

THE **NUTRITION** BAROMETER

Gauging national responses
to undernutrition



World Vision®



NO CHILD
BORN TO DIE



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Front cover: A young girl and her sister wait to be treated for malnutrition at the medical clinic in Hilaweyn refugee camp in Ethiopia in October 2011. (Photo: Jan Grarup/Noor for Save the Children)



Roshan Gul and her daughter, Naweeda, at home in their village in Jawzjan province in northern Afghanistan. Families in this area are facing severe hardship as a result of recurrent drought and failed harvests. Nine-month-old Naweeda is severely undernourished. (Photo: Elissa Bogos/Save the Children)

NUTRITION

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World Vision is a Christian relief, development and
advocacy organisation dedicated to working with children,
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potential by tackling the causes of poverty and injustice.

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CONTENTS

The Nutrition Barometer	v
Executive summary	vi
Abbreviations	viii
Introduction	1
2012 – time for action on nutrition	1
Measuring commitments and outcomes	1
<i>Box: Growing momentum for nutrition</i>	3
1 The Nutrition Barometer explained	4
<i>Box: The Nutrition Barometer and the Hunger and Nutrition Commitment Index</i>	5
2 The findings – commitments and nutrition & child survival outcomes	6
Highs and lows	7
Commitments matched by outcomes	7
<i>Country case study: Guatemala</i>	8
<i>Country case study: India</i>	9
Commitments higher than outcomes	7
<i>Country case study: Kenya</i>	10
<i>Country case study: Afghanistan</i>	11
Outcomes stronger than commitments	12
<i>Box: G8 donors highlight nutrition but fall short on nutrition funding</i>	13
Political will and financing over time	13
<i>Box: The role of health workers in tackling undernutrition</i>	14
3 Conclusions and recommendations	15
Appendix: Methodological notes	17
Endnotes	19

Mother Alima Maiga with her one-year-old daughter Fatoumata playing a hand-clapping game during nutrition training for mothers in Mali. The training has improved the cooking habits of mothers with undernourished children, resulting in weight gain for the children.



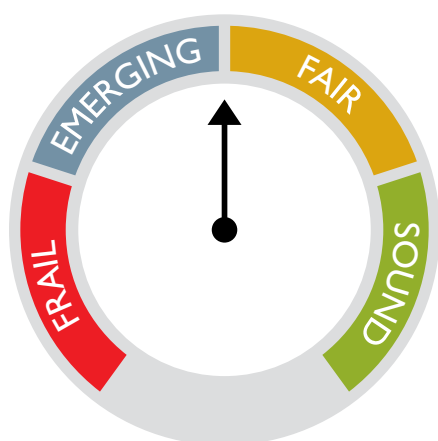
THE NUTRITION BAROMETER

The Nutrition Barometer provides a snapshot of national governments' commitments to addressing children's nutrition, and the progress they have made. It looks at 36 developing countries with the highest levels of child undernutrition.

The Barometer measures governments' **political and legal commitment** to tackling malnutrition (eg, whether they have a national nutrition plan), as well as their **financial commitment**.

Countries' **progress in tackling malnutrition** is measured by children's nutritional status – the proportion who are underweight, stunted or suffering from wasting – and children's chances of survival.

Countries are then ranked according to both their commitments and their nutritional and child survival outcomes, as indicated in the adjacent table. For each category countries are divided into four groups of nine – sound (green), fair (yellow), emerging (blue) and frail (red).



For detailed notes on methodology and a full list of indicators, see the Appendix on page 17.

Country	Commitment	Outcomes
Afghanistan	POLITICAL/LEGAL FINANCE	
Angola	POLITICAL/LEGAL FINANCE	
Bangladesh	POLITICAL/LEGAL FINANCE	
Burkina Faso	POLITICAL/LEGAL FINANCE	
Burundi	POLITICAL/LEGAL FINANCE	
Cambodia	POLITICAL/LEGAL FINANCE	
Cameroon	POLITICAL/LEGAL FINANCE	
Congo, DR	POLITICAL/LEGAL FINANCE	
Côte d'Ivoire	POLITICAL/LEGAL FINANCE	
Egypt	POLITICAL/LEGAL FINANCE	
Ethiopia	POLITICAL/LEGAL FINANCE	
Ghana	POLITICAL/LEGAL FINANCE	
Guatemala	POLITICAL/LEGAL FINANCE	
India	POLITICAL/LEGAL FINANCE	
Indonesia	POLITICAL/LEGAL FINANCE	
Iraq	POLITICAL/LEGAL FINANCE	
Kenya	POLITICAL/LEGAL FINANCE	
Madagascar	POLITICAL/LEGAL FINANCE	
Malawi	POLITICAL/LEGAL FINANCE	
Mali	POLITICAL/LEGAL FINANCE	
Mozambique	POLITICAL/LEGAL FINANCE	
Myanmar	POLITICAL/LEGAL FINANCE	
Nepal	POLITICAL/LEGAL FINANCE	
Niger	POLITICAL/LEGAL FINANCE	
Nigeria	POLITICAL/LEGAL FINANCE	
Pakistan	POLITICAL/LEGAL FINANCE	
Peru	POLITICAL/LEGAL FINANCE	
Philippines	POLITICAL/LEGAL FINANCE	
South Africa	POLITICAL/LEGAL FINANCE	
Sudan	POLITICAL/LEGAL FINANCE	
Tanzania	POLITICAL/LEGAL FINANCE	
Turkey	POLITICAL/LEGAL FINANCE	
Uganda	POLITICAL/LEGAL FINANCE	
Vietnam	POLITICAL/LEGAL FINANCE	
Yemen	POLITICAL/LEGAL FINANCE	
Zambia	POLITICAL/LEGAL FINANCE	

EXECUTIVE SUMMARY

2012 – A CRITICAL YEAR

2012 has been a critical year for action on nutrition. In May the World Health Assembly adopted a resolution on maternal, infant and young child nutrition, including a target to reduce the number of stunted children by 40% by 2025. US President Obama, together with the G8, African leaders and the private sector, launched the New Alliance for Food Security and Nutrition. Even the Olympic Games included a focus on nutrition, with British Prime Minister Cameron and Brazilian Vice-President Temer hosting a historic summit to tackle nutrition ahead of the closing ceremony of the London 2012 Olympics. This summit set out measures that could reduce the number of stunted children by 25 million before the next Olympic Games in Rio de Janeiro, thus setting 2016 as a key milestone for reaching the ambitious World Health Assembly 2025 target.

Increased international attention on the silent crisis of undernutrition is welcome, and long overdue. One-third of all children under five in developing countries are stunted. Stunting irreversibly damages a child's cognitive and physical potential and has life-long consequences for health, educational attainment and economic productivity. In contrast with most other child health indicators, rates of stunting are falling too slowly, and the proportion of wasted children (suffering acute weight loss) actually rose during the last decade.

Through initiatives such as the Scaling Up Nutrition Movement, the UN Secretary-General's Global Strategy on Women's and Children's Health (known as 'Every Woman Every Child') and the 1,000 Days partnership there is growing recognition of the importance of nutrition in achieving Millennium Development Goals 4 and 5. Last year, a comprehensive report on commitments to Every Woman Every Child highlighted a lack of attention to nutrition, describing it as a neglected area. We now have a window of opportunity to capitalise on increased attention on the crisis of undernutrition

and the growing political will to tackle it – and to ensure that more children get a chance to develop to their full potential.

GAUGING PROGRESS

In order to assess recent progress towards improving nutrition and to help define the critical steps necessary to achieve the ambitious 2025 stunting targets, Save the Children and World Vision have produced a 'Nutrition Barometer'. The Barometer provides a snapshot of governments' political and financial commitments on nutrition in the 36 countries that are home to 90% of malnourished children, complementing other efforts to strengthen accountability for women's and children's health. It reveals that many countries still have a long way to go to make nutrition a political priority, and then to transform commitments on nutrition into progress.

The Nutrition Barometer measures two dimensions of a country's commitment to nutrition. The first looks at laws, policies and other efforts at the national level to address undernutrition. The second assesses the resources that governments allocate to meeting their commitments. The Barometer also measures child survival and nutrition outcomes by tracking the proportion of children who are underweight, stunted and wasted. Recognising that undernutrition is the underlying cause of one-third of all child deaths, it also looks at a country's progress towards Millennium Development Goal 4 – a two-thirds reduction in under-five mortality by 2015.

All countries featured in the Barometer continue to have very high burdens of undernutrition. Of the 36 countries featured, however, the countries making most progress are Guatemala, Malawi and Peru. All three demonstrate sound commitments, and sound child nutrition and survival outcomes, relative to the other countries in the group. The Democratic Republic of Congo, India and Yemen show the weakest performance, with frail commitments and frail outcomes.

In many of the countries surveyed, progress in tackling malnutrition reflects policy commitments. However, some countries, such as Ethiopia, score well on commitments but their outcomes lag behind. This illustrates the fact that it can take time for commitments to be put into action, and for action to be translated into outcomes. It also underscores the need for regular monitoring of nutrition indicators.

Other countries, like the Philippines, seem to have better outcomes even though they score lower on commitments. This could be a result of economic growth, rising household incomes and other social policies that lead to improvements in nutrition across the general population.

WHAT NEEDS TO CHANGE

All countries featured in the Barometer need to sustain efforts over generations. Enshrining commitments in law will allow people to hold their government to account and ensure adequate investment in nutrition over time.

The Nutrition Barometer shows that, while in many cases the level of political commitment to nutrition is an indicator of the likely direction of nutrition outcomes, this is not necessarily the case. In order for nutrition outcomes to improve, there must be full implementation of strong nutrition strategies that are backed up by long-term investments of adequate finances and human resources, and sustained political will. Regular reviews of these country-specific nutrition strategies, along with improved transparency and access to information, will enable greater accountability in relation to the progress of national governments in improving nutrition. Civil society has a key role to play in the accountability process.

RECOMMENDATIONS

Holding governments to account for their commitments on a regular basis will be critical to reversing the unacceptably high levels of chronic undernutrition and child mortality. By assessing countries' readiness and willingness to combine commitments with action, the Nutrition Barometer will contribute to efforts already underway to scale-up improvements in nutrition.

Making significant reductions to the unacceptably high levels of chronic undernutrition will take a coordinated effort as we move towards the World

Health Assembly's target of 2025. The 2016 Olympics will be a key moment to stop and check that we are moving in the right direction.

Save the Children and World Vision call upon more countries to demonstrate leadership on nutrition and ensure commitments are swiftly translated into action. The international community must not squander this opportunity to address both the causes and consequences of undernutrition, and must take the following steps:

- National nutrition plans should be costed and include national and sub-national targets for improving nutrition and reducing stunting. They must: include a focus on reaching the poorest children; incorporate the indirect interventions that are the responsibility of other sectors; include a strong monitoring framework that sets out a regular (eg, annual) review process, with input from civil society and other stakeholders.
- Countries with a high burden of nutrition should increase and sustain investment in direct nutrition interventions and in strengthening health systems (including human resources) that are needed to deliver those interventions.
- Countries should increase the transparency of and accountability for nutrition plans by making better data available. They should ensure that there are regular nationally representative nutrition surveys to improve the monitoring of progress against nutrition indicators.
- Countries with a high burden of undernutrition should join the Scaling Up Nutrition Movement, and should fully integrate nutrition into their efforts to improve maternal and child health through the Every Woman Every Child initiative and through the more recent 'A Promise Renewed' movement (which came out of the Child Survival Call to Action).
- The SUN movement should undertake a costing of country plans, to be completed by the end of 2012, while donors and other development partners should make long-term financing commitments to meet any financing gaps in implementing ambitious nutrition plans.
- Donors should fulfil their commitments and also use forthcoming opportunities in 2013 to make further concrete commitments to supporting nutrition.

ABBREVIATIONS

DHS	Demographic and Health Survey
DRC	Democratic Republic of Congo
EU	European Union
HANCI	Hunger and Nutrition Commitment Index
HRCI	Hunger Reduction Commitment Index
ICDS	Integrated Child Development Services
IDS	Institute of Development Studies
MDGs	Millennium Development Goals
NGOs	Non-governmental organisations
SUN	Scaling Up Nutrition Movement
UN	United Nations
UNICEF	United Nations Children's Fund

INTRODUCTION

Recent decades have seen dramatic progress in child survival. The number of children dying before their fifth birthday declined from 12 million in 1990 to 6.9 million in 2011 according to UNICEF's 2012 *Levels and Trends in Child Mortality* report. In contrast to this overall positive trend, progress in reducing childhood undernutrition has been slow. It remains the underlying cause of more than a third of all child deaths worldwide – around 2.3 million in 2011.

Maternal undernutrition, long-term exposure to a poor diet and repeated infections have also left 165–170 million children under-five stunted, preventing them from reaching their full potential. (These are estimates from UNICEF and the World Health Organization.)

Stunting is a 'hidden' problem in many populations, and children may not appear undernourished. However, stunting indicates impairment to both physical and cognitive development, which can have lifetime consequences for a person's health, educational attainment and economic productivity.

Alarming, the proportion of wasted children (suffering acute weight loss) actually rose in the second half of the 2000s.¹ The recent food crises in both west and east Africa have highlighted the need for more effective responses to prevent undernutrition in emergencies, particularly in areas with recurrent food crises.

2012 – TIME FOR ACTION ON NUTRITION

2012 has been a critical year for action on nutrition. The US President Barack Obama, together with G8 and African leaders and the private sector, launched the New Alliance for Food Security and Nutrition, aiming to take 50 million people out of poverty in the next decade. In May, the World Health Assembly adopted a resolution on maternal, infant and young

child nutrition, including a target to reduce the number of stunted children by 40% by 2025. On the closing day of the Olympic Games in London, UK Prime Minister David Cameron and Brazilian Vice President Michel Temer co-hosted a hunger summit bringing together key government leaders, the private sector, United Nations, World Bank, non-governmental organisations (NGOs) and foundations.

Leaders attending the hunger summit took up the baton on what we hope will be a significant push on hunger and nutrition. At the summit measures were announced to reduce the number of stunted children worldwide by 25 million by the next Olympic Games in 2016. This would put the world on track to achieve the even more ambitious 2025 target. The European Commission announced that it will support high-burden countries to reduce stunting and accept responsibility for 10% of the overall 40% reduction target agreed at the World Health Assembly.² The Scaling Up Nutrition (SUN) movement³ is also launching a revised strategy this year.

Increased international attention on the silent crisis of undernutrition is welcome, and long overdue. But it is not enough if we are to deliver these ambitious targets. Countries with a high burden of undernutrition need to demonstrate high-level leadership and ensure that commitments are swiftly translated into policies and plans, backed by additional resources and properly implemented, to improve nutrition outcomes for children and their mothers.

MEASURING COMMITMENTS AND OUTCOMES

To assess national governments' political and financial commitments to nutrition, Save the Children and World Vision have produced a Nutrition Barometer. In the same way that a weather barometer measures changes in atmospheric pressure, the Nutrition Barometer gauges how governments are faring in political and financial commitments in light of increased global attention on the issue.

This first edition of the Barometer monitors governments' political and financial commitments to nutrition in the 36 countries that are home to 90% of undernourished children. Political commitment, such as signing onto a global plan like Every Women, Every Child or having a national plan on nutrition, is just one step towards addressing the issue. A political commitment may not always translate into a financial commitment. There are a number of steps and measures that need to take place between making a commitment, implementing programmes and, ultimately, having an impact. The Scaling up Nutrition (SUN) movement is a good example of this.

This Barometer looks at the first step of the process towards improved nutritional outcomes. It shows that

while, in many cases, the level of political commitment to nutrition is an indicator of the likely direction of nutrition outcomes, this is not necessarily the case. In order for nutrition outcomes to improve, there must be full implementation of strong nutrition strategies that are backed up by long-term investments of adequate finances, sufficient human resources and sustained political will. Regular reviews of these country-specific nutrition strategies, along with improved transparency and access to information, will enable greater accountability in relation to the progress of national governments in improving nutrition. Civil society has a key role to play in the accountability process, especially in facilitating the dialogue between citizens and their elected officials.



PHOTO: CJ CLARKESAVE THE CHILDREN

Rani, eight, from Punjab in Pakistan, holding her seven-month-old sister, Samia. Following floods in 2011, Samia was treated for severe acute malnutrition.

The Nutrition Barometer complements other accountability efforts, including the work of the independent Expert Review Group and the Partnership for Maternal, Newborn and Child Health.⁴ It will be used by Save the Children, World Vision and other partners to acknowledge those

countries that are moving in the right direction to reduce undernutrition, and to highlight those making insufficient progress. In future editions, developments on nutrition will continue to be monitored, as will progress on other aspects of child health.

GROWING MOMENTUM FOR NUTRITION

The first 1,000 days – from conception through to two years of age – have been proven to be critical for growth, development and life-long potential. Looking back over the 1,000 days from the beginning of 2010 to the UN General Assembly in September 2012, there have been a number of key events and processes that have laid the foundations for potential unprecedented improvements in maternal and child health and nutrition.

Momentum was galvanised early in 2010 through the development of the UN Secretary-General's Global Strategy for Women's and Children's Health, also known as Every Woman Every Child.⁵ The estimated funding gap for maternal, newborn and child health identified in the Global Strategy included the costs of direct nutrition interventions, along with a target of protecting 88 million children under five from stunting by 2015. The subsequent launch of this Global Strategy in September the same year garnered US\$40 billion in financial commitments plus a large number of policy and service delivery commitments. However, a detailed report on commitments to the Global Strategy⁶ highlighted a lack of attention to nutrition, describing it as a neglected area of the continuum of care.

2010 also saw the launch of the Scaling Up Nutrition Movement – a global movement of governments, donors, civil society, multilaterals, private sector and other actors that aims to catalyse and 'scale up' current efforts to improve nutrition for pregnant women and children under two. The SUN movement developed a global Framework for Action, a roadmap for implementation, and created several taskforces to effectively spur a scaling up of investment, advocacy and programming in nutrition. Key donors have identified the need to further mobilize resources for nutrition, and nearly

30 countries with huge nutrition challenges have signed up, keen to work with partners to increase their nutrition efforts. The 1,000 Days Partnership, led by the US and Irish governments, was also launched in 2010 to bring high-level political leadership and momentum to this movement.

Adding further weight to the SUN movement, in April 2012, the UN Secretary-General personally appointed 27 senior representatives from governments, civil society, development agencies, international organisations, business and foundation to provide strategic oversight, mobilize resources and improve accountability and coordination of the movement. "Never before have so many leaders, from so many countries and fields, agreed to work together to improve nutrition," said Secretary-General Ban Ki-moon of the SUN Lead Group,⁷ which is chaired by UNICEF Executive Director, Tony Lake.

There has also been growing recognition of the importance of measuring stunting as a reflection of continued, long-term exposure to poor health and nutrition, particularly during the first two years of life. This is reflected by the fact that stunting was one of three outcome indicators identified in 2011 by the Commission on Information and Accountability for Women's and Children's Health to measure the implementation of the UN Global Strategy. May 2012 saw agreement at the World Health Assembly of a new target to reduce numbers of stunted children worldwide by 70 million by 2025.

This new global target to reduce stunting gives greater impetus for health and nutrition stakeholders to work together, and in particular for further integration between the SUN and Every Woman Every Child movements.

I THE NUTRITION BAROMETER EXPLAINED

The Nutrition Barometer provides a snapshot of national governments' commitments and progress in addressing nutrition and child survival. It analyses commitments made by each country's government to fight undernutrition, and attempts to understand how these commitments move with children's nutrition status and survival chances. The Nutrition Barometer builds on existing indices such as the Global Hunger Index produced by the International Food Policy Research Institute and the Hunger Reduction Commitment Index released by the Institute of Development Studies.⁸ (For detailed notes on methodology and a full list of indicators, see the Appendix.)

There are many diverse factors determining nutrition outcomes. UNICEF's conceptual framework on the causes of undernutrition indicates multisectoral intermediate, underlying and basic determinants spanning food, health and care practices.⁹ National-level factors such as economic growth, social policy, health systems and governance are significant in combating and addressing undernutrition. Agriculture and food security play a big role as well. At the household level, income and education are two of the key factors that affect children's nutrition.

We know where the highest burdens of undernutrition are and their causes. One area that needs examining, however, is how much national governments make a commitment to address nutrition in terms of policies, participation in global initiatives and allocation of adequate resources to nutrition-specific and related interventions. The Nutrition Barometer gauges these commitments, which are measurable and comparable across the 36 countries that together account for 90% of the world's undernourished children.

The Nutrition Barometer measures two dimensions of commitment. The first looks at laws, policies and other efforts at the national level that address undernutrition. The second indicates the resources that governments allocate to see through their political and legal commitments.¹⁰

The political and legal commitments include seven indicators spanning economic and social rights, the right to food, membership of SUN, nutrition-specific commitments to the Every Woman Every Child initiative,¹¹ national nutrition policies and regular monitoring of nutrition outcomes. Public expenditure includes three indicators. Two of these are measures of health spending, while the last looks at the existence of a current costed nutrition plan.

We measure outcomes by looking at three anthropometric indicators of children's nutrition status and child survival. The nutrition indicators include the proportion of children who are underweight, stunted and wasted. Recognising that undernutrition is the underlying cause of one-third of all child deaths, we include progress towards Millennium Development Goal (MDG) 4 – a two-thirds reduction in under-five mortality by 2015 – in our outcomes indicators. Of course, factors beyond nutrition also contribute to mortality, so this broadens the Barometer's scope.

By providing a snapshot of country political and financial commitments and how they are progressing on addressing nutrition and child survival, we aim to stimulate a conversation about the accountability of governments to the world's undernourished children, including where national governments are doing well and where they need to do better. Through the Nutrition Barometer, we intend to provide a new perspective for national and global debates about improving nutrition and reaching the stunting reduction targets set for 2016 and 2025.

THE NUTRITION BAROMETER AND THE HUNGER AND NUTRITION COMMITMENT INDEX

The Nutrition Barometer complements the forthcoming Institute of Development Studies' Hunger and Nutrition Commitment Index.¹² Both tools analyse country commitments and link them with outcomes, and both look at factors deemed important to addressing hunger and nutrition. These include indicators such as the right to food, government spending on health, and national policies to fight hunger and undernutrition. The Hunger and Nutrition Commitment Index (previously called the Hunger Reduction Commitment Index) employs primary data to validate its assessment based on secondary data, and looks at governance factors that the Barometer does not include. It also

assesses commitment in developed countries to address hunger. The Barometer considers commitments to global frameworks such as nutrition-specific commitments to Every Woman Every Child and membership of SUN. Both tools look at countries with high hunger or undernutrition burdens. In our sample, we include the 36 countries with the highest burden of undernutrition, while the forthcoming Hunger and Nutrition Commitment Index will include about 40 countries. Both Malawi and Guatemala come among the top countries in the Barometer and the Hunger Reduction Commitment Index.



PHOTO: SIMON PETER ESAKUMWALA VISION

Tony, 5, holds on to the goat his mother received through a community revolving animal fund. World Vision's work in the Abim district of Uganda has enabled more families to reap the benefits of improved income and nutrition.

2 THE FINDINGS – COMMITMENTS AND NUTRITION & CHILD SURVIVAL OUTCOMES

The findings of the Nutrition Barometer indicate the strength of country commitments to addressing undernutrition and their nutrition status relative to other high-burden countries, as shown in the figure below.

In many of the 36 countries surveyed, commitments to nutrition tend to mirror outcomes in nutrition

and child survival, while several cases indicate a more nuanced relationship between commitments and outcomes. Each country gets an overall classification for commitments and outcomes. In recognition of the importance of following up high-level commitments with adequate resources, commitments are further broken down into political, legal and financing commitments.

FIGURE 1: COMMITMENTS AND OUTCOMES

Commitments	Sound	Ethiopia Madagascar	Burkina Faso Burundi Nepal	Tanzania	Guatemala Malawi Peru
	Fair	Niger	Bangladesh Kenya Mali	Ghana Indonesia Mozambique Uganda Zambia	
	Emerging	Afghanistan Pakistan	Cambodia Nigeria		Egypt Iraq South Africa Turkey Vietnam
	Frail	Democratic Republic of Congo India Yemen	Côte d'Ivoire Sudan	Angola Cameroon Myanmar	Philippines
		Frail	Emerging	Fair	Sound
		Outcomes			

Notes: Commitments refer to political, legal and financial commitments.

Outcomes refer to nutrition and child survival outcomes.

As with any composite index, categorisation of countries can reflect either 1) consistent performance or 2) an average of varying performance across indicators. For example, Guatemala's 'sound' categorisation reflects good performance on child survival despite a stunting level of 48%, which is a serious national problem requiring urgent attention.

HIGHS AND LOWS

According to the Barometer, the countries that show sound commitments with sound nutrition and survival outcomes relative to the other countries in the group are Guatemala, Malawi and Peru.

The Democratic Republic of Congo (DRC), India and Yemen show the weakest performance, with frail commitments and frail outcomes. Outcomes for India are dated as they are based on the National Family and Health Survey-3 from 2005–06. However, since the country has not had a nationally representative survey since then, these figures are still generally used. (For more information about India's performance on the Barometer, see page 9.)

COMMITMENTS MATCHED BY OUTCOMES

In 13 of the countries (just over a third of the sample) we looked at, commitments and outcomes point in exactly the same direction. Three countries – Guatemala, Malawi and Peru – have both sound political and financial commitments and sound outcomes relative to the other countries in the group in this study.

For example, Guatemala shows excellent high political and legal commitments since it has signed and ratified the Economics and Social Rights Convention, it is a member of SUN, and it has an overarching national nutrition policy. These political commitments are matched by strong financing commitments. Perhaps due to these commitments, Guatemala's proportion of underweight and wasted children, estimated at 13% and 1% respectively, is much lower than most of the other countries. However, despite strong political will to tackle undernutrition, 48% of Guatemalan children are estimated to be stunted. The national data also masks disparities across socio-economic wealth groups. (For more information about Guatemala's performance on the Barometer, see page 8.)

Peru, among its other commitments, has been monitoring health and nutrition outcomes regularly with a rolling DHS. Malawi, despite its low-income status, also comes out strongly in political, legal and financing commitments. This suggests that low-income countries, as well as richer countries, can follow through political commitments to nutrition with adequate financing.

Cambodia shows emerging commitments and outcomes, with the Barometer indicating fair political and legal commitments that are combined with emerging financing commitments. High-level leadership, as shown by the Cambodian Prime Minister, is key to raising the profile of nutrition as a national development priority. The country is also developing a cross-sectoral food security and long-term nutrition strategy.

Weak commitments in the DRC and Yemen are related to very poor nutrition and child survival outcomes. While the DRC indicates emerging political and legal commitments, it suffers from a lack of adequate financing from domestic sources. The results for both countries have to be put in the context of fragility and conflict, which imposes heavy constraints. Fragile and conflict-affected countries are among the furthest from achieving the MDGs, including targets to reduce the number of underweight children. Few fragile or conflict-affected countries have signed up to the SUN movement, indicating that further, targeted support may be needed to enable the involvement of some of the highest-burden and potentially lowest-capacity countries.

COMMITMENTS HIGHER THAN OUTCOMES

The Barometer shows 12 countries where there are high political, legal and/or financial commitments to nutrition, yet outcomes are lower. Nepal reflects sound overall commitments matched with emerging outcomes. Breaking down Nepal's commitments, we see that the government has sound political and legal commitments and fair financing commitments. The government's determination to address the high rates of undernutrition is demonstrated in the effort put into the 2009 Nutrition Analysis and Gap Assessment. The Multi-sectoral Nutrition Plan for Accelerating the Reduction of Maternal and Child Under-nutrition was finalised and approved earlier this year. The Demographic and Health Survey for 2011 reports a reduction in stunting from 56% to 41% over ten years. However, gains were not equitable across all population groups. Much of the progress occurred in the wealthiest quintile, while undernutrition increased in the poorest quintile. Underweight has also, predictably, diminished, though wasting has remained

continued on page 12

GUATEMALA – STILL A LONG WAY TO GO

It is worth unpacking Guatemala's performance in the Barometer, which suggests sound commitments and outcomes for the country. While developments around the right to food, its membership of SUN, an overarching national nutrition policy and financial allocations to health have helped boost Guatemala's commitments to nutrition in the Barometer, the definitive impact of policies reducing malnutrition in Guatemala is still to be seen.

The country presents a nuanced picture of nutrition and child survival outcomes. Increases in coverage of effective life-saving interventions such as immunisation, treatment of pneumonia and improved drinking water among others have helped reduce the country's under-five mortality rate (see the 2012 'Countdown to 2015' report for details of coverage). Child mortality fell from 78 deaths per thousand live births in 1990 to 32 deaths per thousand live births in 2010.

Nutrition, on the other hand, has not mirrored Guatemala's relative progress in bringing down child deaths. While acute malnutrition has fallen to about 1%, 48% of children below five years suffer from chronic malnutrition in the country. This is the

highest stunting rate in the western hemisphere and the sixth highest in the world. The gap between survival and chronic malnutrition has to be put in the country's context.

Guatemala is a lower-middle-income country with widespread and severe poverty. The World Bank estimated in 2006 that half of the population lives below the poverty line. There are inequalities not only across income groups but across regions and ethnicities, with endemic poverty in the indigenous populations. Poverty and inequality, together with natural disasters and recent food price increases, fuel the gap between food availability and probable food requirements. Poor and vulnerable households often cannot afford a nutritious diet, with devastating consequences on children's growth. Stunting affects long-term development and can potentially lead to poorer schooling and earning outcomes later in life.

While political will to address undernutrition is most welcome, there remains a huge job for the government, donors and other stakeholders to do to improve children's nutrition outcomes in Guatemala. These commitments have to be sustained, and followed through with concrete actions in the long term, in order to bring down chronic malnutrition. Increasing coverage of direct nutrition interventions, education and broader social policies are just some of the measures needed to ensure that future generations survive and reach their full growth potential.



INDIA – LAGGING BEHIND DESPITE ECONOMIC GROWTH

Spectacular economic growth has not translated into better nutrition outcomes for many of India's children. Growth has lifted millions out of poverty but it has also been largely unequal, with the benefits accruing to a small segment of the population. Many sources of data show that almost half its children are underweight and stunted, and more than 70% of women and children have serious nutritional deficiencies such as anaemia.

Nutrition data at the national level masks huge disparities across states and socio-economic wealth groups. For example, children in the poorest households are more than twice as likely to be stunted as those in the richest households. However, even in the wealthiest 20% of the population, one child in five is undernourished. Although there are success stories and developments in some parts of the country, which show what can be achieved, the Prime Minister of India has referred to undernutrition levels as a “matter of national shame”,¹³ with enormous costs in terms of health, well-being and economic development.

India's performance in the Nutrition Barometer indicates both frail commitments and outcomes. Its showing on commitments was set back by the lack of nutrition-specific commitments to Every Woman Every Child and not being a member of SUN as yet. Public spending on health – both as a percentage of government budget and in per capita terms – is low, especially for a middle-income country.

There are significant recent indications that commitment to fighting undernutrition is strengthening, including an announcement to triple resources for the reform of Integrated Child Development Services (ICDS), the country's primary scheme to address child health and nutrition. Implementation of the programme has been mixed across states, leading to excellent outcomes in some places and poor results in others. A criticism of the ICDS was its failure to target children between the ages of 0 and two years, which is the crucial growth

period. One reform involves increasing the number of Anganwadi [community health] workers in the 200 districts with the highest levels of undernutrition. This could have a particular impact on increasing interventions during the crucial first 1,000 days, from a child's conception through to two years of age.

The government is also strengthening its participation in the global stage when it comes to addressing nutrition. India co-chaired the Child Survival Call to Action Summit in June 2012, with the USA and Ethiopia, and the Minister for Women and Children attended the 2012 UK hunger summit. We understand there have also been discussions around India's engagement with SUN during the UK Hunger Summit.

These developments are promising and, if followed through and fully implemented with adequate resources and proper oversight, can greatly help improve the nutritional status of India's children. In order to monitor the impacts of these commitments, India urgently needs a new population-based, nationally representative survey to check what has happened to nutrition since 2005–06. The fourth National Family Health Survey is scheduled for 2014. District-level data collection is planned this year, which will give a more accurate indication of where nutrition outcomes stand at present.



KENYA – COMMITMENTS NOT YET REFLECTED IN OUTCOMES

The government of Kenya scores fair in its policy and legal framework for improving nutrition and in its financial commitments. Its nutrition outcomes, classified as emerging, fare less strongly. The need for sustained and further action is clearly outlined by the continued poor nutrition status of many of the country's children.

Over the past few years a number of key papers and strategies have signalled a new approach by the government on nutrition. The first of these was the 2008 Food Security and Nutrition Strategy, which sought to strengthen budgetary allocations, involvement of the private sector, intersectoral coordination, monitoring and evaluation systems and stakeholder participation. In 2011 the Cabinet endorsed the National Food and Nutrition Security Policy, implementation of which will be guided by a National Nutrition Plan of Action (2011–2017), which is currently being finalised. This Plan of Action provides a roadmap for coordinated implementation of nutrition interventions by the government and NGOs across development sectors for maximum impact. It outlines nine strategic objectives with corresponding activities and expected outcomes,

a monitoring and evaluation approach, time frames and estimated costs.

Despite Kenya not having formally joined SUN yet, elements of the movement's core activities and a set of high-impact nutrition interventions undertaken by SUN countries are already being implemented. Central to SUN is the engagement of stakeholders outside of government in the planning, implementation and monitoring of nutrition policies, strategies and plans of action to scale up nutrition. In Kenya NGOs and UN agencies are included in the planning committee for the forthcoming National Nutrition Symposium, alongside various ministries, including health and agriculture. The aim of this event, which will be opened by the President and have regional delegates, including the African Union, is to raise the profile of undernutrition in Kenya and provide a greater focus on the roadmap for scaling up the response.

Critical challenges faced by Kenya include the need to increase the share of government budget allocated to health and, within that, to ensure adequate funding for direct nutrition interventions. The current level of health spending falls far below the 15% of government spending agreed by all African governments in 2001. In addition, significant improvements can be made in the coordination of nutrition within and across government ministries, in line with the plans for improving the institutional framework for nutrition outlined in the National Food and Nutrition Security Policy.

To make greater progress in improving nutrition outcomes for mothers and children, the government of Kenya must prioritise the implementation of the existing comprehensive policy frameworks for nutrition and food security, including the provision of adequate financial and human resources.



AFGHANISTAN – SOME PROGRESS, BUT UNDERNUTRITION STILL HIGH

Despite severe security challenges, weak governance, limited fiscal resources and major human resource limitations, Afghanistan has made progress towards its social and development objectives over the past decade. Infant and under-five mortality have fallen from 111 and 161 per thousand live births in 2008 to 77 and 97 per thousand live births respectively. However, Afghanistan's children continue to suffer from high levels of undernutrition: nearly 60% of children under the age of five are stunted, and approximately one-third of children are underweight.

Widespread poverty and a lack of availability of diverse and good quality food are major causes of undernutrition, and micronutrient deficiencies in particular. Inadequate infant and young child feeding practices, and infectious diseases such as diarrhoea, are also a major cause of undernutrition. Around 40% of those admitted to therapeutic feeding units (for treatment of severe acute undernutrition) are under six months old, pointing to breastfeeding problems as a primary cause. Many households still have no access to safe drinking water and still more also lack access to improved sanitation.

The political commitment required for tackling undernutrition is emerging. The National Public Nutrition Policy and Strategy 2009–13 and the Infant and Young Child Feeding Policy and Strategy 2009–13 are the government's key commitments related to nutrition. However, to date neither policy has been effectively implemented. To close the gap between policy and practice, the government should review costed plans to effectively implement the two strategies, taking into account the need for adequate technical and financial donor support.

To demonstrate its leadership even further, Afghanistan should incorporate nutrition into its commitment to Every Woman Every Child and join the SUN movement. The Ministry of Public Health must also improve coordination with other sectors – such as the Ministry of Agriculture, Irrigation and Livestock, Ministry of Labour and Social Affairs, and Ministry of Education – to support a multi-sectoral approach to implementing public nutrition and infant & young child feeding policies.



continued from page 7

near constant at 11%. Increasing resources to match these excellent commitments and focusing on very poor households could further accelerate Nepal's progress on undernutrition.

In Ethiopia's case, the Barometer reflects sound commitments but frail outcomes. In recent years the country has stepped up its health and nutrition efforts and is increasingly allocating a greater proportion of the government budget to the health sector. Public health expenditure accounted for about 13% of government budget in 2010, but per capita government health expenditure was only US\$23 (in purchasing parity terms) in 2009. This is far below the World Health Organization target of US\$60 per capita government spending on health in low-income countries. Political, legal and financing commitments are pointing in the right direction, however, and the Demographic and Health Survey 2010–11 survey indicates that all three nutrition indicators improved between 2005 and 2010–11. Stunting fell from 51% to 44%, wasting from 12% to 10% and underweight from 33% to 29%. However, Ethiopia's undernutrition burden is still very high and commitments have to be sustained and financing stepped up to further improve outcomes.

In some countries, current or most recent nutrition data might not yet have captured the impact of commitments. For example, the most recent data from Mali and Uganda are from their 2006 national nutrition surveys. The nutritional status of young children may well have improved in the interim, but the Barometer cannot reflect any potential changes without a recent nationally representative survey. This issue is certainly not only about measurement; without regular surveys, the ability to track progress across population groups and ensure government accountability to reduce undernutrition is in question. This was highlighted in a joint statement from the co-chairs of the recent UK hunger summit, David Cameron and Michel Temer, who said: "Transparency of data sources and nutrition results have allowed governments in countries like Brazil to track progress on nutrition indicators and allowed others to analyse the data and confirm the successes being made."¹⁴

OUTCOMES STRONGER THAN COMMITMENTS

In 11 countries, outcomes are stronger than commitments. Emerging commitments in Egypt, Iraq, South Africa, Turkey and Vietnam are paired with sound outcomes. Turkey and South Africa are classified as higher middle-income countries, with far higher per capita incomes than the rest of the group. Despite having frail commitments, the Philippines still manages to show sound outcomes. Understanding these results requires putting them in the context of this group, which includes middle-income countries.

Some of these economies have been growing rapidly in recent years, leading to rising household incomes that could be expected to result in an improved nutrition status of the general population. It is therefore not surprising to find sound results in these countries relative to the rest of the group. However, as the Barometer covers the 36 countries with a high-burden of undernutrition, countries in this category still have major challenges to overcome.

While rising household incomes may improve the nutrition status of the general population, national averages often mask huge inequalities. Economic growth does not automatically translate into improved nutrition outcomes for children, especially those in the poorest households. And rising household income on its own is not a sufficient condition for improving nutrition outcomes. In Egypt, for example, more than a quarter (27%) of children in the richest households are stunted.¹⁵ Education and proper feeding practices play an important role in ensuring the good nutrition status of children.

The countries in this group might also be reflecting measures outside of the Barometer that are potentially having a positive impact on nutrition. For example, South Africa is running a large-scale social protection programme including a child support grant aimed at improving the lives of poor children. An evaluation of the grant shows that children who benefit from the cash transfer are less likely to be ill or stunted.¹⁶ Egypt implemented a national programme of fortifying bread flour with iron and folic acid between 2008 and 2010.¹⁷

G8 DONORS HIGHLIGHT NUTRITION BUT FALL SHORT ON NUTRITION FUNDING

2012 saw the G8 increase their focus on tackling undernutrition, with welcome commitments to improving tracking and disbursements for nutrition and a call for more nutrition-sensitive activities.¹⁹ However, this must be matched by an urgently needed increase in resources.

Some G8 members have taken strong initiatives to tackle undernutrition and were prepared to work together to set a global stunting target. But the G8 as a group missed the opportunity to collectively address the chronic underinvestment in nutrition by adopting a commitment on undernutrition to

accompany the one agreed in their New Alliance on Food and Security, which aims to move 50 million people out of poverty. While welcome, the G8 pledge to “maintain robust programs to further reduce child stunting” would have been stronger if accompanied by a specific target. Even with the current poor system for tracking aid to nutrition, it is obvious that current spending levels from the G8, other donors and national governments are woefully inadequate, given the estimated US\$10.3 billion annual funding needed for direct nutrition investment.²⁰

There is a strong case for the countries in this category to formalise their commitments to nutrition. The sustainability of these outcomes could be improved by enshrining nutrition measures in legislation (eg, the right to food) to make policies, programmes and spending less vulnerable to changes in political priorities. Publicly made commitments also allow stakeholders to hold the government to account, which increases transparency and accountability. The government of Brazil, which saw stunting rates halved in ten years under its Zero Hunger programme, has stated that there is no substitute for political will and leadership and that guaranteeing the rights to food, education and health were key factors in their success.¹⁸ Given the length of time it takes to reduce levels of chronic undernutrition, regular reviews are needed to track progress against these commitments.

POLITICAL WILL AND FINANCING OVER TIME

The Nutrition Barometer gauges the direction of movement between political and legal commitments and nutrition and child survival outcomes. In several cases the two move in the same direction, illustrating the importance of political and legal commitments to nutrition and ensuring that adequate resources are allocated to them. While political commitment

is crucial to improving children’s nutrition outcomes, financing has to follow in order for sound outcomes to come through. As seen from the findings of the Barometer, it is important to examine not just the percentage of government expenditure allocated to health – and ideally, if this information is available, for nutrition as well – but also to consider the actual per capita expenditure that this translates into.

We also see a more nuanced relationship between commitments and outcomes in a number of cases. Some countries have higher commitment scores but with outcomes lagging behind, while others seem to have better outcomes even though they have a lower commitments score. The former illustrate the fact that it takes time for commitments to translate into good outcomes and the need for regular monitoring of children’s nutrition status, as explained above. The latter could be a result of economic growth and rising household incomes which lead to improvements in nutrition across the general population. Other social policies outside of the Barometer might also be affecting nutrition. It has to be stressed, however, that these countries continue to have very high burdens of undernutrition and these outcomes have to be sustained over generations. Enshrining political commitments will allow people to hold their government to account and setting financial commitments will ensure adequate funding for nutrition over time.

THE ROLE OF HEALTH WORKERS IN TACKLING UNDERNUTRITION

In 2008, world nutrition experts identified a group of 13 cost-effective direct nutrition interventions that include encouraging changes in behaviour to improve nutrition; provision of micronutrients; and treatment of severe acute undernutrition with special therapeutic foods.²¹ They estimated that if these interventions were scaled up to reach every child in the 36 high-burden countries, approximately 25% of under-five deaths could be prevented.

These interventions rely on a strong health system with sufficient numbers of health workers who have the right knowledge and expertise to prevent and treat undernutrition. However, millions of children live out of reach of essential nutrition interventions because there is no functioning health service in their communities and no skilled health workers available to provide any form of healthcare.

As the Nutrition Barometer shows, while many countries have developed national nutrition strategies, delivery of these interventions is often inadequate. One of the major barriers is an overall lack of investment in health, resulting in weak human resources and insufficient institutional capacity to plan and implement effective responses. Although health worker density is not included in this first edition of the Barometer, it is relevant to note that of the 36 countries monitored, 31 have been identified by the World Health Organization as having a critical health worker shortage.²² Egypt,

Guatemala, the Philippines, South Africa and Turkey – the five countries that do meet the recommended ratio of 23 doctors, nurses and midwives per 10,000 people – are all categorised as having sound nutrition outcomes. The distribution of health workers within a country affects outcomes; they need to be deployed equitably across regions and geographic areas to ensure that they reach the poorest and most vulnerable households.

Health workers have a vital role to play in promoting good maternal and child nutrition, particularly during the crucial 1,000 days from the child's conception through to two years of age. With the right support and supervision, well-trained health workers without professional qualifications, such as community health workers, can deliver essential nutrition interventions at the local level and help reduce inequities in the coverage of nutrition services.

In order to fulfil commitments on nutrition and child survival, governments must develop and implement national plans to attract, train and retain health workers with the skills necessary to diagnose, prevent and treat undernutrition. Plans should focus on ensuring that health workers are in reach of the children with the greatest needs, and that health workers working in challenging settings have sufficient support from the wider health service in order to have the best possible impact on nutrition outcomes.



PHOTO: ANDY HALL FOR THE OBSERVER/SAVE THE CHILDREN

Anjana (left), a community health worker in a rural district of Maharashtra in India, visits Meena and her newborn baby.

3 CONCLUSIONS AND RECOMMENDATIONS

By constructing a Nutrition Barometer, and analysing national governments' commitments to and outcomes in improving nutrition, Save the Children and World Vision are seeking to capitalise on the current momentum around nutrition and contribute to a faster transition from pledges to implementation for results.

This picture of countries' readiness and willingness to combine commitments with action aims to help inform efforts which are already underway to scale up improvements in nutrition, in line with recently agreed global targets. Continuing and expanding these efforts to hold all governments to account for their own progress towards these targets (in line with their existing commitments) will be critical to accelerate the current overall slow rate of progress, as will garnering new commitments, as necessary.

It is critical that the international community does not squander this opportunity to address both the causes and consequences of undernutrition. 2013 will be a crucial year, with commitments from both the UK and Ireland to use their leadership of the G8 and EU presidencies respectively to progress the nutrition agenda and the increased international profile of the SUN movement. Making significant reductions to the unacceptably high levels of chronic undernutrition will take a coordinated, marathon effort rather than a short sprint. All stakeholders should take full advantage of the current momentum around nutrition, but with a clear recognition that the interval between commitments, full implementation of agreed strategies and improved nutrition outcomes requires sustained and long-term political will and finance, and investment in human resources.

These much-needed efforts to improve nutrition must be punctuated with regular opportunities to assess progress and review directions. Governments should report regularly on nutrition spending and develop a monitoring framework to measure progress towards long-term and interim nutrition targets. This progress must be measured across population groups, disaggregated at a minimum by wealth quintile,

geographic location and gender, to avoid national averages that so often mask serious inequities. As construction of the Nutrition Barometer has shown, it can be difficult for civil society to access key documents and expenditure information in order to hold governments to account for their commitments. Improving transparency and access to information is a key principle to ensure increased accountability to all stakeholders, especially citizens.

We recognise that not all factors that contribute to improving nutrition are captured by the Barometer. Improvements in nutrition rely on functioning health systems, working in conjunction with education, agriculture and social protection efforts to address key underlying causes such as food insecurity, lack of access to safe water and improved sanitation.

In order to accelerate progress, Save the Children and World Vision recommend the following steps:

- Countries revising or drafting nutrition plans should include national and sub-national targets for improving nutrition and reducing stunting in line with the recently adopted World Health Assembly's Maternal, Infant and Young Child Nutrition Implementation Plan, with clear timelines and details of investment required. Nutrition plans must include a focus on reaching the poorest children; incorporate the indirect interventions that are the responsibility of other sectors; and include a strong monitoring framework which sets out a regular (annual) review process, with input from civil society and other stakeholders.
- Countries with a high burden of nutrition should increase and sustain investment in direct nutrition interventions and also in strengthening health systems – including human resources – needed to deliver those interventions.
- Countries should increase the transparency of and accountability for nutrition plans by making better data available. They should ensure that there are regular nationally representative nutrition surveys to improve the monitoring of progress against

nutrition indicators. Large-scale surveys such as the Demographic and Health Survey and Multiple Indicator Cluster Survey should be conducted at least every four to five years, alongside national surveys, to strengthen monitoring.

- Countries with a high burden of undernutrition should join the SUN movement, and fully integrate nutrition into their efforts to improve maternal and child health through the Every Woman Every Child initiative, and the more recent 'A Promise Renewed' movement that came out of the Child Survival Call to Action.
- The SUN movement should undertake a costing of country plans, to be completed by the end of 2012; donors and other development partners should make long-term financing commitments to meet any financing gaps in implementing ambitious nutrition plans.
- Donors should fulfil their existing commitments and also use forthcoming opportunities in 2013 to make further, concrete commitments to support nutrition. Specifically:
 - The UK should use its convening power as Chair of the G8 to ensure increased resources for nutrition and agriculture, to fill the funding gap, and take concrete steps to address the major threats to progress, such as increasing volatility of food prices.
 - The Irish government should use its EU presidency to push for the EU to produce a roadmap on how it will reach its recently announced 10% share of the global stunting reduction target, in addition to convening a high-level conference on the impacts of climate change on nutrition.



PHOTO: ALBERT YUWORLD VISION

A girl in Cambodia gets a nutritious meal. Many children in Cambodia are still undernourished but political attention to nutrition is growing.

APPENDIX: METHODOLOGICAL NOTES

Constructing the Nutrition Barometer is fairly similar to constructing an index. The key aspects of the methodology are designing the Barometer, selecting the indicators and weighting them. Designing the Barometer requires an understanding of factors that affect nutrition outcomes. This also needs to be considered in light of the diverse nature of the group of 36 high-burden countries.

Many factors affect children's nutrition, including economic growth, wealth distribution, government commitment, social policies, direct nutrition interventions, and education and care. Our Barometer focuses on measures that a government has publicly committed to, and which stakeholders can therefore hold them to account for. Given the diversity of the countries in the sample, we needed to set criteria that objectively gauge commitment and at the same time allow us to find comparable indicators across the countries.

The Barometer includes commitments – disaggregated by political and legal commitments and by financing commitments – and outcomes. We look at the commitments separately and in their entirety. What follows is a detailed explanation of how the indicators were devised.

1) POLITICAL AND LEGAL COMMITMENTS

The following questions aim to measure a government's political commitment to promoting nutrition through: protecting citizens' rights to a decent standard of living, including the right to food; committing to global initiatives such as Every Woman Every Child and the SUN movement; instituting a national nutrition policy; and regularly monitoring nutrition outcomes.

The data for this section are from web pages of the UN Treaty Collection, Every Woman Every

Child, SUN, UNICEF's Child Info, Demographic and Health Surveys and the Multiple Indicator Cluster Surveys. Data on the right to food is from Knuth and Vidar (2011),²³ briefing notes from the UN Special Rapporteur on the Right to Food and the right to food website of the Food and Agriculture Organization. National nutrition policies are from various sources. Full details can be found at www.savethechildren.org.uk/resources/online-library/nutrition-barometer

- Is the country a signatory to the Economic and Social Rights Convention? Has it signed or ratified the optional protocol to the Convention?
- Is the right to food enshrined in national legislation either explicitly or implicitly (eg, in the Constitution or as a state directive)?
- Is the country a member of SUN?
- Has the government made nutrition-specific commitments to Every Woman Every Child?
- Is there a current national nutrition policy or framework or nutrition targets (either as a stand-alone document or part of a broader development plan)?
- Has there been a Demographic and Health Survey / Multiple Indicator Cluster Survey / comparable national nutrition survey in the past five years? For countries with older surveys, is there a new survey in progress?

2) FINANCING COMMITMENTS

The following questions determine each government's financial commitments to nutrition by looking at its spending on health and whether there is a costed current nutrition plan. Government health spending is measured in two ways: as a percentage of total government spending and in per capita terms, recognising that low-income countries might do better in the former and worse in the latter, compared to middle-income countries (and vice versa). A current costed nutrition plan indicates a government's intentions to spend on nutrition-specific interventions, for which it can be held to account.

Data on the share of government budget that is spent on health relate to 2010, collected from the World Development Indicators. Figures for government health spending per capita are from the World Health Statistics 2012. Whether or not a country has a costed nutrition plan comes from various sources. (For country sources, see www.savethechildren.org.uk/resources/online-library/nutrition-barometer)

- What percentage of government budget goes to health?
- How much is government health spending per capita?
- Is there a current costed national nutrition plan?

3) OUTCOMES

The following indicators reflect children's nutrition status and their survival chances. The outcome indicators are from UNICEF's Child Info website, which compiles data from the Demographic and Health Survey, the Multiple Indicator Cluster Survey and comparable national surveys. These were supplemented by the Demographic and Health Survey, Multiple Indicator Cluster Survey and national surveys released in recent months. Progress towards MDG 4 is from the 2012 Countdown to 2015 report.²⁴

- What is the proportion of underweight children?
- What is the proportion of stunted children?
- What is the proportion of children suffering from wasting?
- How have countries progressed towards MDG 4?

We assess commitments and outcomes using the Borda scoring system, where countries are given scores based on their rank. As many of the variables are ordinal in nature, we chose the Borda scoring system over an additive system.²⁵ The seven indicators for political and legal commitments are given equal weights and scored between 0 and 1. We sum up the figures and the 36 countries are then ranked according to their total score in the political and legal section. The country that comes out best receives

a Borda score of 36. The one that comes out worst gets a Borda score of 1.

The health and nutrition financing indicators are scored between 0 and 1 and are given equal weights (ie, the two health expenditure health indicators have a weight of 1). To normalise the finance expenditure figures between 0 and 1, we rank countries from best to worst with the best receiving a score of 1. For the nutrition costing variable, a country gets a score of 1 if it has a costed current nutrition plan. If it does not, it scores 0. The scores for the three indicators are totalled and countries are then ranked from best to worst with the country with the best score receiving a Borda score of 36.

Outcome indicators are scored between 0 to 3 and given equal weights. To normalise the anthropometric variables, we rank countries based on their proportion of underweight, stunted and wasted children, with the country having the least proportion receiving a score of 3. For the child survival outcomes, a country is given the lowest score of 0 if it has made no progress towards MDG 4 and the highest of 3 if it has already achieved this. The scores for the four indicators are summed up and countries are ranked from best to worst with the best-scoring country getting a Borda score of 36.

At the end of the exercise, each country has a score for political, legal and financing commitments and outcomes for nutrition and child survival. The score for the political, legal and financing commitments are totalled to produce the overall commitment score. Countries are then ranked from best to worst and divided into quartiles. The first nine countries are classified as having sound commitments, the next nine as having fair commitments, the third nine as having emerging commitments and the bottom nine as having frail commitments. Outcome scores are also ranked from best to worst and countries are again divided into quartiles of sound, fair, emerging and frail outcomes. The results of the Barometer for the 36 countries are shown on page v.

ENDNOTES

¹ Child Development Index 2012: Progress, Challenges and Inequality, Save the Children 2012

² 'Andris Piebalgs European Commissioner for Development Intervention at the Global Hunger Event, London, 12 August 2012 <http://europa.eu/rapid/pressReleasesAction.do?reference=SPEECH/12/575>

³ The Scaling Up Nutrition (SUN) movement was launched in 2010. SUN brings together governments, including nearly 30 high-burden countries, donors and other stakeholders committed to scaling up nutrition and fighting hunger. See www.scalingupnutrition.org for further details.

⁴ For more information on the independent Expert Review Group see http://www.who.int/woman_child_accountability/ierg/en/

For more information on the Partnership for Maternal, Newborn and Child Health see <http://www.who.int/pmnch/en/>

⁵ The Global Strategy for Women's and Children's Health is being put into action through the Every Woman Every Child initiative. For more information, visit www.everywomaneverychild.org

⁶ PMNCH (2011) *The PMNCH 2011 Report: Analysing Commitments to Advance the Global Strategy for Women's and Children's Health* http://www.who.int/pmnch/topics/part_publications/2011_pmnch_report/en/index1.html

⁷ 'UN Secretary-General Appoints 27 Global Leaders to Head Worldwide Effort to Address Child Malnutrition', press release, United Nations, New York, 10 April 2012 <http://www.scalingupnutrition.org/wp-content/uploads/2011/05/120410-SUN-Lead-Group-release-SG-Appoints-27-leaders-to-head-SUN.pdf>

⁸ Save the Children is one of the partners of the IDS for the Hunger Reduction Commitment Index.

⁹ UNICEF, *The State of the World's Children 1998* <http://www.unicef.org/sowc98/silent4.htm#figure5>

¹⁰ The Hunger Reduction Commitment Index (HRCI) includes the two categories. For further reading see the HRCI 2011 report by Dolf te Lintelo and Lawrence Haddad et al at <http://www.hrcindex.org/>.

¹¹ Launched by UN Secretary-General Ban Ki-moon during the United Nations Millennium Development Goals Summit in September 2010, Every Woman Every Child aims to save the lives of 16 million women and children by 2015. It is an unprecedented global effort that mobilises and intensifies international and national action to address the major health challenges facing women and children around the world. The effort puts

into action the Global Strategy for Women's and Children's Health, which presents a roadmap on how to enhance financing, strengthen policy and improve service on the ground for the most vulnerable women and children. For more information, visit www.everywomaneverychild.org.

¹² The HRCI will be launched as the HANCI in the coming months. Save the Children is one of IDS's partners for the HRCI and HANCI.

¹³ 'Child malnutrition in India a "national shame" – Manmohan Singh', 11 January 2012, Reuters website <http://in.reuters.com/article/2012/01/11/child-malnutrition-in-india-a-national-s-idINDEE80A03F20120111>

¹⁴ The UK Prime Minister and Vice President Michel Temer of Brazil joint statement on maternal and child undernutrition, 12 August 2012, Number 10 website <http://www.number10.gov.uk/news/pm-and-vice-president-michel-temer-of-brazil-joint-statement-on-maternal-and-child-undernutrition/>

¹⁵ Data from Egypt Demographic and Health Survey 2008

¹⁶ Department of Social Development, South African Social Security Agency and UNICEF (2012) *The South African Child Support Grant Impact Assessment: Evidence from a survey of children, adolescents and their households*. Pretoria: UNICEF South Africa

¹⁷ Egypt's Progress Towards the Millennium Development Goals 2010 report, downloadable at <http://www.euromedalex.org/node/13940>

¹⁸ See note 14.

¹⁹ G8, Camp David Accountability Report; Actions, Approach and Results <http://www.state.gov/documents/organization/189889.pdf>

²⁰ World Bank (2006) *Repositioning Nutrition as Central to Development: A strategy for large-scale action*, Washington DC

²¹ *The Lancet*, 'Maternal and Child Undernutrition', Special series, January 2008

²² World Health Organization (2006) *World Health Report 2006: Working together for health*

²³ L Knuth and M Vidar (2011) *Constitutional and legal protection of the right to food around the world*, Rome: Food and Agriculture Organization

²⁴ Countdown to 2015 (2012) *Building a Future for Women and Children: The 2012 Report*

²⁵ This is following the model of the Hunger Reduction Commitment Index.

THE **NUTRITION** BAROMETER

Gauging national responses to undernutrition

Undernutrition is the underlying cause of more than a third of children's deaths – 2.3 million in 2011. Around 170 million children under five are stunted, and are prevented from fulfilling their full potential.

Recent international attention on this hidden crisis is welcome – and long overdue.

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This first edition of the Barometer monitors governments' commitment to nutrition in the 36 countries that are home to 90% of undernourished children. And it compares these commitments with governments' actual progress in tackling undernutrition and child mortality.

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