Governance of Nutrition Policies and Programming: Preliminary findings from PoSHAN process research in Nepal

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Introduction

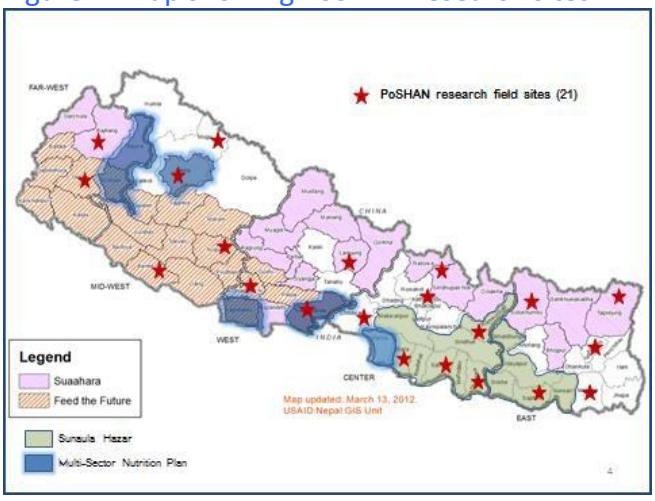
Development interventions do not operate in a vacuum. They are implemented in a political and institutional context that matters as much as the content of policy documents. But, there is little clarity on how to measure the capacity of institutions to implement complex national policies or of the commitment of individuals working in those institutions to achieve defined goals. According to Garrett et al. (2011), "an explicit, well-developed theory of working multisectorally does not exist, certainly not for nutrition." Since the analysis of how nutrition policies are implemented is still in its infancy, more understanding is needed of the challenges and opportunities involved when innovative policies and programmes are introduced in order to support the replication of successful experiences.

This research brief presents preliminary findings from work in Nepal that explores how policy processes influence the implementation of nutrition-specific and nutrition-sensitive actions. At a time when the government's Multi-Sector Nutrition Plan (MSNP) is being rolled out, and new multi-dimensional nutrition programmes are scaling up, this study captures insights and experiences of stakeholders from central government to ward-level service providers. Constituting a longitudinal prospective analysis of policy events as they unfold, the research considers what incentives or barriers affect collaboration within and across ministries, whether resource flows are adequate, and what effect organizational culture and individual capabilities have on institutional readiness to do more for nutrition.

Methods

This study is part of the PoSHAN (Policy and Science for Health Agriculture and Nutrition) research funded by USAID that has two linked components: an annual household panel survey (implemented in 21 research sites (Figure 1) by Johns Hopkins University in collaboration with Tufts, the National Agriculture Research Centre, NTAG, Tribhuvan University and New Era), and a parallel annual longitudinal policy process survey (implemented by Tufts University collaborating with Johns Hopkins, Helen Keller International, Patan Academy of Health Sciences, Valley Research Group and the Institute of Medicine), the National Planning Commission and the Ministry of Health and Population through the Department of Health Services/Child Health Division.

Figure 1: Map showing PoSHAN research sites



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This policy process research is conducted using semi-structured interviews with almost 800 stakeholders across key sectors of activity that have defined responsibilities in implementing multi-sector nutrition activities in Nepal, including agriculture, livestock, health, water supply, sanitation, local development, and social welfare. The respondents were purposively selected to represent Nepal's 'layers' of governance - national, regional, district, ilaka, village development committee (VDC) and ward (Table 1). Other groups, including women in development, chambers of commerce and non-governmental (NGO) agents of change were also included in the first round of interviews during 2013.

Table 1: Categories of interviewees

Level	Institution/Individual	N = 780
National	Policy makers, donors, internationalnon-governmental organizations (NGOs), academics	26
Regional	Regional Administrator, Ministriesof Health, Agriculture, Livestock, Education, Local Development, Water Supply,	99
District	Departments of Health, Agriculture, Livestock, Education, Local Development, Social Development, implementing NGOs	278
Ilaka	Offices of Health, Agriculture, Livestock, Education, Local Development	79
Village Development Committee	VDC Secretaries of Health, Agriculture, Livestock, Education, implementing NGOs	97
Ward	FCHV, Representative – Ward Citizen Forum, Representative MG, Representative Cooperative/Groups	199

Preliminary Findings

The survey found that Nepal's commitment to achieving improvements in nutrition is noticeable at all levels of governance and across nearly all line ministries. While specific knowledge of the Multi-Sector Nutrition Plan and sector-specific responsibilities is still limited in most parts of the country (outside of MSNP pilot districts), the idea that undernutrition in its various forms is a priority problem is widely held, at all levels, and not only by functionaries of the Ministry of Health. While the latter are more likely to know of nutrition-relevant programming, such as community-based management of acute malnutrition (CMAM), nutrition education or micronutrient fortification, there was no difference in response rate across sectors in reported desire to do more for nutrition, or in the expressed belief that more is possible.

When asked about root causes of malnutrition in locations where they currently work, most respondents did *not* refer to a lack of food, as is sometimes assumed, but to illiteracy – linked in many people's minds with inappropriate feeding and caring of infants and pregnant women, and sometimes framed in terms of culture-specific food and health taboos (Table 2). The fact that changing household knowledge, perceptions and behaviours is widely seen as a priority has important implications for programme design and implementation. But this does not negate the importance of improved food and health environments to achieve good nutrition.

Table 2: What is the main driver of malnutrition in Nepal where you work? (Percent responses)

Sector/ problem	Min Agric.	Min Health	Min. Water	Min Edu.	Min Local Dev.	Women in Dev.
Lack of food Production	44	42	31	52	39	47
Disease	40	55	46	48	39	15
Illiteracy	98	97	84	98	92	85
Poor Breastfeeding	0	18	15	6	8	19
Cultural taboos	22	22	15	15	15	20

As might be expected, health sector respondents are significantly more likely to argue for health interventions to resolve nutrition problems (including targeted micronutrient-fortified food interventions), while the non-health sector is focused relatively more on income transfer, agricultural productivity, infrastructure (market connectivity) and education-focused solutions.

That said, all sectors acknowledged the importance of greater coherence and communication among all domains of action. While there is consistent reporting of greater and more effective collaboration among colleagues closer to the field (VDC and ward level) than further up the governance chain, everyone agrees on the need for shared ownership of responsibilities for nutrition. This includes generating mutual support (resource-sharing) for actions that cut across line ministries, joint target-setting, shared reporting of monitoring activities, joint advocacy and cross-training (in practical skills relating to other sectors, not their own).

Some of this is already apparent in MSNP pilot sites and in USAID-supported Suaahara programme districts, where sensitization, consultation and training have progressed in the past year or more. For example, 40% of respondents in the MSNP sites surveyed, felt that they are adequately consulted on nutrition issues (this at a time when orientation and trainings were beginning at district level), compared with less than 25% in the other PoSHAN study locations combined. Part of this may be ascribed to district characteristics (a history of greater attention to nutrition?), as well as their selection as pilot MSNP sites leading to sensitization and self-awareness. In other words, the direction of causality is not clear yet (since these first round data are based on cross-sectional information).

Similarly, when asked if sufficient resources were focused on malnutrition, a positive response was given by 42% of respondents in MSNP locations, compared with 15% in the other surveyed districts. In other words, knowledge of nutrition and access to financial and other resources appears to be higher in districts that have been targeted for policy and program interventions – as one would hope to see. This offers support for scaling up and out existing models of intervention.

That said, the institutional environment in which people work is not universally conducive to effective multisector collaboration. Table 3 shows that there is stronger support for mandatory mechanisms for collaboration across ministries among respondents in non-health sectors (23% versus 15%, which is weakly statistically significant), suggesting that professionals wanting to do more for nutrition outside the health ministry feel that their work environment (management support, peer interests, incentive systems) do little to facilitate collaborative work on cross-sectoral agendas if it is not specifically required of them.

Table 3: How best to promote and support effective cross-sector collaboration for nutrition?

	Health sector (n=123)	Non-health sector (n-532)	OR	95%CI	P-value
Strong management support	8%	9%	0.87	0.429, 1.754	0.6935
Joint responsibility	23%	26%	0.85	0.544, 1.326	0.4732
Mandatory working mechanism	15%	23%	0.58	0.347, 0.964	0.0340
Capacity building	14%	11%	1.33	0.769, 2.294	0.3069
Allowances	22%	22%	0.99	0.629, 1.558	0.9664
None	5%	1%	2.88	1.027, 8.059	0.0358

* Statistically significant differences highlighted in yellow.

Beyond manadatory requirements, suggestions for supportive mechanisms included promoting joint ministry responsibility in workplans, enhanced allowances for field visits in tandem with colleagues from other sectors (joint visits to problem locations), and enhanced capacity building (individual training). Interestingly, the promotion of mandatory mechanisms for collaboration (jointly-defined responsibilities and increased allowances) have weakest support among respondents closest to the field --VDC and ward levels--compared with upper echelons of governance. The differences in response rates are strongly statistically significant on all three counts. Conversely, a response of 'none' (no need to promote new ways of working since collaboration is already good) was statistically more likely to come from field-level workers rather than higher echelon functionaries. The implication is that the need to encourage or require closer collaboration across sectors lies less at national and field levels and more in middle layers of governance.

When respondents were asked if they feel that colleagues in their own sector or ministry are adequately trained to meet new responsibilities in multisector programming for nutrition, 43% of non-health sector said 'no' compared with 21% in the health sector. A much larger share of health sector respondents (around 50%) received recent health and/or nutrition training than those working in other (non-health) sectors (10%). Conversely, those in non-health sectors are more likely to have had training in agriculture. Importantly, two thirds of non-health sector, and a quarter of all health sector respondents report having had no specific trainings in areas relevant to nutrition policy and programming in the past 3 years. This matters if it impairs problem identification, but it also matters to decision-making regarding appropriate support for field-level actions.

For example, roughly 20% of the 240 respondents located in Suaahara districts (where training in nutrition has been intensive) feel that changing household perceptions and behaviours will be the greatest challenge to achieving nutrition goals, compared with less than 2% among the 512 respondents in other PoSHAN sites. The difference may be ascribed to the deeper understanding of underlying problems that comes across in Suaahara sites versus other areas of the country.

Similarly, stakeholders at MSNP sites, where sensitisation efforts have been extensive recently, were more likely to report recent discussions with colleagues about nutrition (focused on stunting, micronutrient deficiencies and dietary insufficiencies) than other sites (a statistically significant difference). The difference most likely relates to a deeper understanding of the determinants of malnutrition in areas where relevant training has been both recent and reaching non-health sector specialists. Thus, training and other forms of capacity enhancement must remain high on the government's agenda.

As national plans and programmes spread across the country, it is hoped that important gains will be made in nutrition in coming years. It will be important to understand what constraints are universal versus location-specific. For example, MSNP sites were more likely to report a sense of political engagement in problem-solving and a focus on seeking solutions to institutional barriers that impede coordination. In this context, it is also instructive to consider how responses differ according to sites that have already made significant progress versus those that have not.

Figure 2 highlights six districts that represent the extremes: the three making the highest gains in reducing stunting since the mid-2000s and those making the least gains (and sometimes trending in the wrong direction). The PoSHAN survey includes just over 100 respondents in each group, allowing a comparison across locations that represent weak and strong settings on which to build future success in promoting child nutrition.

Figure 2: Location of districts with greatest and least changes in child stunting prevalence between the two latest DHS surveys (2006-2011).

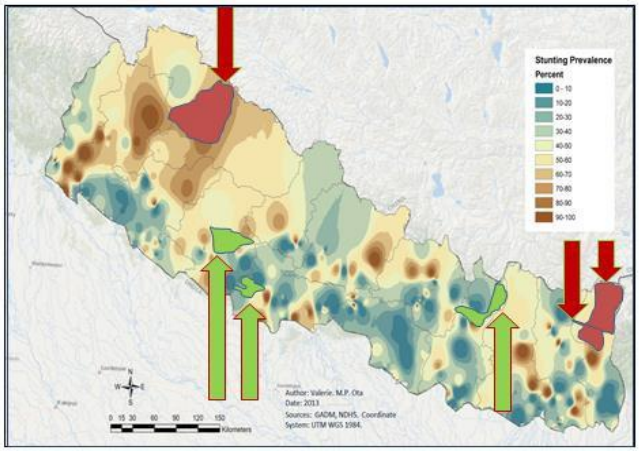

Table 4 shows that there is a statistically significant difference in the perception of being able to effectively respond to nutrition problems between respondents working in the least improved versus most improved sites (in terms of prevalence rates of child stunting). Part of that perception may be driven by a reported lack of dialogue on nutrition in the least improved sites, but it can also be ascribed to a lack of knowledge and technical skills in nutrition (linked to an absence of training in those locations). Interestingly, there is also a weak but statistically significant difference in the belief that cross-sectoral collaboration can be improved in future (with the least positive responses coming from the least improved districts). This suggests a need to carefully examine potentially entrenched logistical, institutional or cultural hurdles in poorly-performing districts with a view to guiding more intensive capacity-building efforts, resource prioritization, and political support for both policies and programmes for nutrition.

Table 4: Responses by districts that most improved in terms of child stunting between 2006 and 2011, compared with least improved.

	Most improved sites %	Least improved sites %	OR	95% CI	P value
Feel unable to respond effectively	34	58	0.37	0.210, 0.640	0.0004
Discussed stunting in past month	25	11	2.67	1.248, 5.688	0.0095
Trained in ag/ lstock in past 3y	15	8	2.04	0.838, 3.023	0.1109
Trained in nutrition in past 3y	9	19	0.41	0.182, 0.939	0.0311
Can collaborate better?	83	72	1.92	0.995, 3.716	0.0494

* Statistically significant differences highlighted in yellow.

Preliminary Conclusions

It has been argued that enhanced governance for nutrition requires us to understand what government and non-governmental stakeholders, a) know about nutrition, b) could do for nutrition (regardless of their own professional domain), and c) how to overcome barriers to change (Meeker and Haddad 2013). This research, a first of its kind, seeks to generate that kind of data. The in-depth attempt to gauge capacity and commitment at various levels of nutrition governance already offers some suggestive insights and conclusions (summarized in Table 5).

First, markers of effective governance for nutrition (individual and institutional

commitment to, and capacity for, change and coherence across sectoral endeavours) vary considerably across levels of government, across locations, and across line ministries. For nutrition policies and programmes to be successful, attention needs to be paid to defining the incentives and disincentives that can affect action on issues that cut across sectoral responsibilities, to more targeted training that also cuts across disciplines, and to ensuring a flow of resources that will support effective actions on the ground. Institutional and individual needs are not universal, and responses to those institutional and context-specific needs have to become more tailored.

Table 5: Preliminary Conclusions

1. There is widespread commitment to the Nepal government's vision for nutrition; but individual and institutional capacity for change and coherence across sectoral endeavours vary considerably by levels of government, by location, and by ministry.
2. There is limited common agreement on the key actions required to achieve common goals.
3. Training and sensitization are important, but these need to be focused less on fundamental discipline-based knowledge (such as how nutrients work) than on problem-solving approaches.
4. There is demand for novel metrics of effective collaboration and joint action.
5. Just as nations are 'scored and ranked' in terms of commitment to ending hunger and malnutrition, it is worth exploring measures of commitment and capacity at sub-national level so investments in effective nutrition governance can be linked to outcomes.

Second, while commitment to nutrition is strong, there is limited common agreement on the key actions required. Communication and M&E of annual targets should be framed in terms of joint (multi-ministry) responsibilities, and that incentive and support systems (beyond allowances) should be explored that promote new ways of collaboration both horizationally (across sectors) and vertically (across levels of governance). Respondents have many ideas on how to do this, including defining contributions to nutrition in workplans, valuing collaboration on nutrition in annual performance reviews, rewarding innovations, and acknowledging local success stories can all be considered.

Third, training and sensitization are important, but these need to be focused less on fundamental discipline-based knowledge (such as how nutrients work) than on problem-solving approaches defined according to each sector of activity and sets of responsibilities.

There is a demand for real-time understanding of what works in programming for nutrition, how different policies and government functions can be supportive of accelerated nutrition gains, and on what basis to decide optimal use of limited resources. In other words, operationally-relevant training has a premium, and cross-training across sectors would also have large pay-offs.

Fourth, there is a demand for novel metrics of effective collaboration and joint action. It is widely understood that outcome measures of nutrition require careful sampling and measurement. There are, however, calls at different levels of governance for improved and more systematic assessments of the contribution of governance decisions to improved nutrition outcomes. Identifying and reporting intermediate outcomes framed by, for example, resource allocations supportive of nutrition within ministries and down to VDC levels, the retention of nutrition knowledge by trained staff and its application as part of

workplans, and documentation of the nutrition-sensitivity of different line ministry programs.

Fifth, just as nations are 'scored and ranked' in terms of their commitment to ending hunger and malnutrition, it is worth exploring measures of commitment and capacity at sub-national level, disaggregated in such a way that investments in effective nutrition governance could be linked to activities and outcomes on the ground. Political commitment and vocal champions of nutrition will always be needed at the heart of government. But, the translation of policy to practical actions at field level demands an altogether deeper understating of stakeholder roles and realities than we currently have.

This survey will be repeated over several more years, interview teams returning to many of the same respondents and office holders in the same district, to track changing perceptions, responsibilities and motivations over time, including in PoSHAN districts where individual programs are rolled out, such as Suaahara, KISAN, Sunaula Hazar, and others. This will permit an analysis not only of the dynamic patterns and trends in nutrition outcomes at community level (by linking these findings with those of the household surveys also undertaken under the PoSHAN research umbrella), but of the parallel patterns and trends in measures of quality nutrition governance.

The ultimate goal is to answer 'how' and 'why' governance matters to improving child nutrition in countries that seek to accelerate and sustain gains, and what can be done to make investments in this crucial domain as cost-effective as possible (Webb et al. 2013).

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References

Garrett J. and M. Natalicchio (eds.). 2011. W*orking multisectorally in nutrition: principles, practices, and case studies*. Washington, D.C. International Food Policy Research Institute.

Meeker J. and L. Haddad. 2013. *A state of the art review of agriculture-nutrition linkages*. An AgriDiet Position Paper. University College Cork. Co. Cork, Ireland.

Webb P., Ghosh S., Kennedy E., West K., Klemm R., Sapkota D., Manohar S., and Griffiths J. 2013, *Research in Asia: Approach, Methods and Protocols*. Feed the Future Innovation Lab for Collaborative Research on Nutrition. Tufts University, Boston (last updated November 5th, 2013).