

Nutrition Barometer Q&A

About the Nutrition Barometer

What is the Nutrition Barometer?

The Nutrition Barometer is an accountability tool produced by Save the Children and World Vision to provide a snapshot of national governments' commitments and progress in addressing child nutrition. In the same way that a weather barometer measures changes in atmospheric pressure, the Nutrition Barometer gauges how well a government is responding to internal and external pressure to address undernutrition, invest in and improve child survival rates.

What does the Barometer measure?

The Barometer measures a country's progress in three areas: (1) political/legal commitments to nutrition; (2) financial investment in health and nutrition; and (3) nutrition outcomes.

Which countries are included in the Barometer?

The Barometer looks at the 36 high burden countries that are responsible for 90% of the world's malnourished children. They are Afghanistan, Angola, Bangladesh, Burkina Faso, Burundi, Cambodia, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Egypt, Ethiopia, Ghana, Guatemala, India, Indonesia, Iraq, Kenya, Madagascar, Malawi, Mali, Mozambique, Myanmar, Niger, Nigeria, Nepal, Pakistan, Peru, Philippines, South Africa, Sudan, United Republic of Tanzania, Uganda, Viet Nam, Yemen, Turkey, and Zambia.

Why is the Barometer needed?

2012 has been a critical year for action on nutrition. The World Health Assembly (WHA) adopted a resolution on maternal, infant and young child nutrition including a target to reduce the number of stunted children by 40% by 2025. World leaders, the private sector and civil society used the G8, Olympic Games and other key events to commit to scaling up efforts on nutrition in order to achieve these ambitious targets.

In order to understand what efforts are required to reach the WHA targets, there is a need to assess the current situation in the hardest hit countries and see what progress has been made to date. The Barometer helps to highlight where we are now and therefore informs the debate about the actions needed to improve nutrition in the highest burden countries.

The Barometer is also an accountability tool that helps to hold governments to account for their existing commitments and obligations to their citizens. It makes information about countries' progress on nutrition more accessible to civil society and therefore supports national-level accountability efforts.

Why is it being launched at the UN General Assembly?

The Barometer complements other accountability efforts that are being presented at the UN General Assembly. In particular, the independent Expert Review Group and Partnership for Maternal, Newborn and Child Health (PMNCH) will be launching reports on progress towards the goals of the UN Global Strategy on Women's and Children's Health. A report on commitments to the Global Strategy highlighted a lack of attention to nutrition, describing it as a neglected area of the continuum of care. The UN General Assembly will also see important meetings of the Scaling Up Nutrition (SUN) movement. It is hoped that the findings and recommendations of the Barometer will inform these discussions.

What are the recommendations?

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

1. Countries revising or drafting nutrition plans should include national and subnational targets for improving nutrition and reducing stunting, 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.
2. 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.
3. Countries should ensure that there are regular nationally representative nutrition surveys to improve the monitoring of progress against nutrition indicators and increase transparency and accountability. Large scale surveys such as the Demographic and Health Surveys and the Multiple Indicator Cluster Survey should be conducted at least every four to five year, alongside national surveys, to strengthen monitoring.
4. Countries with a high burden of nutrition 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 A Promise Renewed.
5. The SUN movement should undertake a costing of country plans, while donors and other development partners should make long-term financing commitments to meet any financing gaps in implementing ambitious nutrition plans.
6. Donors should not only fulfil their commitments, but also use the forthcoming opportunities in 2013 to make further, concrete commitments on supporting 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 not only to convene a high level conference on the impacts of climate change on nutrition, but also to push for the EU to produce a roadmap on how it will reach its recently announced 10 per cent share of the global stunting reduction target.

What will happen next?

Save the Children and World Vision will be working with partners in the 36 countries to disseminate the findings of the Barometer and use it to support national level advocacy on child health and nutrition. In future editions of the Barometer, developments on nutrition will continue to be monitored as well as progress on other aspects of child health. We will also expand the scope to all 75 Countdown countries.

Understanding the Barometer

Where is the data from?

The data is from a range of sources.

For the indicators for the political and legal commitments the information comes from the United Nations Treaty Collection, Every Woman Every Child, SUN, UNICEF's childinfo.org, Demographic and Health Surveys, and the Multiple Indicator Cluster Survey. Information about the right to food is from Knuth and Vidar (2011), briefing notes from the United Nations Special Rapporteur on the Right to Food and the Food and Agriculture Organisation. National Nutrition policies are from various sources – more details are available on the website.

For the indicators on public health spending is from 2010 and collected from the World Development Indicators, government health spending per capita is from World Health Statistics 2012. The existence of government costed nutrition plans are from a variety of sources – more details are available on the website.

The nutrition outcome indicators are from UNICEF's childinfo.org, Multiple Indicator Cluster Survey, Demographic and Health Surveys and comparable national surveys. Progress to MDG4 2015 is from the 2012 report from Countdown to 2015.

How accurate are the sources of information?

The sources of information are from official reports and represent the best available data on the key indicators outlined.

How did you come up with the rating scheme?

We assess commitments and outcomes using the Borda scoring system.

The seven indicators for political and legal commitments are given equal weights and scored between 0 and 1. The country that comes out best is receives a Borda score of 36 and 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 (i.e. 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 country receiving a score of 1. For the nutrition costing variable, countries get a score of 1 if it has costed current nutrition plan and 0 otherwise. The scores for the three indicators are totalled and countries are then ranked from best to worst with the best country 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 had 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 best country getting a Borda score of 36.

Countries are then ranked from best to worst and divided into quartiles. The first nine countries are classified as having strong commitments, the next nine as having fair commitments, the third nine countries 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 strong, fair, emerging and frail outcomes.

How accurate can it be given the huge amount of variables in each country context?

It provides a comparable snapshot of the nutrition situation from a legal/political and financial perspective whilst taking into account the actual nutrition outcomes for children.

Why do some countries have strong commitments but weak outcomes?

In 13 countries we see commitments leading over outcomes. We observe commitments pointing in the right direction in these countries with outcomes following in a similar fashion in most cases.

For example, Nepal has strong commitments which translate into emerging outcomes. It shows excellent political/legal commitments matched with fair financing commitments. The government's efforts to address the high rates of undernutrition are shown by the effort put into the Nutrition Analysis and Gap Assessment (known as NAGA) which was published in 2009. The National Planning Commission has also been working to have the Multi-sectoral Nutrition Plan for Accelerating the Reduction of Maternal and Child Under-nutrition in Nepal developed and approved by Parliament. It was finalised and approved earlier this year. The Demographic and Health Survey (DHS) for 2011 reports a reduction in stunting from 56% to 41% over ten years. However that reduction occurred in the wealthiest quintile while there were increases in the poorest quintile. Underweight has also, predictably diminished, though wasting has remained near constant at 11%. Increasing resources to match the excellent commitments and focussing on the very poor households could help make a huge dent in under nutrition in Nepal.

Ethiopia's case merits discussion as the barometer reflects strong commitments but frail outcomes for the country. In the recent years, the country has stepped up health and nutrition efforts. It is also increasingly allocating more government budget for the health sector. Public health expenditure accounted for about 13% of government budget in 2010 (the Abuja target is 15%), but per capita government health expenditure was only \$23 (in purchasing parity terms) in 2009. This is far below the World Health Organization target of \$60 per capita health government spending in low income countries. Both political/legal and financing commitments are pointing in the right direction however, and the DHS 2010 survey indicates that all three nutrition indicators improved between 2005 and 2010. Stunting fell from 51% to 44%, wasting from 12% to 9% and underweight from 33% to 29%. Needless to say, Ethiopia's undernutrition burden is still very high and commitments have to be sustained and financing stepped up to further improve outcomes.

In some of the countries, it might be the case that current nutrition data has not captured the impacts of commitments. For example, Mali and Uganda both had their last national nutrition surveys in 2006. Nutrition might have improved in the interim but the barometer would not be able to capture these potential changes without a recent nationally representative survey.

Why do some countries have weak commitments but strong outcomes?

In another 11 countries, we see outcomes leading over commitments. We observe emerging commitments in Egypt, Iraq, South Africa, Turkey and Vietnam leading to strong outcomes. Despite having frail commitments, the Philippines still manage to show strong outcomes. Understanding these results requires putting them in the context of these countries.

With the exception of Vietnam and Iraq, these are middle income countries with far higher per capita incomes than the rest of the group. Vietnam's economy has also been growing fastly in the recent years. Growing economies lead to rising household incomes which could be expected to result in an improvement status of the general population. It is therefore not unusual to find strong results in these countries.

These strong results however have to be viewed in the context of the countries in the sample. We are looking at the 36 high burden countries to begin with, which means that the countries in this category still have big undernutrition problems.

While rising household incomes may improve the nutrition status of the general population, national averages often masked huge inequalities. These countries still have high burdens that are usually concentrated in the poorest households. Economic growth does not automatically translate into improved nutrition outcomes for poor children.

These results also reflect 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 which aims to help improve the lives of poor children. An evaluation of the grant shows that those children who benefit from the cash transfer are less likely to be ill or stunted. Egypt is implementing policies that support direct nutrition interventions. It implemented a national programme of fortifying bread flour with iron and folic acid between 2008 and 2010.

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