipalities has, in many cases, eclipsed political differences between the districts. A second funding scheme that promotes intersectoral cooperation is the school lunches programme (*Programa de Alimentação Escolar*), designed to benefit nearly 50 million students every day. According to this programme, the Ministry for Social Development is in charge of allocating money to a food supply company, which in turn buys from local producers, to feed local consumers. Actions need to be coordinated with the Ministry of Agriculture that oversees the production of food, and the Ministry of Education, in charge of administering the school lunches. The monies of the programme are transferred to municipal governments, as long as they match food purchase funding with adequate infrastructure and capable personnel.

In Peru, the experience of 'results-based budgeting' (RBB) emerges as a promising mechanism to effectively manage nutrition programme funding. By definition, the RBB scheme requires the coordination across government ministries and nutrition programmes, with the potential to strengthen the linkages and communication between them. In Peru, results-based budgeting contributed to: (1) calculating and securing the necessary funds for accomplishing nutrition targets – and thus protect social spending – and (2) created direct incentives for government bureaucrats and elected authorities to make government spending more transparent and visible to the public and to

one another. The scheme was also supported by the World Bank because it contributed to greater government accountability and operational efficiency in the use of public and donor monies.

The adoption of RBB represented a fundamental change in managing social funding because it shifted budgeting from an input-oriented approach to a product-oriented approach that focused on delivery of services. It also allowed for project coordination between the administrative and logistical persons in charge of providing the service, with the technocrats in charge of executing the budget, and government planners in charge of signing the checks. The approach reconciled different interests between the Ministry of Finance and Economy (MEF) – which placed emphasis on results and value for money – with members of the social sector such as the Poverty for Poverty Reduction (MCLCP), who focused on social outcomes and processes. While RBB promoted greater intersectoral cooperation at the national level, there is less systematic evidence that it also contributed to promote greater coordination across territorial units. Most of the available funding was channelled directly from the executive to provincial governments first, and to the district level later. It is also believed that the introduction of RBB would have reduced the rent seeking incentives of cabinet ministers and legislators because it becomes more difficult to overestimate spending lines. It is also plausible that RBB would reduce rent seeking incentives because it becomes more difficult to muddle accounting between current and capital spending. So far, the results-based budgeting scheme in Peru appears to have allocated and protected the necessary funds to make the nutrition effort sustainable in the long run, but more systematic evidence and comparisons are needed to validate its potential value.

3.3.3 The Role of Private Finance Actors

In addition to the sources and mechanisms discussed so far, there are three other important sources of private finance for nutrition which should not be neglected: public–private partnerships (PPPs), increased tax revenues and private foundations and donors. Some PPPs include the Global Alliance for Improved Nutrition (GAIN), which has secured commitments of approximately US\$350 million from private companies to fund nutrition initiatives over five years. GAIN has also entered in a public–private partnership with the Government of Ethiopia to increase nutrition funding, especially around food fortification. In the short term, much work is needed to develop the standards and corresponding legislation that would enable greater private participation in these areas.

A related source of funding is likely to come from private foundations to fund the programmatic add-ons that form part of a complete nutrition policy, such as breast-feeding and micronutrient provision. One example is the Gates Foundation, which funds research into nutrition but also supports national-level programmes for breast-feeding and complementary foods, fortified foods and nutrition interventions during pregnancy. As this is a new area of involvement, much work remains to be done to identify how funding mechanisms from private source revenues would further encourage intersectoral cooperation as well as vertical implementation of nutrition initiatives.

A third, unexplored source of nutrition funding constitutes the revenues accrued from the operations of the extractive industry in the form of taxes, royalties and licence fees. In Zambia for example, the lack of available government revenues to support nutrition interventions is surprising, given its middle-income status resulting from a thriving mining sector. Traditionally, Zambian-owned mining companies pay little or no taxes in exchange for political support to the ruling party (Di John 2010). Equally, foreign-owned companies were granted favourable tax regimes to encourage investments. The tax regime came under scrutiny after 2007, when revenues from natural resources began to trend upward. Although there is much room for tax reforms, only education and health sectors have benefited from increased taxation to the private sector. A Medical Levy of 1 per cent on all interest earned from banks was adopted, but the revenue has not provided the sufficient funds to

the stretched health sector, which has been dealing with one of the highest HIV/AIDS prevalence rates in Africa. Given their magnitude and long-term prospects for income generation, the revenues from the extractives industry constitute an unexplored source for future funding.

3.4 Monitoring and Evaluation: Understanding the Scale and Tracking Progress

Developing comprehensive hunger, vulnerability and nutrition information is the *cornerstone of a broad-based nutrition strategy* for nations. Yet, obtaining an accurate picture of the scale of the nutrition problem has been a challenge for many countries. Data collection on core nutrition indicators is often not timely, with large surveys such as DHS or MICS occurring every few years. Further complications arise in that nutrition data collected differs in quality and can mask progress within countries due to variations in geography, ethnic and religious groupings, rural and urban populations, and socioeconomic status – all which national averages camouflage (Vandemoortele 2003). With these issues on data collection, it becomes difficult for country level personnel to come to consensus on what solutions – and advocacy strategies – should be delivered to address the undernutrition situation in their respective country. Timely and reliable data collection is also critical to monitor impact and cost of nutrition interventions. It is important that country governments, with the support of the other stakeholders, invest significant resources in the collection, analysis and dissemination of nutrition data to ensure the quality and transparency in delivering interventions.

3.4.1 Importance of Tracking Progress and Building Capacity

Quality of data collection is important to identify the scale of the issue but data analysis followed by effective decision-making on how to tackle the issues is essential. The absence of accurate and timely data has been a major limitation in some of the countries under study such as Ethiopia, India and Bangladesh. More generally, this is a problem with DHS only occurring every four to seven years. *Regularly updated and well-collected data is crucial for identifying coverage gaps and generating information on how and where to intervene.* This is particularly helpful in places such as Bangladesh, where flooding and climate change increase vulnerability, and where stubborn pockets of undernourished populations have yet to be reached.

Of the nutritional data collected, many of the process indicators that provide insight into programmatic performance are geared towards ‘direct interventions’ that are rooted within the health sector. In addition to anthropometry and supplementation coverage type indicators, a broader set of nutrition indicators reflecting indirect interventions from agriculture, education and social protection, should be agreed upon and collected to ensure an assessment of multisectoral approaches to nutrition. In Ethiopia for example, nutrition indicators are not yet active in the national reporting systems because parallel data systems exist in the Ministries of Health and Agriculture. These data systems are considered separate and there is less sharing of information.

There are additional reasons to explain the lack of reliable nutrition data in these countries. One is the lack of appropriate equipment to measure growth, which is often not available in some areas and clinics. Another reason is the lack of incentives (or assurances) to collect and report on data. For example, some health workers may receive pressure from government officials to report ‘correct data’ that reflects a steady decrease in undernutrition rates. Data collectors in other countries may lack the necessary incentives or the appropriate training to collect quality and reliable data. Capacity building in data collection and analysis at the country level will be key issues for all countries in this study. In Zambia for example, The Ministry of Health has one nutritionist at national level but in

2011, provincial nutritionists were recruited as a new post in all the provinces. In addition, there are over 90 nutritionists at implementation level in the districts and hospitals. The main challenge is that the staff does not include qualified nutritionists but rather Nutrition Technicians with a diploma qualification.

Donors and partnership development is urgently needed in all of the countries to support nationally-led, monitoring systems to measure progress and gaps, and appropriately hone and refine programme activities. This could be a donor priority in the spirit of ‘technical backstopping’. *Building this capacity* should be the central goal of both national government and donor-funded activities and should be done at the beginning of policy-crafting and implementation. In high-risk countries such as Ethiopia, more frequent updates than the long every 3–5 year nutrition surveys will be essential if reaching the MDG 2015 targets, at minimum, is to be achieved.

3.4.2 Importance of Data Collection to Develop Consensus around the Nutrition Problem

A key motivation for collecting accurate, timely and valid nutrition information is to create a unified discourse between government officials, civil society organisations, academics and practitioners, around the genuine magnitude of the nutrition problem, its causes and approaches to solving it. In some countries, the most pressing challenge is to *generate agreement on what data sources* are the most relevant for country decision-making. In Bangladesh, the government and donor community disagree on which data sources to use for malnutrition rates, but there is a lack of awareness of the advantages and drawbacks of the different surveys available. In India, there are two major sources of anthropometric data: the NNMB at the National Institute of Nutrition, Hyderabad, and the National Family Health Survey (NFHS). The indications of these two datasets are often contrasting and there are inconsistencies even within each source, thus making it difficult to compare from year to year (Deaton and Drèze 2009). In Ethiopia, there are discrepancies between the national nutrition data and DHS data, thus causing some confusion for country personnel to set goals and target programmes.

A second challenge is to facilitate the dissemination and analysis of existing data to ensure transparency of information and obtain validation of progress from different stakeholders. In places such as Brazil and Peru, *transparency of data sources and nutrition results* have not only led to their governments to claim progress on nutrition indicators but have allowed for others to analyse the data and confirm the successes being made in-country, by making – as in the case of Brazil – their data freely accessible for independent, external assessments.

Finally, the existence of good quality data is a key condition to *ensure government accountability* for nutrition outcomes. Data must be communicated in real time to demonstrate what is working at the community, district and country levels. In Bangladesh, monitoring and data collection are used more to satisfy donors, as opposed to using the data to understand progress of programmatic impact. This is largely because much of the data information flows from individual programmes to donors directly, as opposed to a national information system that can bank the data. In Zambia and Ethiopia, independent monitoring and evaluation systems, especially with the active participation of civil society, could be strengthened.

4. Summary, Policy Recommendations and Future Research Agenda

This paper shows that it is possible to make rapid gains in reducing undernutrition. The technical and scientific evidence is relatively clear; we know what works. The challenge is making sure these interventions are delivered through governance systems that make them cost-effective and sustainable. This means countries must prioritise and sustain funding for nutrition programmes.

The six countries have found different ways to overcome historical barriers to implement political will and governance, some better than others. The evidence suggests that increasing economic growth alone, while important, is not sufficient to address undernutrition. Nutrition security requires a broad range of efforts, including enhancing nutrition interventions, increasing access and utilisation and strengthening political commitment. Countries need to address the most vulnerable populations using an equitable, human rights-based approach.

Different people have, at various times, called nutrition status the bedrock, the hardware, the software and the infrastructure of human development. All of these analogies imply that the delivery of improved nutrition status is gradual and complex, but also permanent and foundational. While there is no single blueprint to achieve this solid foundation, the six countries highlighted in this report help us to identify the ingredients, blends and cooks that are vital to success.

The six countries examined in this study provide useful insights into the governance model of three broad areas of intersectoral cooperation, vertical coordination and funding mechanisms. Overall, intersectoral cooperation is critically important – to ensure efforts are not duplicated and countries are supported with the necessary technical expertise. Vertical coordination from the top to the very local level requires organised systems, human and institutional resources and capacity and oversight. Funding needs to be targeted, appropriate and well spent, with a single high-level oversight mechanism. And last, monitoring systems with accurate, timely data must be funded and supported by international bodies.

Nutrition is central to progress on the MDGs, and will likely remain central with the new Sustainable Development Goals to be announced at Rio+20. Nutrition is also high on the political agenda with the Scaling Up Nutrition movement gaining momentum. The movement is calling for country-led action, and political will and commitment within countries themselves, with the global community in a supporting role. The lessons shared here can thus help leverage nutrition status for a wider set of development goals towards and beyond 2015.

This section extracts key policy implications and suggested action points for DFID's ongoing work in priority countries, and it outlines some pending themes to advance the understanding of nutrition governance.

4.1 Policy Implications for DFID's Work in Priority Countries

1. ***DFID should continue its active role to influence national governments (at Presidential or Prime Minister's office) to be directly involved in undernutrition reduction policies.***
Executive involvement helps raise public awareness of undernutrition, coordinate the efforts of different line ministries and agencies, and protect funding allocations. Evidence shows that executive leadership, agenda setting and strategic messaging all played key roles in

Brazil, Peru and in Ethiopia. In Brazil, reductions in undernutrition rates are linked to a strong personal commitment of the president to fight against hunger and reduce poverty.

2. ***DFID could play an active supporting role to help establish and strengthen effective nutrition coordination bodies that bring together government ministries, civil society actors and other donor agencies when relevant.*** These bodies can facilitate effective funding allocations, monitor progress and bring other stakeholders into decision-making. Coordination bodies need to have strong political support and appropriate funding sources. In Zambia, the recent government change opens a unique opportunity to secure additional commitment around nutrition by their intent to strengthen the functions and funding available to the National Food and Nutrition Commission.
3. ***DFID could engage with a broader set of country stakeholders in order to help frame nutrition as an integral part of the national development agenda.*** Giving nutrition a high national profile can generate greater public awareness and concern around critical nutrition issues and specific targets (see below). National efforts around nutrition are most effective when nutrition is made an integral part of a broader development agenda. In Peru, civil society movements and other stakeholders lobbied the government to include nutrition goals as part of the government's poverty reduction strategy.
4. ***DFID could contribute to develop a single narrative about the severity of undernutrition with associated clear policy goals.*** In Bangladesh, there is a strong and well-organised policy infrastructure operating under the Ministry of Agriculture and the Ministry of Food and Disaster Management to ensure food distribution and availability. Despite the lack of real nutritional value, the price of rice is a hotly debated topic in the public domain and is widely considered to be critical for electoral survival. The Government could use well coordinated existing institutions in charge of food supply and prices, to generate greater inclusion, public awareness and electoral accountability around nutrition outcomes.
5. ***DFID could provide financial support to ensure that local governments have the capacity to deliver nutrition services.*** Service delivery is more effective when delivered through decentralized structures, with active political parties and the technical support of government ministries and donors. Having reliable nutrition data and performance indicators also leads to better delivery. Training programmes and salary incentives can enhance the incentives for local service delivery. In Ethiopia, the vertical structure of the EPRDF government party provides a useful mechanism to ensure effective and transparent implementation of nutrition policies through Development Army workers all the way to the local (*Kebele*) level, provided that appropriate monitoring and oversight mechanisms are put in place.
6. ***DFID could develop a more systematic understanding of when do local government officials develop ownership over nutrition programmes and their outcomes.*** Incumbent politicians are more likely to commit efforts to improve nutrition outcomes – and secure the funding for them – when they are directly accountable to citizens' demands. In general, food distribution schemes tend to generate electoral demand and political commitment, but the

challenge consists in aligning the (successful) implementation of nutrition programmes with their own electoral success. In Brazil, the success of national poverty reduction schemes (such as *Bolsa Familia*) encouraged local mayors from the government and opposition parties to further support and sponsor these programmes in their own districts and benefit from the electoral rewards.

7. ***DFID should continue to support civil society organisations so that they effectively engage government officials to demand improved service delivery.*** Civil society groups in Brazil and India have developed the capacity to produce, analyse and disseminate credible data to make undernutrition problems visible and hold governments to account for responsive service delivery. Yet, it is also important that CSOs directly engage with government ministers, Members of Parliament and local governments through the electoral and the legislative process, to help governments turn nutrition campaigns into government policies, as was the case in Brazil.
8. ***DFID should fund efforts to collect nutrition outcome data at regular intervals, especially in highly dynamic and fragile contexts.*** Frequent data observations to monitor progress are preferable to the development of detailed nutrition indicators. The absence of accurate and timely nutrition data has been a major limitation in formulating nutrition strategies in all countries, especially Bangladesh and India. Regularly updated and well-collected data is crucial for identifying coverage gaps and for preventing and responding to emerging crises, such as in areas of Bangladesh and Brazil, where flooding and climate change has increased the vulnerability of the most undernourished populations. Collecting data in a frequent and reliable manner is key to expanding political commitment, tracking progress and allocating needed funding for nutrition initiatives.
9. ***DFID should promote, to the extent possible, the allocation of funding through centralised government mechanisms*** to generate greater incentives to cooperate in the design, implementation and monitoring of nutrition interventions. If line ministries have access to funding from a wide array of sources, they become less accountable to any particular mandate, government or donor funding sources. In Bangladesh for example, nutrition funding could significantly improve if donors channelled transfers through central coordination bodies while ensuring rapid and transparent allocation of funds.
10. ***DFID should encourage governments to create financial mechanisms to protect (earmark) nutrition funding and use them in a transparent way.*** The presence of alternative sources of funding from extractive industries or private sector investments can enhance the targeting and effective allocation of nutrition funding in the long term. In Zambia, the adoption of a 1 per cent Medical Levy suggests that there is potential for channelling tax revenue from mining companies to fund nutrition strategies in the long run.

4.2 Pending Agenda on Nutrition Governance Research

This comparative study has illustrated the value of adopting a political economy approach to understand the motivations, strategies and resources of country governments to reduce maternal and children chronic malnutrition in six countries. The proposed analytical framework has helped to identify key entry points for effective policy interventions, from the perspective of national governments, civil society and cooperation agencies. In this section, we outline three additional issues remaining in the research agenda to better understand the factors contributing to improved nutrition governance.

1. ***Understanding a dynamic model of change for improved nutrition governance.*** The study has extensively discussed the role of contributing factors, but work remains to be done to understand ‘*What works when?*’ We need to better understand which are the priority interventions or what is an ideal sequencing in the policy process in order to identify most urgent actions. At the very least, a more rigorous analysis containing additional case studies, would help us to better understand policy tradeoffs in the implementation of nutrition interventions. For example, it would be relevant to understand whether centralised nutrition funding tends create more coherent political cooperation and policy implementation, and how to ensure that centralised management of funds is done in a transparent way.
2. ***Understanding the political context.*** It is important to systematically understand how different political configurations of countries affect the expected impact of policy interventions. For example, it would be relevant to understand how decentralisation and electoral incentives change the motivations for improved accountability: when are local government authorities directly accountable to central government authorities (Ethiopia), members of parliament (Bangladesh), state authorities (India) or the voice of the electorate (Brazil)? This question would require a more systematic building and analysis of a mixed dataset of governance and nutrition indicators to understand how different factors relate to one another.
3. ***Moving from social to political accountability.*** Only one of the six featured cases offers a concrete example of active engagement of civil society movements in the formal political process: Brazil. The question is, to what extent other countries offer legal, institutional and informal mechanisms through which civil society can identify policy champions in government (mayors, members of parliament, ministers, staffers) to exchange views, discuss new evidence and introduce items in the nutrition agenda. In the case of Brazil, there are numerous spaces to conduct parliamentary hearings at frequent intervals, which in turn has motivated civil society actors to improve their access to knowledge and use it strategically in the congressional sphere. The question remaining is to what extent this experience can be replicated elsewhere.

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I. APPENDIX ONE: Country Level Data

Demographics and Nutritional Status of Selected Countries

Country	Proportion of stunted children <5 years ^a	Proportion of wasted children <5 years	Proportion of children <5 years who have received two doses of vitamin A supplements ^b	Proportion of children <6 months who are exclusively breast-fed ^c	Governance Score (from 0 to 11) ^d	Global Hunger Index (2011 with data from 2004–09) ^e	HDI Rank (rank out of 187 countries ranked) ^f	GDP <i>per capita</i> (international dollars) ^g
Bangladesh	43.2% 2007, DHS	17.5% 2007, DHS	97% (2008)	43% (2007)	10	24.5	146 (low)	\$1,643
Brazil	7.1% 2007, DHS	1.6% 2007, DHS	46.4% (2007)	33% (2007)	not available	<5	84 (high)	\$11,127
Ethiopia	44% 2011, EDHS	10% 2011 EDHS	88% (2008)	52%	7.7	28.7	174 (low)	\$1,033
India	47.9% 2006, Nlis	20% 2006, NLis	46.4% (2007)	33% (2006)	11	23.7	134 (medium)	\$3,586
Peru	23.8% 2009, DHS	0.6% 2009, DHS	2% (2001)	70% (2009)	5.9	5.9	80 (high)	\$9,470
Zambia	45.4% 2007, DHS	5.2% 2007, DHS	92% (2009)	61% (2007)	9	24	164 (low)	\$1,550

Sources: (a) DHS and other sources; (b) MICS/DHS; (c) MICS/DHS; (d) WHO; (e) IFPRI; (f) UNDP; (g) WB 2010.

II. APPENDIX TWO: Comparative assessment of key governance dimensions across six case studies*

	Bangladesh	Brazil	Ethiopia	India	Peru	Zambia
Horizontal coordination						
1. Executive involvement to convene different ministries around nutrition?	No	Yes (clear Presidential mandate)	No	No	Yes (clear Presidential mandate)	NFNC has mandate, but not given/assumed the power
2. Public political commitment or unified discourse to tackle undernutrition?	Mild	Yes (<i>Fome zero</i>)	One of many priorities	Starting (recent mentions of the shame of malnutrition)	Yes (with % target)	Not yet
3. Existence of multisectoral strategy or coordinating body to tackle undernutrition?	Yes, but ineffective	Yes (now part of <i>Brasil sem Miséria</i>)	Yes, but ineffective	No, but strategy expected in Five Year Plan in April 2012	Yes (CRECER)	Yes, but ineffective
4. Active engagement of civil society and private sector (including media)	Minor	Yes (since 1993, before Lula's government)	No	Civil society campaigns, and judicial activism – In private sector largely media	Yes (CMI, and Mining Companies Solidarity programme)	SUN coalition has potential
5. Active engagement of parliament	Yes	Yes	No	Minimal	No	No
Vertical coordination						
6. Mechanisms in existence for cross-sectoral coordination at local level	No	Yes	Some	Varies by state – high in some, low in others	In part (through JUNTOS, and CRECER at regional/local levels)	Not yet
7. Are local level officials	Yes, to	Yes, to providers of	Yes, to central	Weak electoral	Partly, but weak	Yes, to central

accountable?	constituents	funding	government party	incentives	electoral incentives	governments
Funding						
8. Government funding aligned with national multisectoral strategy	No	Yes (through <i>Fome zero</i> , then <i>Brasil sem Miséria</i>)	No	No (national multisectoral strategy missing)	Yes, through results-based budgeting	Not yet
9. Donor alignment with national multisectoral strategy (avoiding bilateral undermining of cross-sectoral coordination)	No	Very low donor dependence, so not needed	In rhetoric yes, but in practice, frequent undermining	National multisectoral strategy missing and donor involvement minimal	Yes, through CMI, and EU/World Bank support for CRECER	Not yet – but potential
10. Increase in Government and private/donor funding for nutrition	Has been high since 2000s	Yes	No	Yes, and more expected in 12th Five Year Plan	Yes (results-based budgeting and mining solidarity programme focus on nutrition)	Starting from very low level
Monitoring and Advocacy						
11. Regular monitoring and evaluation of implementation of strategy and progress in reducing malnutrition	No, conflicting sources	Yes	No, conflicting sources	No, conflicting sources	Yes (through results-based budgeting)	Not yet

- With the advice of Jay Goulden (CARE-Zambia).