

Analysing nutrition governance in fragile contexts: lessons and implications

Efforts to strengthen government commitment to reduce under nutrition in Fragile and Conflict Affected States (FCAS) face a number of context specific challenges. First, most nutrition investments tend to adopt short-term humanitarian approaches to tackle food and hunger crises. Secondly, FCAS usually lack the capacity to design and implement their own nutrition strategies, thus reinforcing their dependency on the policy advice, technical training and funding from the donor community. Thirdly, there are very weak or nonexistent accountability linkages between the state and society in FCAS, so that citizens lack the means to hold their governments to account and political elites lack the incentives to respond to citizens' demands. This briefing offers practical recommendations and policy advice to address nutrition governance challenges in a context of fragility.

Despite the recent expansion of the global Scaling Up Nutrition (SUN) movement, there is still a lack of government commitment to reduce the prevalence of stunting and acute malnutrition, especially in FCAS. This is problematic since over half of the current 43 SUN member countries are considered to be among the top 30 most fragile states according to the Fragile States Index, and only five of the top ten have joined SUN (Republic of the Congo, Chad, Yemen, Haiti and Zimbabwe) before September 2013. What are the unique challenges of scaling up nutrition efforts in FCAS? What do bilateral donors, private foundations, country governments and civil society groups need to do differently in a context of fragility?

« **Most nutrition interventions tend to focus on short-term emergency approaches.** »

What are three nutrition challenges in FCAS?

The first challenge is that **most nutrition interventions tend to focus on short-term emergency approaches** designed to alleviate food and hunger crises produced by violent conflict, internal displacements, natural disasters or the spread of disease. The governance challenge is to build on the expertise and capacity deployed in humanitarian interventions to design, fund and implement longer term strategies that address not only the immediate but the underlying and basic causes of food crises and undernutrition. Improving access to water, sanitation, health and social protection can help households with nutritionally vulnerable children become more resilient to shocks and thereby help to reduce the incidence of acute malnutrition during periods of stress. →

Secondly, **FCAS often lack the capacity to design and implement their own nutrition strategies**, so they continuously rely on the policy advice, training of staff and continuous funding from the donor community. The governance challenge is to help countries design, coordinate and implement nutrition policies that are most relevant to their environment. Some constructive ways to redress this ownership gap include redistributing crops from food secure regions, facilitating technical cooperation across other countries in the region and developing better budget tracking instruments.

Thirdly, **FCAS often exhibit weak or nonexistent accountability linkages between the state and society**, either because citizens lack the freedom or information to hold their governments to account or because unresponsive political elites have captured most state resources for political gain. The governance challenge is to identify, inform and encourage active citizens working in parliaments, mass media and civil society to develop their own transparency and accountability mechanisms. These “hyper” citizens exist in every country but are rarely connected to one another, nor do they have a working platform to organise their common action.

The good news is that there are positive lessons to draw from countries confronted with situations of fragility. In these FCAS, cooperation agencies, government officials and civil society organisations have produced decisive government action. But overcoming nutrition governance challenges will require a much longer, broader and sustained effort to escape situations of fragility. Here are some examples:

Niger: coordinating the coordination

Niger has set up an elaborate network of agencies and monitoring systems to prevent situations of food insecurity, especially after the 2005 food crisis. In recent years however, the Government of Niger has begun to tackle the challenge of coordinating effective action across multiple agencies and setting the foundations to combine humanitarian responses with long term nutrition interventions.

Originally, the National Bureau for the Prevention and Management of Food Crises (also known as the DNP-GCA or *Dispositif* in French) was set up in the nineties to facilitate coordination efforts between the Early Warning System (SAP) and a Coordination Committee for Food Crises (CCA). To date, the *Dispositif* is the first port of entry to measure, monitor and warn of possible food crises and provide a working platform for the coordination across government representatives, United Nations, several donor agencies including OCHA and EU, and many other relevant NGOs. To ensure its political relevance, the funding and technical support given to the *Dispositif* is channelled through the Prime Minister’s office.

The Governments’ renewed commitment to fight against hunger and under nutrition after the 2011 election, created new coordination problems. President Issoufou Mahamadou launched a national government initiative called 3N (*Nigeriens Nourissent les Nigeriens*) around the same time than it pledged its commitment to SUN. Paradoxically, these new initiatives created policy confusion and overlap with existing nutrition bodies including the Nutrition Technical Group and the Nutrition Directorate who convened similar stakeholders. After several months of “coordinating the coordination”, the Government confirmed the 3N as the flagship nutrition strategy. The president directly appointed a 3N High Commissioner (3NHC), and made the REACH focal point the operative coordinator of the nutrition strategy based at the 3NHC. The creation of the 3NHC represented the creation of “a director of the orchestra” with a mandate to formulate and coordinate the long-term nutrition strategy, while the *Dispositif* clearly became one of the instruments to fight against under nutrition in a context of emergency. →

« Improving access to water, sanitation, health and social protection can help households with nutritionally vulnerable children become more resilient to shocks. »

Pakistan: delivering good nutrition in a highly decentralised state

The adoption of a highly complex but incomplete decentralisation scheme in Pakistan has diluted the responsibility for delivering nutrition interventions across different ministries at the provincial level while elected officials have few incentives to comply with federal policies depending on their political affiliation. In contrast, Pakistan has developed a functional and responsive scheme of frontline staff with a responsibility for delivering emergency and non-emergency interventions to villages and neighbourhoods.

The Lady Health Workers (LHWs) are essentially “the nexus around whom all primary health care initiatives converge for service delivery to the community (...) In addition to their stipulated tasks, an important role of the Lady Health Workers is to serve as a conduit for implementation of almost all national and international community health initiatives” (LHW website, quoted in Khan 2011). There is considerable potential for strengthening the capacity and motivation to improve Pakistan’s nutrition indicators through the LHW programme. Although they started with volunteer status, they have grown in number (to about 100,000 LHWs) and expanded their coverage of the population (about 60%). They have also gained recognition as regularised government employees with salaries, regular training and integrated into the provincial Departments of Health (Hafeez et al. 2011).

Ethiopia: pooled funding

As with Niger, the repeated presence of food and humanitarian crises over time has shaped government responses in Ethiopia. The impressive scaling up of Community Management of Acute Malnutrition (CMAM, but referred to as Outpatient Therapeutic Programme or OTP) over the past five years and the integration of CMAM programming with national systems reflect the Government’s commitment to reducing both wasting and stunting rates (Emergency Nutrition Network 2013).

Despite some decisive government action to tackle the under nutrition burden, Ethiopia still faces challenges to manage development funding that is primarily intended to alleviate food crises. One alternative to is to consider *general food distribution schemes* that can ‘morph’ into social protection schemes (such as the 2005 Productive Safety Net Programme – PSNP). The use of such schemes which deliver cash and/or food transfers to at least 7 million rural Ethiopians for six months every year, could contribute to long term development by injecting funds directly into the local markets rather than ‘buy in’ the food from capital cities or abroad. The use of *blanket supplementary feeding* or the deployment of CMAM interventions beyond emergency situations and delivered as a regular part of primary health care services, have tremendous potential to enhance the resilience of vulnerable groups. →

« **Fragile and conflict-affected states often exhibit weak or nonexistent accountability linkages between the state and society.** »

Policy recommendations

- National governments should evaluate existing nutrition initiatives and aim to orchestrate multiple nutrition responses under a single institutional framework or strategy.
- Donors operating in fragile and conflict affected situations should endorse emergency nutrition responses such as CMAM or blanket feeding that have the greatest potential for embedding preventive care. Cash transfers are another instrument that has greater long-term impact.
- Multilateral and bilateral agencies need to establish ways to combine and fund long term nutrition programming through funds that are allocated on a short-term yearly basis with those that could be allocated through multi year funding. Synchronizing funding cycles could open the door to an effective division of labour and sustained nutrition funding without undermining reporting requirements.
- Donors and country governments need to develop improved budget tracking devices to allow governments greater ownership over nutrition funding while ensuring the accountability of donor contributions. SUN has already developed a costing tool that captures the volume and type of nutrition related expenditure.

Further research

- Much work is needed to define and measure the capacity and motivation of the state and state actors to engage in effective nutrition programming. Some of the existing commitment indexes (Gillespie 2013) could be better tailored to reflect the diverse capabilities and commitments of FCAS.
- More work is needed to define and document how investments and strategies for reducing chronic malnutrition can prevent the long-term recurrence of acute malnutrition in FCAS and elsewhere. Conversely, the impact of treating and preventing acute malnutrition on stunting needs to be documented and the policy and programme implications elaborated.
- Better research is needed to understand how specific FCAS and food insecurity indicators affect nutrition indicators.
- Improve nutrition programme design by developing and using budget-tracking devices to identify the relationship between nutrition investment and nutrition outcomes in FCAS.

Further reading

Gillespie, S., Haddad, L., Mannar, V., Menon, P., & Nisbett, N., 2013, 'The politics of reducing malnutrition: building commitment and accelerating progress' *The Lancet*, vol 382, issue 9891. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60842-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60842-9/fulltext)

Failed States Index (FSI) 2013. The Fund for Peace. Available from: <http://ffp.statesindex.org/rankings-2013-sortable>

Mejía Acosta, A., Dolan, C., Gupta, J., and Shoham, J., 2013, *Analysing nutrition governance in fragile contexts*, Institute of Development Studies, Brighton

Shoham, J., Dolan, C., and Gostelow, L., 2013, 'Managing acute malnutrition at scale: A Review of donor and government financing arrangements' ODI Network Paper, No 75. <http://www.odihpn.org/humanitarian-exchange-magazine/issue-15/czech-humanitarian-assistance-1993-1998/download/np75pdf>

Credits

This MQSUN Briefing was written by **Andrés Mejía Acosta**. It is based on **Mejía Acosta, A., Dolan, C., Gupta, J., and Shoham, J.**, 2013, *Analysing nutrition governance in fragile contexts*, Institute of Development Studies, Brighton.

Readers are encouraged to quote and reproduce material from issues of MQSUN Briefings in their own publication. In return, IDS requests due acknowledgement and quotes to be referenced as above.

MQSUN provides technical assistance and knowledge services to the British Government's Department for International Development (DFID) and its partners in support of pro-poor programmes in nutrition. MQSUN services are resourced by a consortium that is made up of eight non-state organisations leading in the field of nutrition.

MQSUN cannot be held responsible for errors or any consequences arising from the use of information contained in this report. Any views and opinions expressed do not necessarily reflect those of DFID.



MQSUN Briefings are published by the Institute of Development Studies in partnership with PATH. They are funded by DFID as part of the MQSUN framework. For any further request or enquiry about the service please email mqsun@path.org