EVIDENCE REPORT
No 78

Reducing Hunger and Undernutrition

The Hunger And Nutrition Commitment Index (HANCI 2013)

Measuring the Political Commitment to Reduce Hunger and Undernutrition in Developing Countries

Dolf J.H. te Lintelo, Lawrence J. Haddad, Rajith Lakshman, Karine Gatellier

June 2014

The IDS programme on Strengthening Evidence-based Policy works across seven key themes. Each theme works with partner institutions to co-construct policy-relevant knowledge and engage in policy-influencing processes. This material has been developed under the Reducing Hunger and Undernutrition theme.

The material has been funded by UK aid from the UK Government, however the views expressed do not necessarily reflect the UK Government's official policies.

AG Level 2 Output ID: 28

THE HUNGER AND NUTRITION COMMITMENT INDEX (HANCI 2013): MEASURING THE POLITICAL COMMITMENT TO REDUCE HUNGER AND UNDERNUTRITION IN DEVELOPING COUNTRIES

[a]Dolf J.H. te Lintelo, [a,b]Lawrence J. Haddad, [a]Rajith Lakshman, [a]Karine Gatellier
[a] Institute of Development Studies; [b] International Food Policy Research Institute

June 2014

First published by the Institute of Development Studies in June 2014

Contents

Figures

Tables

Acknowledgements

This report has been produced thanks to funding by Irish Aid from the Government of Ireland, by UK Aid from the UK Government and by the research consortium Transform Nutrition (www.transformnutrition.org). Primary research in India was supported by Oxfam India. The views expressed in the report are the authors', they do not necessarily reflect funders' policies.

The DFID-funded IDS programme on Strengthening Evidence-based Policy works across seven key themes. Each theme works with partner institutions to co-construct policy-relevant knowledge and engage in policy-influencing processes. This material has been developed under the Reducing Hunger and Undernutrition theme.

The authors would like to warmly thank Mr Jose Valls Bedeau and Dr Elliot Berry at the Food and Agricultural Organization of the UN for their review of a draft report. Overseas partners in Bangladesh, India, Malawi, Nepal, Tanzania and Zambia and various colleagues within and outside of IDS also generously reflected and commented on sections of the HANCI draft report, for which we are grateful. Maria Fe Celi Reyna and Woody Wong Espejo provided competent research assistance at various stages of the project.

Abbreviations

AAY	Antyodaya Anna Yojana
ADMARC	Agricultural Development and Marketing Corporation
ANEP	Agriculture and Nutrition Extension Project
ANM	Auxiliary Nurses and Midwives
ANOVA	Aanalysis of variance
AWC	Anganwadi Centre
ASHA	Accredited Social Health Activists
BINP	Bangladesh Integrated Nutrition Project
BMI	Body Mass Index
BPL	below the poverty line
CAADP	Comprehensive Africa Agriculture Development Programme
CIP	Country Investment Plan
CISANET	Civil Society Agricultural Network
CMAM	Community-based Management of Acute Malnutrition
CSO	Civil Society Organisation
CSPR	Civil Society Network on Poverty Reduction
DHS	Demographic and Health Survey
DNHA	Department of Nutrition, HIV and AIDS (Malawi)
EGP	Employment Generation Programme (Bangladesh)
FCVH	Female community health volunteer
FGD	focus group discussion
FISP	Farm Input Subsidy Programme
FSP	Food Security Pack
GHI	Global Hunger Index
GoB	Government of Bangladesh
GoI	Government of India
GoM	Government of Malawi
GoT	Government of Tanzania
GoZ	Government of Zambia
HANCI	Hunger And Nutrition Commitment Index
HDI	Human Development Index
HLSCN	High Level Steering Committee on Nutrition
HRCI	Hunger Reduction Commitment Index
HUNGaMA	Hunger and Malnutrition Survey
ICDS	Integrated Child Development Services
ICMBS	International Code of Marketing of Breastmilk Substitutes
IFAD	International Fund for Agricultural Development
IFPRI	International Food Policy Research Institute
IGNOAPS	Indira Gandhi National Old Age Pension Scheme
IHS	Integrated household survey
JSY	Janani Suraksha Yojana
MDG	Millennium Development Goal
MDM	Mid Day Meal
MICS	Multiple Indicator Cluster Survey
MoF	Ministry of Food (Bangladesh)
MoH	Ministry of Health (Zambia)
MoHFW	Ministry of Health and Family Welfare (Bangladesh)
MNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MSNP	Multi-Sectoral Nutrition Plan

NCI	Nutrition Commitment Index
NCPG	Nutrition Cooperating Partners' Group
NFBS	National Family Benefits Scheme
NFHS	National Family Health Survey
NFNC	National Food and Nutrition Commission
NFNSP	National Food and Nutrition Strategic Plan
NFSB	National Food Security Bill
NFSNAP	National Food Security and Nutrition Action Plan
NFSSC	Nutrition and Food Security Steering Committee
NGO	non-governmental organisation
NMBS	National Maternity Benefits Scheme
NNC	National Nutrition Committee
NNPSP	National Nutrition Policy and Strategic Plan
NNS	National Nutrition Strategy
NTWG	Nutrition Technical Working Group
OECD	Organization for Economic Co-operation and Development
PANITA	Partnership for Action on Nutrition in Tanzania
PDS	Public Distribution System
RTF	right to food
SADC	Southern African Development Community
SNCI	Steering Committee for Nutrition Implementation
SUN	Scaling Up Nutrition
TAFSIP	Tanzania Food Security and Investment Plan
UNDP	United Nations Development Programme
UP	Uttar Pradesh
VDC	Village Development Committee
VGF	Vulnerable Group Feeding
WHO	World Health Organization

Executive summary

What is the HANCI?

This report presents the Hunger And Nutrition Commitment Index (HANCI) 2013. It seeks to:

1. Rank governments on their political commitment to tackling hunger and undernutrition;
2. Measure what governments achieve and where they fail in addressing hunger and undernutrition – providing greater transparency and public accountability;
3. Praise governments where due, and highlight areas for improvement;
4. Support civil society to reinforce and stimulate additional commitment towards accelerating the reduction of hunger and undernutrition;
5. Assess whether improving commitment levels leads to a reduction in hunger and undernutrition.

The report builds on the HANCI 2012, first launched in April 2013, and incorporates new data collated until December 2013. It also presents new primary research findings on political commitment in Bangladesh, India, Nepal, Malawi, Tanzania and Zambia.

Why measure political commitment to reduce hunger and undernutrition?

Globally, levels of hunger and undernutrition remain unacceptably high

Hunger and undernutrition are among the most persistent global development challenges. At the global level, insufficient progress has been made towards achieving Millennium Development Goal (MDG) 1. Global numbers of undernourished people remain very high despite some improvements over the last year. A total of 842 million people in 2011–13, or around one in eight people in the world, were estimated to be suffering from chronic hunger, regularly not getting enough food to conduct an active life (FAO 2013). This figure is 26 million lower than reported for 2010–12 (FAO 2012). Many countries in Africa still report high or very high child stunting prevalence rates, of 30 per cent or more. The worst-affected countries are concentrated in Eastern Africa and the Sahel. A few countries in South Asia also report stunting rates of up to 50 per cent (FAO 2013). Undernutrition contributed to 45 per cent or 3.1 million deaths of children under five in 2011 (Black, Alderman *et al*. 2013).

Progress towards reducing hunger and undernutrition has been highly variable

Marked differences persist between the regional prevalence of undernutrition and the rates at which progress towards addressing this is achieved. Sub-Saharan Africa remains the region with the highest prevalence of undernourishment, with modest progress; over the last two decades the prevalence of undernourishment declined from 32.7 per cent to 24.8 per cent. Highly populous South Asia shows slow progress (FAO 2013).

Many developing countries have benefited from substantial economic growth during the last two decades. For growth to have maximum impact, the poor must benefit from the growth process, enabling them to use additional income for improving the quantity and quality of their diets and access to health and sanitation services. However, governments need to use additional resources for public goods and services to benefit the poor and hungry. Thus, *'economic growth is necessary but not sufficient to rapidly accelerate reduction of hunger and malnutrition unless it is equitable'* (FAO 2012).

A high level of political commitment is essential to prioritise the fight against hunger and malnutrition

There are many reasons for insufficient progress in reducing hunger and undernutrition. One of these is a 'lack of political will' or political prioritisation (FAO 2012: 22). Political commitment to reduce hunger and undernutrition would be shown by purposeful and decisive public action, through public policies and programmes, public spending and legislation that is designed to tackle these twin problems, drawing on newly gained wealth.

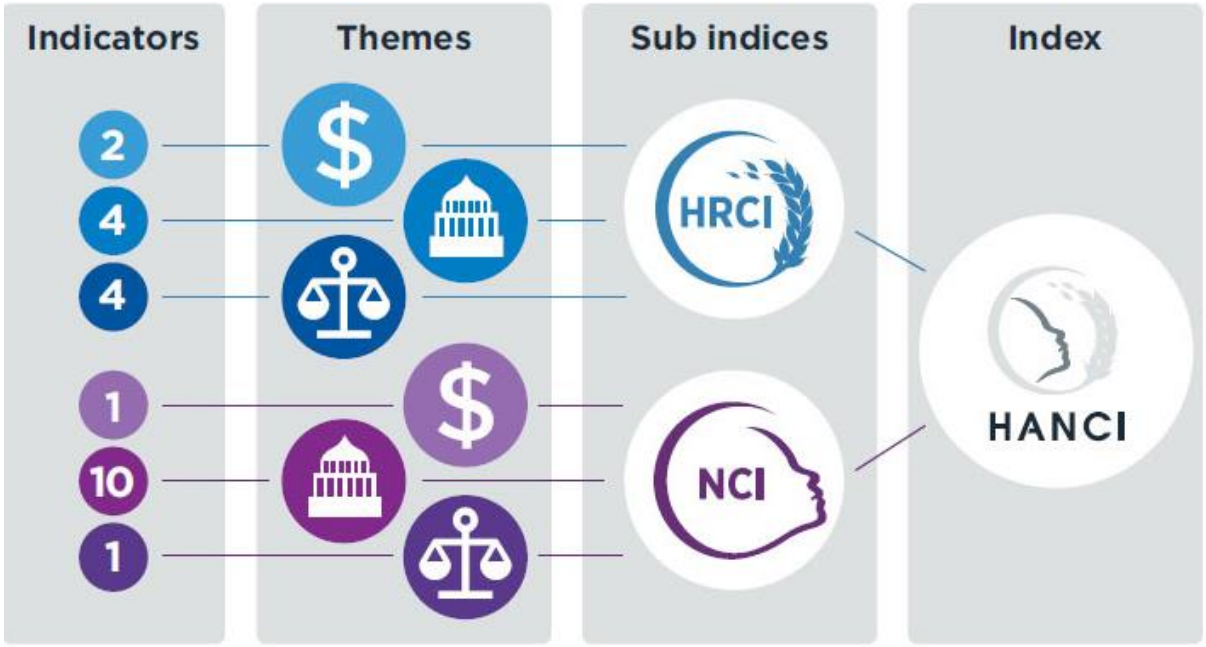
The research methodology

The HANCI compares **45 developing countries** for their performance on **22 indicators of political commitment to reduce hunger and undernutrition**. It looks at three areas of government action:

1. Legal frameworks
2. Policies and programmes
3. Public expenditures

Figure 0.1 shows the structure of the HANCI.

Figure 0.1 Structure of the HANCI



The HANCI separately measures commitment to reduce hunger and commitment to reduce undernutrition, because *hunger and undernutrition are not the same thing*. Hunger is the result of an empty stomach and is caused by people having insufficient income or social and economic entitlements to access food. Hunger makes people more susceptible to disease and thus leads to increased illness and death. Hunger strongly undermines development. To 'cope' with hunger, families can be forced to sell vital assets, such as farming tools, often perpetuating their vulnerability to hunger. Hunger can mean that children (particularly girls) are taken out of school so they can work; it causes communities to migrate away from their homes and, at worst, leads to permanent destitution, prostitution and child trafficking. Hunger also contributes to the onset of armed conflict (Foresight Project 2011: 3).

Undernutrition is related to, though subtly different from, hunger. Undernutrition is not only a consequence of hunger, but can also exist in the absence of hunger, and can be caused by non-food factors. Undernutrition results from both a critical lack of nutrients in people's diets and a weakened immune system. In a vicious cycle, poor nutritional intake can make people more susceptible to infectious diseases while exposure to disease can lower people's appetite and nutrient absorption. Undernutrition in the first 1,000 days of a child's life (from conception until the age of two) has lifelong and largely irreversible impacts because it impairs a child's physical and mental development. Undernutrition increases the risk of chronic diseases and premature death in adulthood, and negatively affects people's lifelong ability to learn, be economically productive, earn income and sustain their livelihoods, and thus perpetuates poverty. In short, undernutrition undermines all aspects of development.

Hunger and nutrition are not the same thing, yet can coexist, and require diverse instruments for remedial action, including a range of food security and nutrition-enhancing interventions in agriculture, health, hygiene, water supply and education, particularly targeting women. For instance, in countries where child stunting rates are considerably higher than the prevalence of undernourishment, as indicated by inadequacy of dietary energy supply, nutrition-enhancing interventions are crucial to improve the nutritional aspects of food security (FAO 2013). By separately analysing nutrition commitment and hunger reduction commitment HANCI identifies how governments prioritise action on hunger and/or undernutrition.

The Hunger And Nutrition Commitment Index draws on secondary data (owned by governments) and complements this with primary data on expert and community perspectives on political commitment in Bangladesh, India, Nepal in South Asia and Malawi, Tanzania and Zambia in Southern and Eastern Africa.

We situate levels of political commitment within specific country contexts, such as their levels of wealth and economic growth, government effectiveness and, not least, their hunger and undernutrition statuses.

Key findings

In HANCI 2013, **Guatemala, followed by Peru, tops the list** of 45 countries in terms of relative political commitment to address hunger and undernutrition. Malawi is ranked number three.

Guinea Bissau, Sudan and Myanmar languish at the bottom of the rankings.

Guatemala retains the number one position on the HANCI, despite declining commitment scores. Guatemala continues to be positioned number one on the Hunger Reduction Commitment Index (HRCI) sub-index; however, it recorded declining commitment scores for both sub-indices, and it hence no longer tops the Nutrition Commitment Index (NCI) sub-index as it did in the HANCI 2012. Indeed, Guatemala is among the three countries seeing sharpest declines in nutrition commitment, and this is of particular concern given its deep and persistent nutrition challenges, notably one of the world's highest child stunting rates (48 per cent). Moreover, Guatemala is assessed to annually lose over US$300 million in GDP to vitamin and mineral deficiencies (World Bank 2010).

What explains these declining scores? Compared to 2012, Guatemala saw lower health spending, lower civil birth registration rates and lower vitamin A supplementation coverage rates. Moreover, the last time a national nutrition survey was conducted is now more than three years ago. On the upside, the Government of Guatemala increased its spending on agriculture, and marginally improved the population's access to water and sanitation and pregnant women's access to skilled birth attendance.

Competition for HANCI's top spot is heating up. In the HANCI 2012 Guatemala's scores were substantially higher than the other top five countries. This gap has since declined. As compared to last year's index, Guatemala saw weaker absolute performance on more indicators (five) than for which it saw improvements (four). In contrast, Guatemala's nearest 'rivals' showed net improvements across indicators. Thus, Malawi showed net improvements on three HANCI indicators. Madagascar and Peru showed net improvements over one and four indicators respectively. If the current pace of change is retained, HANCI 2014 will have a new leading country.

Polarisation in the lower regions of the index is a cause for concern for some countries, and cause for cautious optimism for others.

Some low-ranked countries are demonstrating a clear improvement of commitment (relative to others). Most notably, Afghanistan, Angola, Burundi, Liberia and Myanmar all show improvements on at least three more indicators than they deteriorated on. These countries showed minor improvements for several indicators (e.g. water and sanitation coverage) but some significant changes on other indicators. Thus, Angola improved its coverage of vitamin A supplementation by 27 per cent points, improved safety nets, and initiated a statistically representative nutrition survey that could better inform policymakers. In Liberia, notable improvements were made in terms of women's economic rights, and public spending on health rose by 7 per cent points. Burundi saw notable improvements on a wide range of hunger and nutrition commitment indicators. The government increased agricultural spending by 5.9 per cent points; it enhanced people's security of tenure over agricultural land; it enhanced the coverage rates for vitamin A supplementation; it enhanced access to drinking water and sanitation; it initiated a national nutrition policy/strategy; and safety nets were strengthened. This is good news. As the country has an 'extremely alarming' hunger status and found itself at the bottom of the Global Hunger Index 2013 (IFPRI, Concern Welthungerhilfe and IDS 2013) there is a desperate need for committed action.

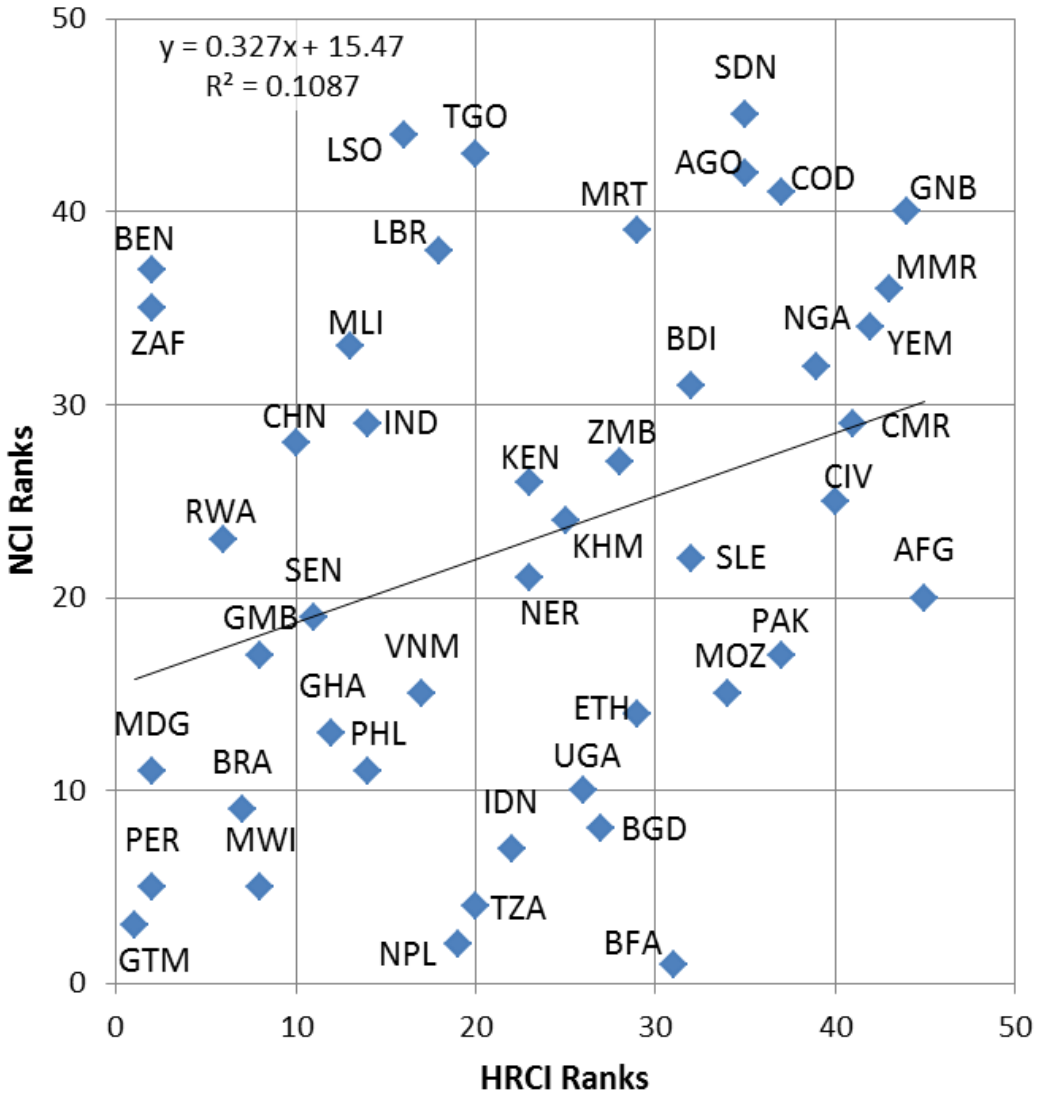
Worryingly, several countries that are already at the bottom of the HANCI ranking, including Guinea Bissau, the Yemen and Sudan are demonstrating a decline in relative commitment. The efforts of Guinea Bissau and the Yemen on hunger and nutrition are stagnating. Sudan, while making minor increases in public spending on health and agriculture, showed reducing access to water and sanitation, weakening women's economic rights, and no recent nutrition surveys were undertaken. *In others, positive change is too small to make a difference*. For instance, in Myanmar, positive yet ultimately too small improvements on numerous indicators (net: five) did not result in significant improvements in relative commitment scores. In other words, positive change here is not only starting from a low threshold but is also too slow to allow the country to catch up with commitment levels demonstrated by other high burden countries. As a consequence, *these countries are increasingly getting left behind*, and also because other countries at the lower end of the rankings are demonstrating improved political commitment.

Understanding political commitment in context

The HANCI is calculated using political commitment indicators only. Yet, commitment must be understood within context, taking account of variables such as hunger and undernutrition, wealth and governance effectiveness. This process of 'decoupling and recoupling' commitment levels from outcomes and context variables enhances HANCI's diagnostic relevance for policymakers and civil society. As in HANCI 2012 this entailed organising countries into four groupings expressing commitment levels (high; moderate; low; very low) relative to the other countries in the rankings. As findings for HANCI 2013 were strikingly similar, this section only presents a brief narrative of findings. The keen reader is referred to Annex C for detailed graphs and tables:

- Significantly, within areas of high and growing hunger and undernutrition prevalence, some countries are clearly showing much greater political commitment to addressing these problems than others. In sub-Saharan Africa, for instance, some of the smaller economic powers such as Malawi and Madagascar continue leading the charge against hunger and undernutrition, while Nepal is leading in South Asia.
- Among those countries with high stunting levels and with 'serious' or 'alarming' status on the Global Hunger Index, there is high variation in commitment; some are showing high commitment and others very low commitment compared to one another. Worryingly, in those countries that have seen stunting increase over the last two decades, current levels of political commitment are low to very low. Many countries in this position are currently or have recently been afflicted by conflict (Sierra Leone, Côte d'Ivoire, Pakistan, Yemen, Afghanistan), though not all (Benin, Niger).
- Economic growth has not necessarily led to a commitment from governments to tackle hunger and undernutrition. Sub-Saharan Africa and South Asia are global hotspots of hunger and undernutrition. Here, not only is hunger and undernutrition prevalence high, this is also where hunger is increasing most rapidly (FAO 2012). Many countries within these regions have achieved sustained economic growth over the last decade, making it possible for governments to more effectively address hunger and undernutrition. Yet, progress on reducing hunger and undernutrition is either too slow (e.g. South Asia) or stagnating (sub-Saharan Africa).
- The countries showing relatively highest commitment are found in diverse wealth groups. *Malawi, Madagascar and Nepal all show that low wealth is not necessarily an impediment for taking highly committed action on hunger and undernutrition*.
- Perhaps unsurprisingly, *countries in the highest wealth group (>$3,500 per year per capita) are more likely to undertake committed action than those who are less well off*. Encouragingly, greater commitment is now being recorded among those middle-income countries that were lagging, such as Angola and India. Yet, greater committed action on nutrition remains much needed, particularly in India as the country with the highest number of stunted children in the world.
- The relative commitment to hunger reduction does not predict the relative commitment to nutrition (Figure 0.2).

Figure 0.2 Country performance: hunger commitment vs nutrition commitment



Expert perception surveys in South Asia (Bangladesh, India and Nepal) and Southern and Eastern Africa (Malawi, Tanzania, Zambia) affirm the usefulness of distinguishing between hunger and nutrition commitment. Within these countries, experts assess their governments as showing consistently higher levels of commitment to reduce hunger than to reduce undernutrition, across spending as well as public policy and governance indicators. For a substantial number of questions that experts scored their governments on, we find mean scores to be different for hunger reduction and undernutrition reduction at high levels of statistical significance.

Expert perception surveys further note the moderate to weak quality of implementation of various government schemes addressing hunger and undernutrition. These observations were also commonly made by communities consulted in India, Nepal and Tanzania.

Greater government commitment to hunger reduction may be partly explained by the political economies underlying government action. In this respect, the expert surveys show that general publics, the media and civil society organisations as well as senior political party leadership are generally less supportive of government action on nutrition than on hunger. One major challenge therefore is not just to change government commitment but also to enhance commitment towards nutrition within these countries at large.

1 Introduction

Hunger and undernutrition are among the most persistent global development challenges. At the global level, insufficient progress has been made towards achieving Millennium Development Goal 1. Global numbers of undernourished people remain very high despite some improvements over the last year. A total of 842 million people in 2011–13, or around one in eight people in the world, were estimated to be suffering from chronic hunger, regularly not getting enough food to conduct an active life (FAO 2013). This figure is 26 million lower than reported for 2010–12 (FAO 2012). Many countries in Africa still report high or very high child stunting prevalence rates of 30 per cent or more. The worst-affected countries are concentrated in Eastern Africa and the Sahel. A few countries in South Asia also report stunting rates of up to 50 per cent (FAO 2013). Undernutrition contributes to 45 per cent or 3.1 million deaths of children under five in 2011 (Black, Alderman *et al*. 2013).

There are many reasons[1] for insufficient progress in reducing hunger and undernutrition. One of these is a 'lack of political will' or political prioritisation (FAO 2012: 22). Political commitment to reduce hunger and undernutrition would be shown by purposeful and decisive public action, through legislation, public policies and programmes and public spending that are designed to tackle these twin problems.

The HANCI's objective is to develop a credible measure of the commitment to reduce hunger and undernutrition to help focus support and pressure for change, because the measurement of hunger and nutrition outcomes alone is not a sufficiently strong accountability mechanism. The theory of change behind the HANCI aims is that: (a) by credibly measuring commitment it will strengthen our ability to hold governments to account for their efforts in reducing undernutrition and hunger; (b) if civil society is better able to hold governments to account, it can apply pressure and ensure that hunger and undernutrition are put high on development agendas; (c) governments can hold themselves to account in their efforts to keep hunger and undernutrition high on the agenda: the index can help them to track and prioritise their efforts because the index is constructed on the basis of performance in different areas (legal, policy and spending); and (d) commitment can be linked to outcomes, to allow all to assess the 'value added' of different commitments and effort.

The HANCI is unique in three respects. First, its methodological insistence on decoupling the measurement of political commitment from outcomes (levels of hunger and undernutrition) distinguishes it from other food security metrics and scorecards, such as the Global Hunger Index (IFPRI *et al*. 2013), the Global Food Security Index (EIU 2013), SUN country analyses (SUN 2013b) and the World Health Organization's Global Landscape Analyses (WHO 2013). Second, the HANCI presents composite as well as separate analyses of the political commitment to hunger reduction (using ten distinct indicators) and undernutrition reduction (12 indicators). Third, while the HANCI is calculated using secondary (government-owned) data, primary research is employed to deepen analysis of political commitment for selected countries in order to further support in-country advocacy by partner organisations.

This report builds on findings from the Hunger And Nutrition Commitment Index 2012 (HANCI) first presented in June 2013 (te Lintelo, Haddad, Lakshman and Gatellier 2013). It

[1] The Global Strategic Framework for Food Security and Nutrition (cited in FAO 2012) identifies the following causes of hunger and malnutrition: 'lack of good governance to ensure transparency, accountability and rule of law, which underpin access to food and higher living standards; lack of high-level political commitment and prioritization of the fight against hunger and malnutrition, including failure to fully implement past pledges and commitments and lack of accountability; lack of coherence in policymaking within countries, but also globally and regionally; lack of prioritisation of policies, plans, programmes and funding to tackle hunger, malnutrition and food insecurity, focusing in particular on the most vulnerable and food insecure populations; war, conflict, lack of security, political instability and weak institutions; and weak international governance of food security and nutrition'.

presents an updated picture of the extent of government commitment to reducing hunger and undernutrition in 45 high burden developing countries, drawing on the latest available secondary data.

Table 1.1 provides an overview of key features of HANCI 2012 and HANCI 2013.

Table 1.1 Overview of HANCI for developing countries 2012, 2013

Features		**HANCI 2012**	**HANCI 2013**
Focus		Hunger commitment + Nutrition commitment	
Themes		Legal Frameworks Policies and programmes Public expenditures	
Secondary data for index construction			
	Countries	45	
	Indicators	22	
	Aggregation of indicators	Normalised values, at theme level	
	Ranking scheme	Bordia	
Primary data			
	Countries	Bangladesh Malawi Zambia	Bangladesh India (2012 data) Nepal Malawi Tanzania Zambia
	Experts interviewed	137	546
	Community focus groups	16	17

While the HANCI 2013 continues to employ 22 commitment indicators, one minor difference with HANCI 2012 is that it merges two indicators (existence of a nutrition policy/strategy/plan with the existence of time-bound nutrition targets) into one composite indicator, for analytical reasons.

This report further presents new rounds of primary research findings for Bangladesh, Malawi and Zambia, as well as research findings for three new countries: Nepal, India and Tanzania. Key partners involved in conducting the research and – critically – in using this in domestic policy advocacy are listed in Table 1.2. Finally, research is ongoing into partnership processes and policy impact pathways of HANCI; its findings will be reported on in the HANCI 2014 report.

Table 1.2 HANCI partnerships

Country	**Partners**
Bangladesh	ActionAid Bangladesh + consultant
India	Oxfam India, Public Health Foundation of India[2]
Nepal	Save the Children Nepal + consultant
Malawi	Civil Society Agricultural Network (CISANET) + consultant
Tanzania	Partnership for Action on Nutrition in Tanzania (PANITA) + consultant
Zambia	Civil Society Network on Poverty Reduction (CSPR), RuralNet Associates

[2] The research in India that is reported on here was funded by Oxfam India and conducted jointly by Oxfam India with the Public Health Foundation of India and IDS.

The remainder of the report is structured as follows. Chapter 2 recaps basic aspects of the HANCI methodology. Chapter 3 presents the HANCI country rankings, based on secondary data analysis. Chapter 4 discusses the empirical functioning of the index and the findings from a sensitivity analysis. Chapter 5 presents findings from primary research for five case study countries in South Asia (Bangladesh, India and Nepal) and in Southern and Eastern Africa (Malawi, Tanzania and Zambia). It is followed by a brief set of conclusions in Chapter 6.

2 Methodology

The HANCI is calculated using political commitment indicators, whose operationalisation references key dimensions of food availability, access, stability and utilisation, and actively seeks to address food, care-related and other non-food aspects of nutrition.

This chapter provides a quick summary overview of the methodology. Full details of conceptualisation, justifications for indicator and country selection, methodological choices regarding normalisation, weighting and ranking of the index (based on secondary data), and the methodology underpinning the primary research with experts and communities are all set out in te Lintelo *et al*. (2013).

2.1 Secondary data on political commitment

The HANCI 2013 continues reporting on the same 45 countries as in HANCI 2012 (Table 2.1) and once more sets out how commitment levels relate to critical context variables such as hunger and undernutrition levels, wealth and governance effectiveness.

Table 2.1 HANCI 2013 countries, in alphabetical order

Afghanistan	China	Indonesia	Myanmar	Sierra Leone
Angola	Congo, DR	Kenya	Nepal	South Africa
Bangladesh	Côte d'Ivoire	Lesotho	Niger	Sudan
Benin	Ethiopia	Liberia	Nigeria	Tanzania
Brazil	Gambia	Madagascar	Pakistan	Togo
Burkina Faso	Ghana	Malawi	Peru	Uganda
Burundi	Guatemala	Mali	Philippines	Vietnam
Cambodia	Guinea Bissau	Mauritania	Rwanda	Yemen
Cameroon	India	Mozambique	Senegal	Zambia

With one exception, the HANCI 2013 employs the same indicators as in HANCI 2012 (Table 2.2).[3] We have clubbed together two existing indicators into one composite indicator for nutrition commitment: whether a country (a) has a national nutrition policies/strategy/plan, and (b) whether this contains time-bound nutrition targets.[4] Accordingly, these key commitment features continue to be accounted for; however, the new composite indicator facilitates statistical analysis (by showing greater variation in performance between countries). Additionally, for the Constitutional Right to Food indicator we adopted the categorisation of data offered by Knuth and Vidar (2011) revised from Knuth and Vidar (2006), and simplified from five to three answer categories. While this recategorisation is more accurate, it drives some swings in scores for countries, as compared to HANCI 2012.[5]

The search for new data was completed by end December 2013. The HANCI spreadsheet presented on www.hancindex.org provides all key data sources. However, we have not been

[3] We also note that the relative importance of civil registration for accessing key public services varies across the countries included in the index and, for instance, depends on the effective presence of alternative mechanisms attributing legal identity to children.

[4] Consequently, nutrition commitment indicators for the policy and programmes theme are weighted 1/54th rather than 1/60th.

[5] For instance, Bangladesh was allocated highest scores for having an explicit mention of the Right to Food in the Constitution in HANCI 2012, whereas HANCI 2013 gives low commitment scores for this, as this right is not justiciable, being incorporated in the Directive Principles of Policy section of the Constitution.

able to provide updated data for all HANCI indicators.[6] Complete data sources can be made available upon request to the authors.

Table 2.2 HANCI indicators by theme and by type of intervention

	Legal frameworks	Policies and programmes	Public expenditures
Direct interventions	ICMBS in domestic law* Constitutional right to food‡	Vitamin A coverage* Complementary feeding*	Nutrition budget*
Indirect interventions	Women's access to agricultural land‡	Access to improved drinking water* Access to sanitation* Skilled birth attendance*	Public expenditures on agriculture†
Enabling environment	Constitutional right to social security‡ Women's economic rights‡	Civil registration of live births‡ Status of safety nets ‡ Security of access to land† Access to agricultural extension services† Nutrition in national development policies/strategies* National nutrition plan or strategy* Multi-sectoral and multi-stakeholder coordination mechanism* Time-bound nutrition targets* National nutrition survey‡	Public expenditures on health†

Note: ICMBS, International Code of Marketing of Breastmilk Substitutes.
*Nutrition indicators, †Hunger reduction indicators, ‡Hunger and nutrition indicators.

As Table 2.3 shows, these HANCI indicators span multiple sectors and dimensions of food and nutrition security.[7]

Table 2.3 Political commitment indicators by sector and dimension of food and nutrition security

	Food and agriculture	Women's empowerment	Social protection	Health and nutrition environment
Availability of food and key nutrients	Public expenditures on agriculture†	Women's access to agricultural land‡		Nutrition budget*
Access to food and key nutrients	Security of access to land† Access to agricultural extension services†	Women's economic rights‡	Constitutional right to social security‡ Constitutional right to food‡ Status of safety nets‡	Civil registration of live births‡ Vitamin A coverage* Complementary feeding* Skilled birth attendance*
Utilisation of food and key nutrients				Public expenditures on health† Access to water* Access to sanitation* ICMBS in domestic law*

*Nutrition indicators, †Hunger reduction indicators, ‡Hunger and nutrition indicators.

[6] No new data was obtained for the following indicators: access to agricultural research and extension services; the extent to which nutrition features in national development policies/strategies; women's access to agricultural land; and the extent to which ICMBS is enshrined in domestic law.

[7] Several indicators are not shown in the table because they are cross-cutting ('national nutrition policy or strategy with numeric time-bound nutrition targets'; 'nutrition in national development policies/strategies'; 'multi-sectoral and multi-stakeholder coordination mechanism'; and 'regular national nutrition survey').

Finally, it should be noted that HANCI indicators share a common limitation: they weakly express the *quality* of government efforts. Arguably, real commitment should be reflected in thorough implementation of policies and laws, and in spending that reflects value for money. Typically, such data do not exist to allow for comparisons between countries. This is a problem across this whole class of commitment and governance indicators. At best, secondary data such as provided by the World Governance Indicators tell us something about the general quality of public administration in a country; accordingly, in Chapter 3 we show how countries' commitment compares to governance effectiveness. Moreover, the primary data explore the quality of implementation.

The HANCI 2013 retains the key design principles of HANCI 2012. It applies a subjective, theory-driven weighting scheme that allocates equal weights to:

1. Each of the two sub-indices, such that the hunger reduction commitment and nutrition commitment sub-indices each contribute 50 per cent to overall HANCI scores;
2. Each of the three policy, legal and expenditure themes (within the sub-indices and consequently in the overall HANCI). Figure 2.1 shows the HANCI 2013.

Although we do present the weighting scheme preferences expressed by experts and communities in the countries where primary research was undertaken, these fluctuate substantially by country and are hence not applied to the international rankings.

We assume full substitutability of sub-indices and themes. Given that the HANCI uses uneven numbers of indicators for its themes, and for its two sub-indices, any weighting scheme applied at sub-index and thematic level implicitly affects the weightings attributed to the individual indicators. While we suggest a trade-off between legal frameworks, policies and programmes and public expenditures, we cannot reasonably uphold this position at the indicator level. The unequal weighting of indicators means that, for instance, within the Nutrition Commitment Index putting the ICMBS into law or having a nutrition budget are weighted nine times more than coverage of access to sanitation; clearly this is contestable. Nevertheless, we decided to privilege comprehensiveness over equality of weighting for indicators. That is, we do not want equal indicator weighting to drive down the number of indicators to the lowest common denominator because we want to capture the multi-dimensional nature of political commitment to reduce hunger and undernutrition.

2.2 Primary data on political commitment

As in the HANCI 2012, primary research was conducted involving expert perceptions survey and community consultations to capture contemporary perspectives on political commitment. The survey employed a structured questionnaire posing over 30 questions (plus additional sub-questions) to a variety of experts across sectors (Table 2.4) on hunger and nutrition in Bangladesh, India, Malawi, Nepal, Tanzania and Zambia.[8] These questions investigated aspects of political commitment (listed in Annex A) on which no routine data is collected, and which are therefore complementary to the indicators used calculating the index.[9]

[8] All findings presented here are based on surveys conducted in the period July–October 2013, with the exception of India, where expert surveys were conducted in 2012.

[9] For practical purposes, tables of findings present the questions in a summary fashion.

Figure 2.1 The structure of the HANCI 2013 for developing countries

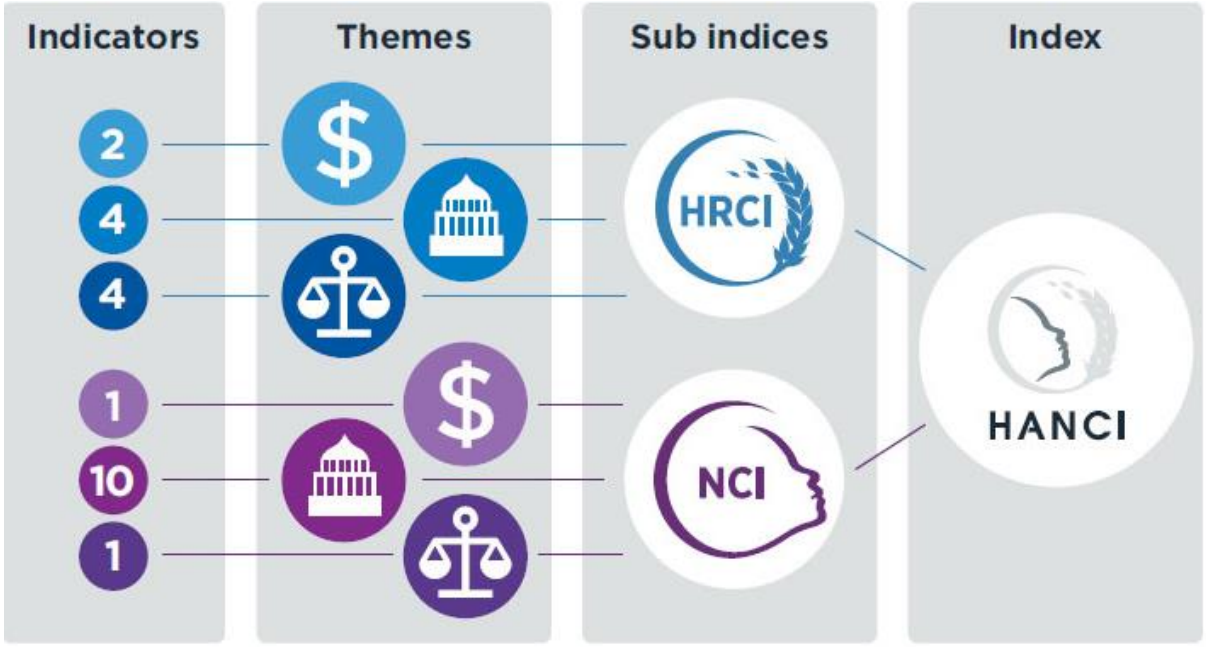


Table 2.4 Summary of respondent types, expert surveys

	Bangladesh	India			Malawi	Nepal	Tanzania	Zambia	Total
		Bihar	Odisha	Uttar Pradesh					
Government	14	8	11	12	20	15	15	8	103
NGO/civil society	10	10	7	7	18	9	12	14	87
Academia/research	10	4	6	7	10	6	6	4	53
Development partners	4	5	5	6	6	9	5	12	52
Other	2	7	9	3	-	-	-	2	23
Total	40	34	38	35	54	39	38	40	318

This report presents an analysis of expert perspectives on governments' commitment organised around themes of public spending and policies and programmes. Based on feedback from project partners and policy stakeholders in Bangladesh, Malawi, Tanzania and Zambia this year's report presents scores for individual rather than for aggregated sets of questions[10] using percentages in tables and narrative labels in the text as set out in Table 2.5. Questions are organised in tables that set out areas of strength and areas where political commitment can be improved. In most cases, separate scores are presented for hunger and for nutrition commitment. Where such scores differ substantially we calculate a mean score to allocate the findings to a table.

Further tables set out expert perspectives on political leadership and external support for government efforts on hunger and nutrition.

[10] Aggregated scores for sets of questions constitute somewhat abstract commitment indicators; these are presented in Annex D.

Table 2.5 Translating expert survey scores in commitment levels

Range of scores used in questionnaire	Expressed as percentage out of 100%	Commitment level: narrative label applied in report
<1.75	>81%	Very strong
>=1.75 – 2.25	<=81%–69%	Strong
>=2.25 - 2.75	<=69%–56%	Fairly strong
>=2.75 – 3.25	<=56%–44%	Moderate
>=3.25 – 3.75	<=44%–31%	Fairly weak
>=3.75–4.25	<=31%–19%	Weak

For Bangladesh, Malawi and Zambia we present a temporal analysis of changing expert perspectives, as the survey questionnaire (with minor modifications) was applied in 2012 and 2013. For Bangladesh and Zambia, where appropriate, we also compare with findings from a prototype survey conducted in 2011.

The expert survey methodology was designed to revisit the same experts over time. This proved difficult as attrition was high, for various reasons such as staff turnover, unavailability, illness, etc. As a result we could not treat the 2013 sample as a repeat of the 2012 sample. This was reflected in the choice of test statics employed below.

The analysis uses independent sample student t-tests to highlight cases with statistically significant temporal changes in scores between 2012 and 2013. We were not able to use paired sample t-tests (also known as repeated sample t-test) for this because all of the respondents in 2012 could not be interviewed as repeat cases in 2013. The analysis similarly employs a paired sample student t-test to assess the statistical significance of differences in scores allocated by the experts to hunger versus nutrition commitment in 2013. In a few cases the paired sample t-test was accommodated by dropping from the analysis any observations that could not be paired due to missing values. We highlight which of the reported scores are significantly different at the 90 per cent, 95 per cent and 99 per cent confidence level.

For India, we not only examined mean scores across hunger/nutrition divide within each state, we also examined whether the inter-state differences implied by experts' responses were in fact statistically significant. Annex D contains the results of these tests which were based on a series of one-way ANOVA (analysis of variance) tests examining whether the mean scores for each question were different among states. The annex covers two types of tests: (1) one overall ANOVA test where the null hypothesis was that at least one pair out of the three pairs of states had statistically different means (this is an F-test); and (2) three pair-wise *post hoc* tests (Bihar–Uttar Pradesh (UP), Odisha–Bihar, and UP–Odisha) where the null hypothesis was that the mean scores of two states were equal. Annex D tabulates the significance level of each of these four tests. The results were separated into hunger and nutrition elements when the data permitted it.

For India, Nepal and Tanzania, we further present findings from community-based research that aimed to explore individual and collective accounts and perceptions of existing government actions and intentions to reduce hunger and undernutrition. This research employed focus group discussions in a limited number of localities (Table 2.6).

Table 2.6 Community voices: focus group discussion locations

Country	Locations	Focus groups
India	Bihar State: Gaya district; Patna city	3
	Odisha State: Mayurbhanj district	3
	Uttar Pradesh State: Balarampur district; Lucknow city	3
Nepal	Chitwan District: Jagatpur Village Development Committee; Bharatpur municipality	2
	Nawalparasi District: Patkhauli; Parasi; Ramgram Municipality	2
Tanzania	Lindi Rural District: Kijiweni village; Chiwerere village	4
Total		17

Furthermore, a simple exercise was conducted through which community members allocated weightings to three dimensions of political commitment: legal frameworks; policies and programmes; and public expenditures. The communities were asked to assert what they felt should be priority areas for government action. In addition to the research, community perspectives were captured in audio-visual materials, using photographs, videos and audio-recordings, for subsequent transcription, production and dissemination.[11]

[11] This was guided by a protocol explaining and agreeing with respondents the voluntary waiver of anonymity and confidentiality.

3 HANCI findings drawing on secondary data

An elaborate sensitivity analysis demonstrated the robustness of the index; that is, rankings would not significantly alter had we decided to employ alternative design and methodological choices (te Lintelo *et al*. 2013). As the HANCI employs a theory-driven approach to building the index, this section explores whether the index hangs together empirically, by ascertaining its internal reliability.

3.1 Internal reliability

HANCI can be considered reliable if it ranks two countries with the same level of political commitment on par with each other. In statistical terms, reliability is a measure of whether individual indicators in the HANCI produce results that are consistent with the overall HANCI.

Arguably, the most commonly used measure of internal reliability is Cronbach's alpha or the standardised version thereof. Table 3.1 tabulates standard and modified Cronbach's alphas based on the heterogeneous correlation matrix for the HANCI and its sub-indices (HRCI and NCI). The modified version is more accurate as it uses appropriate correlation types for all indicators based on their data types (see te Lintelo *et al*. 2013 for more details).

Table 3.1 Cronbach's alphas for HRCI, NCI and HANCI

	Number of countries	**Indicators**	**Cronbach's α**	**Modified Cronbach's α**
HANCI	45	21	0.6130	0.6856
HRCI	45	10	0.5249	0.6623
NCI	45	11	0.5375	0.6397

The first observation to make from Table 3.1 is that the alphas for HANCI are higher than for either of its sub-indices, confirming that hunger reduction commitment and nutrition commitment are distinct (albeit related) entities. Because Cronbach alphas should not be used as a measure of unidimensionality (Field 2009), HRCI and NCI alphas should be expected not to be greater than the overall HANCI alpha, to demonstrate statistical evidence for the existence of underlying themes/factors.

Researchers commonly use 0.7 as a rule of thumb cut-off value when using Cronbach's alpha to determine the internal reliability within a set of indicators. Table 3.1 shows that HANCI's α value is lower and the modified α value is marginally lower than 0.7. We are nevertheless confident that this is not something to be worried about. Te Lintelo *et al*. (2013) offer two reasons for not putting too much emphasis on alpha values which are lower than 0.7. Here we briefly restate them (see te Lintelo *et al*. 2013 for more details) as: (1) the existence of a substantial body of literature that argues against the blind application of 0.7 cut-off value of Cronbach's alpha (Cortina 1993; Schmitt 1996). This literature clearly shows that factors other than internal reliability could affect the value of alpha; and (2) the Cronbach's alpha value for the HANCI is suppressed because the index combines data from countries that have low incidence of hunger with data from countries with high incidence of hunger (as measured by the Global Hunger Index, GHI). If instead data from only the high GHI countries were used (i.e. by excluding Brazil, China, Peru and South Africa) in calculating the Cronbach's alpha, its value will improve. In the case of HANCI 2013, the Cronbach's alpha value increases to 0.7016 with the exclusion of four low GHI countries. We can therefore be confident that the indicators used in the HANCI 2013 are internally reliable.

Accordingly, we conclude that HANCI works empirically, to affirm our theory-driven choice of hunger reduction commitment and nutrition commitment sub-indices.

3.2 Interpreting HANCI rankings

Before setting out the HANCI rankings, readers should be aware of the following features of the index:

- The HANCI aggregates relative (not absolute) political commitment levels. HANCI indicators are measured on ordinal, categorical and cardinal scales, and the index is therefore not able to meaningfully calculate absolute commitment levels aggregated across indicators.
- Instead, the HANCI employs the Borda scoring technique to calculate scores for the HRCI and NCI sub-indices and for the three themes that compose these (policies and programmes, spending and legal frameworks). Borda scoring respects the diversity of measurement scales and thus allows the valid calculation of aggregate scores across indicators. Resultant Borda scores are translated in rankings.
- It is important to remember that the Borda scores do not represent absolute commitment levels; they represent relative political commitment levels. For this reason also, the HANCI does not identify absolute benchmarks of commitment to be achieved.
- The HANCI compares countries' performance relative to one another. Consequently, a ranking emerges regardless of the (weak or strong) performance of countries.
- Countries that show relatively high commitment levels in the HANCI do not necessarily perform strongly on all of the composite indicators. High rankings should not be a reason to sit back and relax: often, substantial scope remains to enhance performance on selected indicators.
- Absolute commitment levels can be ascertained for all individual indicators (not aggregations) by referring to the raw data (prior to normalisation) shown in the spreadsheet in Annex B. Tables in chapters 4 and 5 show for six primary research countries (Bangladesh, India, Malawi, Nepal, Tanzania and Zambia) where such change occurred in indicator scores over the last year.
- Countries may improve their absolute performance on indicators, say between HANCI 2012 and HANCI 2013, yet fail to improve their rankings, when other countries' performance improvements are at least just as fast. To prevent demotivation, we suggest that wherever absolute performance on indicators improves, this should be the benchmark (not country rankings).
- Finally, commitment rankings should not be confused with hunger and nutrition outcomes.

3.3 Key findings for the HANCI 2013

In HANCI 2013, **Guatemala, followed by Peru, tops the list** of 45 countries in terms of relative political commitment to address hunger and undernutrition. Malawi is ranked number three (Table 3.2).

Table 3.2 Hunger reduction commitment, nutrition commitment and overall Hunger and Nutrition Commitment scores and rankings, 2013

	HRCI Score	NCI Score	HANCI Score	HRCI Ranks	NCI Ranks	HANCI Ranks
Guatemala	108	119	227	1	3	**1**
Peru	106	115	221	2	5	**2**
Malawi	99	115	214	8	5	**3**
Brazil	101	110	211	7	9	**4**
Madagascar	106	103	209	2	11	**5**
Nepal	79	123	202	19	2	**6**
Tanzania	78	118	196	20	4	**7**
Gambia	61	134	195	31	1	**8**
Burkina Faso	99	95	194	8	17	**9**
Ghana	92	101	193	12	13	**10**
Philippines	88	103	191	14	11	**11**
Indonesia	76	114	190	22	7	**12**
Rwanda	105	85	190	6	23	**12**
Senegal	93	91	184	11	19	**14**
Vietnam	84	98	182	17	15	**15**
Bangladesh	65	112	177	27	8	**16**
Uganda	67	106	173	26	10	**17**
South Africa	106	64	170	2	35	**18**
India	95	74	169	10	28	**19**
China	106	57	163	2	37	**20**
Benin	62	100	162	29	14	**21**
Ethiopia	88	73	161	14	29	**22**
Niger	72	88	160	23	21	**23**
Mali	90	67	157	13	33	**24**
Mozambique	58	98	156	34	15	**25**
Cambodia	71	84	155	25	24	**26**
Kenya	72	76	148	23	26	**27**
Pakistan	52	95	147	37	17	**28**
Sierra Leone	59	87	146	32	22	**29**
Zambia	64	75	139	28	27	**30**
Liberia	83	51	134	18	38	**31**
Burundi	59	70	129	32	31	**32**
Côte d'Ivoire	41	82	123	40	25	**33**
Nigeria	51	69	120	39	32	**34**
Lesotho	87	26	113	16	44	**35**
Togo	78	33	111	20	43	**36**
Mauritania	62	48	110	29	39	**37**
Cameroon	35	73	108	41	29	**38**
Afghanistan	14	90	104	45	20	**39**
Yemen	30	65	95	42	34	**40**
Congo, DR	52	42	94	37	41	**41**
Angola	54	39	93	35	42	**42**
Myanmar	27	58	85	43	36	**43**
Sudan	54	25	79	35	45	**44**
Guinea Bissau	18	45	63	44	40	**45**

Note: Calculations based on Additive + Borda method, with equal weights by theme.

Guinea Bissau, Sudan and Myanmar languish at the bottom of the rankings.

Table 3.3 Temporal changes in relative scores and ranks, and absolute scores for indicators, by country, 2012–2013

	Change in Borda Score (2013–2012)			Change in Ranks (2012–2013)			Indicators with no change in score	Indicators with absolute score declines	Indicators with absolute score increases	Net number of Indicators with absolute score declines
	HANCI	HRCI	NCI	HANCI	HRCI	NCI		(1)	(2)	(2)–(1)
Afghanistan	0	6	-6	-3	0	-5	14	2	6	4
Angola	13	7	6	1	1	2	13	3	6	3
Bangladesh	-12	-9	-3	-4	-6	-2	13	3	6	3
Benin	15	8	7	5	4	3	12	4	6	2
Brazil	1	5	-4	0	3	-2	13	5	4	-1
Burkina Faso	-4	-5	1	1	-3	-1	13	5	4	-1
Burundi	43	24	19	10	8	7	10	2	10	8
Cambodia	-20	-16	-4	-8	-8	-2	13	4	5	1
Cameroon	-14	-12	-2	-5	-5	-1	13	6	3	-3
China	-5	3	-8	2	5	-4	16	1	5	4
Congo, DR	18	23	-5	3	4	-1	14	3	5	2
Côte d'Ivoire	-9	-4	-5	-2	-1	-1	13	5	4	-1
Ethiopia	1	-8	9	3	-4	5	10	5	7	2
Gambia	-6	-10	4	0	-7	1	11	7	4	-3
Ghana	-5	-2	-3	0	0	0	14	6	2	-4
Guatemala	-13	-1	-12	0	0	-2	13	5	4	-1
Guinea Bissau	-11	-6	-5	0	0	-1	15	4	3	-1
India	31	28	3	10	17	2	12	3	7	4
Indonesia	-14	-14	0	-5	-8	0	13	6	3	-3
Kenya	34	26	8	7	15	6	14	4	4	0
Lesotho	9	17	-8	1	9	-1	14	5	3	-2
Liberia	22	18	4	4	10	2	12	3	7	4
Madagascar	-4	5	-9	-2	6	-2	13	4	5	1
Malawi	-8	-6	-2	-1	-6	0	15	2	5	3
Mali	-20	-14	-6	-8	-8	-4	13	5	4	-1
Mauritania	9	14	-5	1	6	-2	14	2	6	4
Mozambique	-30	-10	-20	-12	-8	-11	14	4	4	0
Myanmar	-4	1	-5	-2	0	-1	13	2	7	5
Nepal	27	29	-2	12	15	1	15	1	6	5
Niger	-2	0	-2	1	0	-1	13	5	4	-1
Nigeria	-15	-4	-11	-4	-7	-5	13	5	4	-1
Pakistan	0	-11	11	-2	-7	8	13	3	6	3
Peru	11	1	10	2	0	6	12	3	7	4
Philippines	-14	-12	-2	-5	-5	0	14	2	6	4
Rwanda	11	15	-4	2	8	-2	13	2	7	5
Senegal	12	4	8	7	5	7	15	3	4	1
Sierra Leone	-1	0	-1	-3	-1	0	15	4	3	-1
South Africa	3	1	2	5	0	1	13	3	6	3
Sudan	-13	-10	-3	-4	-6	0	15	5	2	-3
Tanzania	-5	-13	8	1	-7	6	12	5	5	0
Togo	-12	0	-12	-4	0	-1	13	7	2	-5
Uganda	0	-14	14	3	-7	9	12	6	4	-2
Vietnam	3	-2	5	-1	1	2	13	3	6	3
Yemen	-2	2	-4	-1	0	-3	14	4	4	0
Zambia	-37	-10	-27	-13	-7	-13	13	6	3	-3

Table 3.3 shows countries' performance in HANCI 2012 and 2013. The change in rankings give a quick impression of how well a country has done relative to others, and the revised Borda scores provide a relative measure of the size of their temporal differences in performance.[12] **Note that a country's performance on the HANCI over time is affected by its own as well as the other countries' baseline 2012 and 2013 performance on each indicator.** In order to understand any country's absolute commitment, we guide readers towards absolute scores on individual indicators, see www.hancindex.org/explore-the-data/view-the-data/. This report will highlight for selected countries the indicators on which absolute scores improved or deteriorated between the 2012 and 2013 issues of the HANCI.

Guatemala retains the number one position on the HANCI, despite declining commitment scores. Guatemala continues to be positioned number one on the HRCI sub-index; however, it recorded declining commitment scores for both sub-indices, and it hence no longer tops the NCI sub-index as it did in the HANCI 2012. Indeed, Guatemala is among the three countries seeing sharpest declines in nutrition commitment, and this is of particular concern given its deep and persistent nutrition challenges, notably one of the world's highest child stunting rates (48 per cent). Moreover, Guatemala is assessed to annually lose over US$300 million in GDP to vitamin and mineral deficiencies (World Bank 2010).

What explains these declining scores? Compared to 2012, Guatemala saw lower health spending, lower civil birth registration rates and lower vitamin A supplementation coverage rates. Moreover, the last time a national nutrition survey was conducted is now more than three years ago. On the upside, the Government of Guatemala increased its spending on agriculture and marginally improved the population's access to water and sanitation and pregnant women's access to skilled birth attendance.

Competition for HANCI's top spot is heating up. In the HANCI 2012 Guatemala's scores were substantially higher than the other top five countries. This gap has since declined. As compared to last year's index, Guatemala saw weaker absolute performance on more indicators (five) than for which it saw improvements (four). In contrast, Guatemala's nearest 'rivals' showed net improvements across indicators. Thus, Malawi showed net improvements on three HANCI indicators. Madagascar and Peru showed net improvements over one and four indicators respectively. If the current pace of change is retained, HANCI 2014 will have a new leading country.

Polarisation in the lower regions of the index is a cause for concern for some countries, and cause for cautious optimism for others.

Some lowly ranked countries are demonstrating a clear improvement of commitment (relative to others). Most notably, Afghanistan, Angola, Burundi, Liberia and Myanmar all show improvements on at least three more indicators than they deteriorated on. These countries showed minor improvements for several indicators (e.g. water and sanitation coverage) but some significant changes on other indicators. Thus, Angola improved its coverage of vitamin A supplementation by 27 per cent points, improved safety nets and initiated a statistically representative nutrition survey that could better inform policymakers. In Liberia, notable improvements were made in terms of women's economic rights, and public spending on health rose by seven per cent points. Burundi saw notable improvements on a

[12] Because a country's rankings depend not just on its own score (Borda points) but also on those of other countries, some apparent anomalies occur. For instance, we find countries that are improving in terms of Borda points but are getting lower rankings: several countries such as Afghanistan, Bangladesh, Brazil, Cameroon, Lesotho, Madagascar and Myanmar gained the same as or slightly higher HANCI Borda scores than in 2012, yet obtained lower rankings, as they were outpaced by other countries. Conversely, some countries such as Burkina Faso, China, Ghana and our top- and bottom-ranked countries – Guatemala and Guinea Bissau, and Uganda – obtained the same or lower HANCI scores yet found themselves ranked similarly or slightly higher than in the previous year, as others showed faster deterioration of commitment. Countries with biggest overall declines in Borda points such as Mozambique and Zambia showed weakened outcomes on only one indicator more than for which they saw improvements.

wide range of hunger and nutrition commitment indicators. The government increased agricultural spending by 5.9 per cent points; it enhanced people's security of tenure over agricultural land; it enhanced the coverage rates for vitamin A supplementation; it enhanced access to drinking water and sanitation; it initiated a national nutrition policy/strategy; and safety nets were strengthened. This is good news. As the country has an 'extremely alarming' hunger status and found itself at the bottom of the Global Hunger Index 2013 (IFPRI *et al*. 2013) there is a desperate need for committed action.

Worryingly, several countries that are already at the bottom of the HANCI ranking, including Guinea Bissau, the Yemen and Sudan are demonstrating a decline in relative commitment. The efforts of Guinea Bissau and the Yemen on hunger and nutrition are stagnating. Sudan, while making minor increases in public spending on health and agriculture, showed reducing access to water and sanitation, weakening women's economic rights, and no recent nutrition surveys were undertaken. *In others, positive change is too small to make a difference*. For instance, in Myanmar, positive yet ultimately too small improvements on numerous indicators (net: five) did not result in significant improvements in relative commitment scores. In other words, positive change here is not only starting from a low threshold, but is also too slow to allow the country to catch up with commitment levels demonstrated by other high burden countries. As a consequence, *these countries are increasingly getting left behind*, also because other countries at the lower end of the rankings are demonstrating improved political commitment.

3.4 Understanding political commitment in context

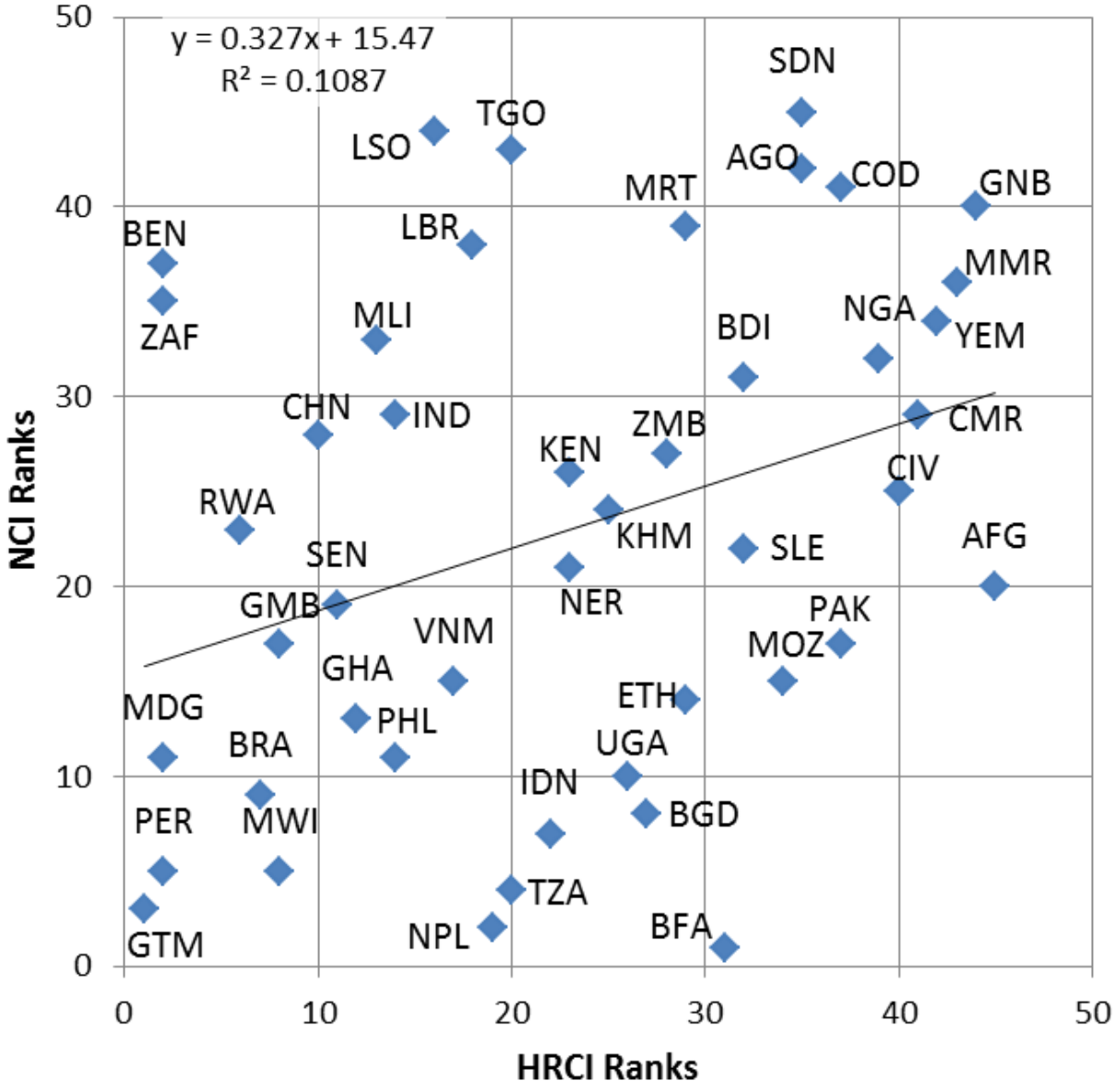
The HANCI is calculated using political commitment indicators only. Yet, commitment must be understood within context, taking account of variables such as hunger and undernutrition, wealth and governance effectiveness. This process of 'decoupling and recoupling' commitment levels from outcomes and context variables enhances HANCI's diagnostic relevance for policymakers and civil society. As in HANCI 2012 this entailed organising countries into four groupings expressing commitment levels (high; moderate; low; very low) relative to the other countries in the rankings. As findings for HANCI 2013 were strikingly similar, this section only presents a brief narrative of findings. The keen reader is referred to Annex C for detailed graphs and tables:

- Significantly, within areas of high and growing hunger and undernutrition prevalence, some countries are clearly showing much greater political commitment to addressing these problems than others. In sub-Saharan Africa for instance, some of the smaller economic powers such as Malawi and Madagascar continue leading the charge against hunger and undernutrition, while Nepal is leading in South Asia.
- Among those countries with high stunting levels and with 'serious' or 'alarming' status on the Global Hunger Index, there is high variation in commitment; some are showing high commitment and others very low commitment compared to one another. Worryingly, in those countries that have seen stunting increase over the last two decades, current levels of political commitment are low to very low. Many countries in this position are currently or have recently been afflicted by conflict (Sierra Leone, Côte d'Ivoire, Pakistan, Yemen, Afghanistan), though not all (Benin, Niger).
- Economic growth has not necessarily led to a commitment from governments to tackle hunger and undernutrition. Sub-Saharan Africa and South Asia are global hotspots of hunger and undernutrition. Here, not only is hunger and undernutrition prevalence high, this is also where hunger is increasing most rapidly (FAO 2012). Many countries within these regions have achieved sustained economic growth over the last decade, making it possible for governments to more effectively address hunger and undernutrition. Yet,

progress on reducing hunger and undernutrition is either too slow (e.g. South Asia) or stagnating (sub-Saharan Africa).

- The countries showing relatively highest commitment are found in diverse wealth groups. *Malawi, Madagascar and Nepal all show that low wealth is not necessarily an impediment for taking highly committed action on hunger and undernutrition.*
- Perhaps unsurprisingly, *countries in the highest wealth group (>$3,500 per year per capita) are more likely to undertake committed action than those who are less well off*. Encouragingly, greater commitment is now being recorded among those middle-income countries that were lagging, such as Angola and India. Yet, greater committed action on nutrition remains much needed, particularly in India as the country with the highest number of stunted children in the world.
- The relative commitment to hunger reduction does not predict the relative commitment to nutrition (Figure 3.1).

Figure 3.1 Country performance: hunger commitment vs nutrition commitment



4 HANCI findings: primary data for South Asia

Chapter 4 presents analyses of political commitment to reduce hunger and undernutrition for countries in a key region suffering from high burdens of hunger and undernutrition: South Asia. The case countries are Bangladesh, India, Malawi, Nepal, Tanzania and Zambia.

The primary data is devised to complement rather than corroborate the index. We present new data on important aspects of political commitment on which no secondary data is routinely collected in order to support in-country advocacy on hunger and undernutrition (rather than cross-country comparisons). The country analyses provide a brief discussion of context, before presenting the findings from the primary research conducted with experts and communities.

Chapter 4 also provides some reflections on how HANCI evidence has been used to inform and influence public policy in some of the primary research countries.

4.1 South Asia

South Asia, home to 1.6 billion people (2012 data), remains at the centre of the global fight against hunger and undernutrition (World Bank 2013c).[13] The region has recorded remarkable progress on key economic development indicators such as economic growth rates during the last two decades driving down the incidence of income poverty. For instance, Bangladesh, despite not too long ago widely considered a 'basket-case' of development, has made tremendous strides: mean annual growth rates of nearly 6 per cent per year have brought poverty ratios down from 49 per cent in 2000 to 31.5 per cent in 2010 (World Bank 2013a).

Within the region, poverty incidences vary substantially by country (and within countries).[14] Yet the sheer size of (rising) populations in the region means that the absolute number of income-poor people remains daunting, and hunger and undernutrition continue to be major development challenges.[15]

South Asia's share of the global number of chronically undernourished people has increased from 31 per cent (314 million people) in 1990–92 to 35 per cent (295 million people) in 2011–2013 (FAO 2013). On a more positive note the proportion of undernourished as a share of total South Asia populations has been brought down to 16.8 per cent in 2011–13 from 25.7 per cent in 1990–92 (FAO 2013); this has been roughly equal to the rate of progress made by the regional giant, India, during this period. South Asia has also more than halved (129 to 60 per thousand live births) under-five mortality rate between 1990 and 2012 (UNICEF 2014).

Data for 2008–12 indicate the high prevalence of underweight (32 per cent), stunting (38 per cent) and wasting (16 per cent) among children under five years of age. While 90 per cent (2011 data) of South Asian populations have access to improved water sources only 38 per cent (2011 data) use improved sanitation, both of which are key factors in nutrition (UNICEF

[13] The World Bank definition of South Asia includes: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. These are also the countries in the South Asian Association for Regional Cooperation (SAARC).

[14] Thus, shares of populations earning less than US$1.25 a day are, using 2007–11 data, in Bangladesh (43.3%), Bhutan (10.2%), Nepal (25.2%), Pakistan (21%); and, using 2002–06 data, India (32.7%) and Sri Lanka (7%) (UNDP 2013b). Data for Afghanistan and Maldives not available.

[15] A broader multi-dimensional measure of poverty shows that South Asia as a whole still contains 51 per cent of the global poor (Alkire, Roche and Seth 2013).

2014). For many of these indicators, geographic and social inequities are notable within countries. Urban–rural divisions are substantial; for example, population access to sanitation is 61 per cent in the urban sector and 29 per cent in the rural sector in South Asia.

Even in a country such as Sri Lanka, which is categorised 'high' in Human Development Index (HDI) terms (in fact highest in South Asia with an HDI rank of 92), the proportion of undernourished is 22.8 per cent (UNDP 2013b). Another crucial inequality, with non-trivial implications for hunger/nutrition, relates to education: UNDP (2013b: 30) suggests that education inequality in South Asia is worse than in sub-Saharan Africa.

The HANCI includes five South Asian countries (Bhutan, Maldives and Sri Lanka are not included in the HANCI 2013 because of absence of data for selected indicators). The HANCI 2013 scores and ranks for these countries are listed in Table 4.1. Nepal, closely followed by Bangladesh, is the top-ranked country in South Asia; Afghanistan is at the bottom. India and Pakistan are ranked adjacently. The rest of this section looks more closely at four of the countries in Table 4.1 (excluding Afghanistan) using primary data. The primary in-country data gives a more nuanced assessment of political commitment within the diverse sociopolitical and economic circumstances of these countries.

Table 4.1 HANCI results for South Asian countries

	HRCI Score	NCI Score	HANCI Score	HRCI Ranks	NCI Ranks	HANCI Ranks
Nepal	79	123	202	19	2	6
Bangladesh	65	112	177	27	8	16
India	95	74	169	10	28	19
Pakistan	52	95	147	37	17	28
Afghanistan	14	90	104	45	20	39

4.2 Country analysis: Bangladesh

Summary

- HANCI 2013 ranking: 16th out of 45 (2012: 12th)
- HANCI 2013 score < HANCI 2012 score
- Hunger: 25 million (17 per cent of population)
- Stunting: 41 per cent of children under 5 years of age
- Wasting: 16 per cent of children under 5 years of age.

4.2.1 Hunger and undernutrition in Bangladesh

In the past two decades, Bangladesh's solid economic performance has driven rapid declines in poverty headcount ratios. In the last decade, growth rates averaged nearly 6 per cent per year, and poverty ratios came down from 49 per cent in 2000 to 31.5 per cent in 2010 (World Bank 2013a).

Significant growth in agricultural productivity, driven by a combination of factors including macroeconomic stability, liberalisation of input markets and opening up of the economy, has helped Bangladesh to meet the MDG hunger target (reducing the number of people in hunger by half), and it also appears to be on track to achieve its MDG target of reducing the percentage of children who are underweight to 33 per cent by 2015 (FAO 2013).

Because population growth rates are high, 25 million Bangladeshis still face hunger and this number has been *rising* slowly since the mid-2000s. Recent political instability has, however,

affected economic performance and caused disruption in people's mobility and slowed down business, affecting people's access to food (GoB 2013).[16]

Considerable regional disparities in hunger prevalence persist, suggesting that growing incomes alone are not sufficient to reduce undernutrition (FAO 2013). Recent surveys (including the Bangladesh Democratic and Health Survey [DHS] 2011) show that Bangladeshi women suffer a double burden of malnutrition. Although 24.2 per cent of women in Bangladesh are suffering from chronic energy deficiency intake (expressed in a body mass index (BMI) of <18.5), 16.5 per cent suffer from overweight (BMI>=25). Women in the wealthiest quintile are seven times more likely to be overweight or obese than women in the poorest wealth quintile (GoB 2013). The Bangladesh DHS 2011 found that 20 per cent of ever-married women aged 15–49 reported 'sometimes', 'rarely' or 'never' having access to three meals a day, and this amounted to nearly 50 per cent of all women in the lowest wealth quintile (GoB 2013). Seasonal starvation varies by district: from 2 to17 per cent outside the *monga* period and from 26 to 58 per cent during the *monga*[17] period (2006 data). However, this hunger is receding, as remittances from women working in factories and from men working in construction have also helped reduce rural poverty (World Bank 2013g: 197). While agricultural wages are increasing (GoB 2013), gender-based differences in wages (amounting to 40 per cent) and in access to inputs and markets drive gendered food security and nutrition outcomes (FAO 2013; GoB 2013).

Bangladesh ranks 58th in the 2013 Global Hunger Index (GHI) (IFPRI *et al*. 2013), and estimates suggest that malnutrition costs the country US$1 billion a year in lost economic productivity (FAO 2012). Population growth, vulnerability of improved crop varieties to pests and diseases, poor access to food due to poverty, vulnerability to price shocks, deteriorating access to increasingly scarce natural resources (with nearly no agricultural land left untilled), climate change shocks, and worsening soil fertility pose key challenges to food security (ACF 2012; FAO 2013).

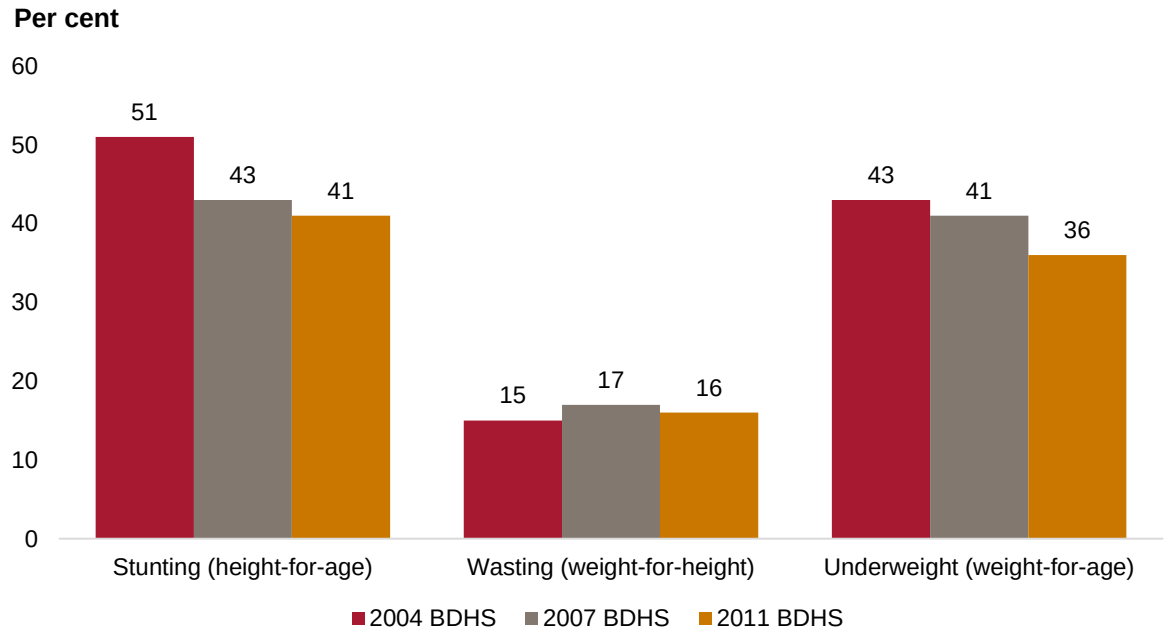
Figure 4.1 gives the latest nutrition data, drawing on the Bangladesh Demographic and Health Surveys. It shows that a steady reduction in underweight prevalence has been achieved during 2004–11. The prevalence of wasting declined from 1990 to 2000, but then increased steadily until 2007 when it reached 17 per cent. Wasting rates stand at 16 per cent, still exceeding the emergency threshold (FAO 2012; UNICEF 2013). Nearly one in six children suffers from acute shortages in food intake, and severe wasting is on the rise. The Government of Bangladesh (GoB) has set clear numeric time-bound targets to be achieved by 2015 (GoB 2013):

- Undernourishment prevalence of (three-year average) 17 per cent of general population;
- Underweight prevalence of 33 per cent of all children aged 0–59 months;
- Stunting rates of 38 per cent for the children under five years of age.

Deficiencies of micronutrients consumption are also widespread in Bangladesh. Vitamin A, iron, iodine and zinc deficiencies are of particular relevance to public health, with the prevalence of iron-deficiency anaemia among young infants, adolescent girls and pregnant women remaining very high: for instance affecting 33 per cent of pre-school children (Ahmed, Mahfuz, Ireen *et al*. 2012; GoB 2013). Little progress has been made in reducing the proportion of women who are anaemic (42 per cent in 2011 compared with 45 per cent in 2004) (FAO 2013).

[16] For instance, in December 2013, on 25 days shops were closed in Dhaka due to *hartals* (strikes) ahead of the January 2014 elections. For instance, for day labourers, a loss of income may immediately affect hunger.
[17] *Monga* is the seasonal hunger associated with the *monga* period – between transplanting and harvesting paddy – when household food stocks are depleted.

Figure 4.1 Trends in nutritional status of children under five, Bangladesh, 2004–11



Note: Rates are based on WHO Child Growth Standards (Bangladesh Demographic and Health Survey 2011).
Source: Adapted from BDHS (2011).

While Bangladesh achieved good reductions in stunting rates during the 1990s, recently the rate of progress has sharply declined (in 2004–07 from 51 per cent to 43 per cent compared to only a 2 per cent reduction in the period 2007–11). Moreover, country-level statistics presented above hide regional, urban/rural and wealth-based disparities. Rural children are more likely to be stunted than urban children (43 per cent compared with 36 per cent), and children living in Khulna and Rajshahi divisions show lowest stunting prevalence (34 per cent each) (Ahmed, Mahfuz, Ireen *et al*. 2012). Furthermore, among the poorest 20 per cent of households 54 per cent of children are stunted (GoB 2013).

The effects of the global food price crisis are likely to have contributed substantially to reversing progress on undernutrition in the period 2007–11. Household expenditure surveys for 2005 and 2010 show that consumption levels per capita dropped for key foods such as cereals, vegetables, pulses and fish for people from the lowest income quintiles living in urban areas (Miah and Haque 2013). Recently, some concerns have been raised about reduced application of complementary feeding practices in the country. However, community-based nutrition interventions combined with national media campaigns have shown to be successful in enhancing infant and young child feeding practices such as hand washing with soap before feeding, early initiation of breastfeeding and exclusive breastfeeding for the child's first six months. More successes are clearly needed as only about 21 per cent of children are deemed to enjoy a minimum acceptable diet at 6–23 months of age as compared to the government target of 52 per cent for 2015 (GoB 2013).

Encouragingly also, some of the underlying social factors that help to drive reduced stunting outcomes have seen improvements, notably (FAO 2012):

- Literacy rates for young females (aged 15–24 years) have doubled, rising from 38 per cent in 1991 to 77 per cent in 2009.
- The coverage of vitamin A supplementation for children aged 6–59 months (which started in the 1990s) is now nearly universal, and consumption of iodised salt has also increased substantially in recent years.

- The use of oral rehydration salts to treat diarrhoea has nearly doubled, from 35 per cent in 2000 to 68 per cent in 2007.
- A substantial increase in exclusive breastfeeding during the first six months of life, from 43 per cent in 2007 to 64 per cent in 2011.

4.2.2 HANCI findings

The politics of hunger are foundational to Bangladesh; government interventions on hunger therefore benefit from high levels of legitimacy across social groups (Hossain 2013). In 2012, the GoB reaffirmed its commitment to food security 'for all people of the country at all times' (Ahmed, Mahfuz, Ireen *et al*. 2012; GoB 2013).

The GoB has also actively pursued nutrition policies and programmes at least since the mid-1990s. Hunger and nutrition are also clearly identified development issues in the current Sixth Five Year Plan 2011–15, and a National Food Policy was adopted in 2006 that aims to enhance availability, access and utilisation of food. A detailed Plan of Action (2008–15) was devised to identify interventions, with a Country Investment Plan (CIP, 2011–15) providing a detailed planning, fund mobilisation and alignment tool. The CIP is designed to achieve the MDGs, is embedded in the Sixth Five Year Plan and is aligned with the Bangladesh's Scaling Up Nutrition (SUN) campaign efforts. Having already taken action on many aspects of the SUN agenda, in September 2013 Bangladesh officially joined the SUN movement. The Prime Minister, H.E. Sheikh Hasina, thus became a member of the SUN Lead Group (SUN 2013b).

The approach to nutrition is multi-sectoral, as suggested by the Health, Population and Nutrition Sector Development Programme (2011–16) (CSNSI 2012). National Nutrition Services mainstream nutrition services within regular operations of the Ministry of Health and Family Welfare's (MoHFW) Directorates General of Health Services and Family Planning; this is likely to improve access to nutrition interventions for the poorest, and for those living in hard-to-reach areas.

The GoB puts a strong focus on the first 1,000 days of a child's life, and targeted nutrition interventions for scaling up tally with those recommended by the authoritative *Lancet* series on maternal and child undernutrition (SUN 2011). Government efforts also invest substantial resources in demand creation for nutrition, through public awareness building and community mobilisation (SUN 2011).

While not all nutrition programmes have yet been implemented at scale to reach the entire population (notably programmes against Severe Acute Malnutrition), the Expanded Programme on Immunization and vitamin A supplementation have been very successful (Ahmed *et al*. 2012). The coverage of vitamin A supplementation in Bangladesh is near universal, and zinc treatment for diarrhoea is 20 per cent, which is the highest among countries with high burdens of undernutrition. The GoB is scaling up its infant and young child feeding programmes throughout the country and provides community nutrition interventions through community clinics (SUN 2011). Exclusive breastfeeding for the first six months, followed by complementary feeding, is actively promoted. Bangladesh has taken measures to substantially enshrine the provisions of the International Code of Marketing of Breastmilk Substitutes in domestic law, yet there are concerns about the lack of enforcement (GoB 2013). A draft National Food Safety Act (2013) is expected to be soon presented to Parliament, and a draft National Food Safety and Quality Policy is under review (GoB 2013).

The budget of the GoB contains a separate line for nutrition, enhancing transparency and accountability of government spending on nutrition. The CIP provides the template for breaking down direct nutrition and nutrition-sensitive investments for SUN. CIP has a budget of US$9.8 billion. US$6.2 billion is already financed of which so far US$1.7 billion has been used. So far, the GoB has invested US$1.65 for every dollar invested by the development

partners in the CIP (GoB 2013). However, current spending amounts to just half of the allocated budgets (GoB 2013).

Other government interventions supporting the reduction of hunger and undernutrition include substantial investments in agriculture and health. The GoB has successfully promoted the adoption of new rice varieties and supported expansion of irrigation infrastructure, and these have driven agricultural growth rates of over 3 per cent per annum, which contribute substantially to reduced hunger. The World Development Report 2013 highlights that Bangladeshi farmers have shifted from growing low-yield, single-crop, deep-water rice to double cropping of short maturity, high-yield rice. There has also been a pronounced shift away from sharecropping into fixed-rent leasehold tenancy. Landless and marginal farmers have been the major beneficiaries of this change (World Bank 2012). The GoB also seeks to promote complete self-sufficiency in rice production (GoB 2013).

Strengthening agricultural extension services has an important role to play in this respect. While the Department of Agricultural Extension is the largest public agency in the country with 12,875 extension workers and 2,000 other extension personnel at district, *upazila* (sub-district) and village levels, more staff and greater efficiency is needed because workloads are too high.[18] While various other non-state agencies are involved in providing extension services, farmers in marginal areas (e.g. *chars* [sandbanks], *hoars* [natural depressions] river bank areas), and aquaculturists with homestead ponds are not always reached. Moreover, households headed by women are less likely to obtain extension services than those headed by men (GoB 2013).

Delivering on the National Agricultural Extension Policy (2012) requires human and infrastructural capacity and the linkages between agricultural research, extension, education and farmers to be strengthened. However, public spending on agricultural research (0.32 per cent of agricultural GDP in 2009) is lower than in neighbouring countries (e.g. India 0.4 per cent) (GoB 2013).

The share of government spending going to health (8.93 per cent) is double that of Pakistan (3.58 per cent), somewhat larger than in India (8.05 per cent) and a little lower than in Nepal (9.56 per cent).[19] Yet, equitable access to adequate public health systems needs further strengthening. For instance, while small improvements were made over the last year (Table 4.2) 45.4 per cent of all pregnant women are not attended even once by skilled health personnel during pregnancy.

Bangladesh is one of the countries whose scores on the right to food indicator were downgraded due to a recategorisation of indicator values (see Chapter 2 for details). Article 15(a) of the Constitution of Bangladesh references a right to food,[20] while ratified international treaties such as Article 11 of the International Covenant on Economic, Social and Cultural Rights; Article 6 of the International Covenant of Civil and Political Rights; Articles 24 and 27 of the Convention on the Rights of the Child; and Articles 12 and 14 of the Convention on the Elimination of All Forms of Discrimination Against Women commit Bangladesh to 'protect', 'respect' and 'fulfil' the right to food (GoB 2013). Yet, current constitutional provisions take the shape of a directive principle of state policy and thus do not carry the status of fundamental rights that are justiciable. Further enshrining the right to food as constitutional fundamental rights, as currently demanded by a coalition of civil society groups campaigning on the right to food, would show further commitment.

[18] 1,000–1,200 farmers per sub-assistant agricultural officer, as compared to 280 in Vietnam or China (GoB 2013).
[19] Note that the actual share within each country's health budget benefiting food security and nutrition may differ and cannot be determined.
[20] Article 15 recognises the fundamental responsibility of the state to secure for its citizens the provision of the basic necessities of life including food.

Table 4.2 Bangladesh, changing performance on commitment indicators 2012–13

	HANCI 2012		HANCI 2013		Change
	Value	Year	Value	Year	
Government spending on agriculture	7.3	–	8.9	2009	1.62 ↑ 0.6
Government spending on health	7.4	2010	8.9	2011	1.53 ↑ 0.5
Security of access to land	3.2	2011	3.3	2012	0.06 ↑ 0.0
Civil registration of live births	10.0	2006	30.5	2011	20.50 ↑ 0.0
Vitamin A coverage	100.0	2010	94.0	2011	-6.00 ↓ 6.0
Access to drinking water	81.0	2010	83.2	2011	2.22 ↑ 0.2
Access to sanitation	56.0	2010	54.7	2011	-1.27 ↓ 1.0
Skilled birth attendance	53.0	2010	54.6	2011	1.60 ↑ 0.6
Constitutional right to food	5.0	2006	1.0	2011	-4.00 ↓ 4.0

The GoB is currently developing a National Social Protection Strategy (FAO 2013) that may offer an integrated approach and enduring support for the poor and vulnerable. The GoB has introduced various social safety nets for the poor, such as the Vulnerable Group Feeding and Vulnerable Group Development schemes (CSNSI 2012). In the wake of repeated food price crises, the GoB invested in enhanced public food grain storage capacity, which is filled from domestic sources during periods of low prices, thus providing farmers support, and filled from international markets during periods of high domestic prices. The GoB has also employed open market sales to help control price volatilities in the lean season (chiefly in urban areas to Class 4 government employees who are issued with Fair Price Cards) and address natural disasters (GoB 2013). Moreover, the GoB instituted an Employment Generation Programme (EGP) that is seen to effectively achieve social protection and promote objectives.

Despite these positive efforts, overall, the social protection system in Bangladesh is considered to be fairly rudimentary in terms of both the number of risks and people covered, and government efforts are waxing and waning. For example, the number of days of EGP employment generated have been scaled down from 4.2 to 2 million between 2010/11 and 2011/12 (GoB 2013).[21] Similarly, spending on social protection programmes as a share of total public spending is declining, from 12.9 per cent in 2010/11 to 8.8 per cent in 2012/13. For the Vulnerable Group Feeding (VGF) schemes, this reflects the weakened necessity to respond to short-term disasters and food price crises. However, the share of safety net spending within social protection spending is slowly declining, and this is a concern, as currently the size of safety net benefits is just enough to let people survive but too small to escape poverty; 60 per cent of beneficiaries receive less than Tk100 per month (<US$2 p/m). These investments could also be more efficiently used, as inclusion errors (14.5 per cent) and exclusion errors (19 per cent) are sizeable (GoB 2013).

Other areas in which further improvements can be achieved that would accelerate hunger and undernutrition reduction include enhancing coverage rates of the civil registration system. Despite recent improvements, coverage levels remain very low, at only 30 per cent of the population. Enhancing civil registration may help to improve access to essential public services, including health and education. Second, other services that need strengthening concern access to improved drinking water (currently 83 per cent of the population benefits) and improved sanitation (54 per cent). Third, in order to reduce women's disproportionate suffering from and vulnerability to hunger, further government action may be taken to effect women's economic rights, which exist on paper but are not effectively enforced (CIRI 2010).

[21] It may be noted that the non-governmental organisations (NGOs) in Bangladesh have successfully rolled out substantial social protection schemes, e.g. BRAC's Targeting the Ultra Poor programme. These operate in parallel with government provisioning.

Similarly, while women have *de jure* equal rights to access and own productive agricultural land, various discriminatory practices prevent their realisation (OECD undated) and thus continue to keep women disproportionally vulnerable to hunger. Finally, at a systemic level, improvements in what the World Bank's World Governance Indicators (World Bank 2013e) identify as a relatively ineffective public governance system are likely to have major impacts on the successful delivery of the various government interventions aimed at reducing hunger and undernutrition.

4.2.3 Expert perceptions of political commitment

In Bangladesh, 40 experts (29 men, 11 women) were interviewed in the period July–September 2013 by a team of two consultants. This team had also conducted the survey in previous years, so it was well-versed in the practicalities of arranging and conducting the survey. Efforts were made to obtain a balanced sample with substantial representation of government officials (14), civil society organisations (10), research and academic institutions (10), international donors and UN (4) and media (2). All survey respondents were selected on the basis of having substantial knowledge and expertise in the areas of hunger and nutrition, food policy, agriculture, health and social policy.

We first discuss expert findings for the theme of public expenditures and then investigate areas of strength and areas in need of improvement for government policies and programmes, before we have a final discussion of aspects of political leadership and stakeholder support for GoB efforts addressing hunger and nutrition.

Overall, experts consider that current public expenditures as well as policy by the GoB signal a fairly strong commitment to hunger reduction and a moderate commitment to reduce undernutrition (Table 4.3).[22]

Table 4.3 Government of Bangladesh commitment scores by policy and spending theme and by hunger and nutrition subject areas

	2012		2013	
	Hunger	**Nutrition**	**Hunger**	**Nutrition**
Public spending	60% (fairly strong)	46% (moderate)	58% (fairly strong)	48% (moderate)
Policy	55% (moderate)	51% (moderate)	59% (fairly strong)	54% (moderate)

Additionally, when looking at individual questions, clear differences occur in the assessment of commitment to hunger reduction and nutrition.

Table 4.3 shows that in 2013, experts assessed public spending on hunger to be fairly strong (58 per cent) whereas for nutrition this is seen to be moderate (48 per cent). Indeed, Table 4.4 shows that in 2013, for four out of five questions on public spending, nutrition scores were distinctly weaker than for hunger, at high levels of statistical significance. In a country that is frequently plagued by emergencies and natural disasters, budget expenditures on hunger are deemed to be sensitive to such events, signalling a level of responsiveness of the state to the needs of its citizenry. Budget expenditures on hunger are also deemed fairly sensitive to electoral cycles, more so than for nutrition.[23] The transparency of spending mechanisms on hunger and nutrition saw a temporal improvement from fairly weak to moderate score for both hunger and nutrition. However, this (and other) temporal changes between 2012 and 2013 shown in Table 4.4 are statistically significant.

[22] Tabulated questions are shortened. For the full questionnaire see Annex A.

[23] We interpret sensitivity to electoral cycles as a good thing (signalling responsiveness to voter concerns). A more cynical interpretation would be that this constitutes an attempt at manipulating voters. Even if that were to be the case, it affirms hunger to be part of party political agendas in Bangladesh.

Table 4.4 Expert perceptions of public expenditures towards addressing hunger and undernutrition, Bangladesh, 2011–2013

Questions	2011: Hunger and Nutrition	2012		2013	
		Hunger	Nutrition	Hunger	Nutrition
To what extent are government policy preferences reflected in budget expenditures?	50%	61%	48%	60%	46%###
How strong or weak would you, in general, characterise the government's absolute (in money terms) budget expenditures on hunger and nutrition?	49%	57%	43%	51%	41%###
How sensitive are government budget expenditures on hunger and malnutrition to electoral cycles?	65%	65%	48%	60%	50%###
How sensitive are government budget expenditures on hunger and malnutrition to emergencies/disasters?	71%	77%	56%	72%	57%###
How well has the national government developed transparent financial mechanisms for earmarked funding?	–	41%	36%	48%	45%

Statistical significance (change between 2012 and 2013 based on independent sample T tests): * at 10% level; ** at 5% level; *** at 1% level. Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level.

As for public policy, experts identified several aspects indicating fairly strong to strong commitment to reducing hunger and undernutrition by the GoB (Table 4.5). The GoB is assessed as giving significantly stronger priority to hunger than to nutrition, and this translates into policy goals and outcome targets. In 2013, for all questions raised, experts gave stronger commitment scores for hunger than for nutrition (and for many, differences were highly statistically significant). Accordingly, budget lines are better developed for hunger (fairly strong) than for nutrition (moderate). Ownership of policy between national and subnational levels of administration is likely to be good because the same agencies that design policy are involved in implementing them. Divergent interests are represented fairly well in decision-making and hunger policy is fairly strongly accessible to public scrutiny. Agencies in charge of policy design as well as implementation do fairly well building social/political support for policy and interventions.

In terms of temporal change between 2012 and 2013, the survey shows differences to be statistically significant for two aspects: the GoB's use of improved hunger budget lines, and its improved use of evidence to guide hunger and nutrition policy change. In terms of the latter, improvements are statistically significant at the 5 and 1 per cent levels respectively for hunger and nutrition. Nevertheless, hunger policies continue to be statistically significantly more sensitive to strong new evidence than nutrition policies.

Table 4.5 Public policy in Bangladesh: aspects of stronger commitment to reduce hunger and undernutrition

Questions	2011: Hunger and Nutrition	2012		2013	
		Hunger	Nutrition	Hunger	Nutrition
What kind of a priority does the government give to hunger and nutrition?	63%	78%	66%	74%	62%###
How well are the goals of improving (a) hunger and (b) nutrition expressed in policies?	–	74%	67%	76%	68%
How well defined are (a) hunger and (b) nutrition outcome targets in policies?	–	74%	67%	72%	59%
How well are budget lines related to hunger and nutrition developed in government budgets?	–	54%	47%	63%*	54%
How accessible is government policy on hunger and nutrition to public scrutiny?	36%	56%	56%	62%	56%##
How likely are government policies for (a) hunger and (b) nutrition to be adjusted when strong evidence suggests change in course?	49%	52%	50%	69%**	61%***##
How well do policy strategies/decision-making bodies allow representation of divergent interests in area of (a) hunger and (b) nutrition?	36%	52%	53%	62%	58%#
How well do agencies responsible for the *design* of (a) hunger and (b) nutrition policies build social/political support?	56%	67%	64%	64%	58%##
How well do agencies responsible for the *implementation* of (a) hunger and (b) nutrition policies build social/political support?	50%	55%	49%	61%	54%###
To what extent are agencies that design policy in charge of managing their implementation?	64%	76%		77%	

Statistical significance (change between 2012 and 2013 based on independent sample T tests): * at 10% level; ** at 5% level; *** at 1% level. Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests): # at 10% level; ## at 5% level; ### at 1% level.

Furthermore, the expert surveys highlight several areas in which the GoB could showcase greater political commitment (Table 4.6). The 2013 survey highlights that for each of the questions shown, commitment to hunger reduction is shown to be statistically significantly higher than commitment to addressing undernutrition.

While at the national level cross-agency coordination is considered to be fairly strong for hunger, it is only moderately so for nutrition. Two ministries are involved in cross-sectoral policy coordination. The Ministry of Health and Family Welfare (MoHFW) houses the national focal person for the SUN movement, is in charge of the National Nutrition Services and has set up a Steering Committee for Nutrition Implementation.[24] The MoHFW Secretary heads a Steering Committee for Nutrition Implementation (SNCI) that meets quarterly for inter-agency and multi-sector coordination. The MoHFW also coordinates multi-sectoral contributions and seeks to mainstream nutrition across ministries and health services (GoB 2013). It is,

[24] Further, enhanced coordination between the National Nutrition Services and maternal, neonatal, child and adolescent health services could maximise impact (GoB 2013).

however, the Ministry of Food (MoF) that is in charge of carrying out the National Food Policy, which requires coordination between 13 lead ministries including the MoHFW[25] and a multitude of implementing agencies. Within the MoF, the Food Planning and Monitoring Committee was set up to provide strategic high-level inter-sectoral collaboration at the Cabinet level.[26]

Strengthened coordination between Steering Committee for Nutrition Implementation in the MoHFW and the Food Monitoring and Planning Unit in the Ministry of Food is needed on the monitoring of the National Food Policy, its Plan of Action and the CIP (GoB 2013). Accordingly, suggestions have been mooted to re-involve the Office of the Prime Minister to provide supportive leadership in the national coordination of hunger and nutrition (GoB 2013).

Moreover, experts noted that policy coordination between national and sub-national levels as well as policy implementation is considered of moderate strength for hunger but fairly weak for nutrition. While the GoB is making fairly strong steps enhancing the administrative capacity delivering hunger programmes, this is not yet the case for nutrition programmes. The government could also more effectively utilise existing administrative and financial capacities to address these issues. Finally, the structural inability of administrative systems in Bangladesh to incentivise individuals and agencies involved in policy design and policy implementation to make positive contributions to the fight against hunger and undernutrition remains the experts' greatest concern.

On a more positive note, expert scores showed a statistically significant improvement in the GoB's willingness to experiment and innovate with novel policy approaches for hunger (and to a lesser extent for nutrition). The surveys also show a strengthening of government systems that generate knowledge and evidence for (a) hunger and (b) nutrition policy. In the last few years, concerted efforts have been made to consolidate datasets to actively monitor the performance of the National Food Policy's Plan of Action and CIP using a set of clearly identified indicators. Two national information systems are being implemented currently: a Food Security and Nutrition Information System (in the Food Monitoring and Planning Unit) and a Nutrition Information System (in the Institute of Public Health and Nutrition) (GoB 2013).[27] Accordingly, policy is informed by up-to-date and robust evidence. The government has conducted nationally representative sampling surveys investigating nutrition status in 2004, 2007 and 2011. This compares favourably to, for example, India. National statistical data is also collected through a variety of surveys including Bangladesh Demographic and Health Surveys, Multiple Indicator Cluster Survey (MICS), Household Income and Expenditure Surveys, a National Micronutrient Survey, a Nutrition Health and Demographic Survey, etc.

[25] The most important are the Ministries of Agriculture, Local Government Development, and Health and Family Welfare, which together oversee approximately two-thirds of spending on the National Food Policy (GoB 2013).
[26] The Food Monitoring and Planning Unit in the MoF monitors the CIP. It is technically and operationally supported by a multi-sectoral National Committee and a Food Policy Working Group comprising four Technical Teams (GoB 2013)
[27] Furthermore, development partners with local partners are setting up a Nutrition Planning and Information Unit that seeks to collate various datasets (GoB 2013).

Table 4.6 Public policy in Bangladesh: commitment aspects in need of strengthening

Questions	2011: Hunger and Nutrition	2012		2013	
		Hunger	Nutrition	Hunger	Nutrition
How successful is/are the government body/ies in delivering a coordinated cross-agency approach to addressing (a) hunger and (b) nutrition at the national level?	42%	64%	53%	60%	51%#
What is the strength of coordination efforts by national government with sub-national (e.g. State) government efforts to improve (a) hunger and (b) nutrition outcomes?	–	49%	42%	49%	43%###
How good is the implementation of public policies on (a) hunger and (b) nutrition?	38%	50%	42%	54%	44%###
How developed are government systems that generate knowledge and evidence for (a) hunger and (b) nutrition policy?	41%	47%	46%	54%	49%##
To what extent does the government experiment and innovate new policy approaches for (a) hunger and (b) nutrition?	46%	49%	46%	57%**	48%*###
To what extent does the government enhance administrative capacity to address (a) hunger and (b) nutrition?	39%	49%	42%	58%	48%###
To what extent does the government utilise administrative capacity to address (a) hunger and (b) nutrition?	41%	52%	45%	56%	45%###
To what extent does the government utilise financial capacity to address (a) hunger and (b) nutrition?	38%	49%	40%	55%	46%###
What is the strength of credible incentives for individual policymakers and implementers, and their agencies to perform well?	28%	25%	25%	36%	32%≠

Statistical significance (change between 2012 and 2013 based on independent sample T tests): * at 10% level; ** at 5% level; *** at 1% level. Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests): # at 10% level; ## at 5% level; ### at 1% level

In addition, experts also commented on aspects of political leadership in the country (Table 4.7). They noted that top-level leadership is considered to be strong for hunger and fairly strong for nutrition, and this difference is statistically significant at 5 per cent level. Political leaders speak out fairly strongly on hunger and nutrition, and hunger (but not nutrition) features fairly strongly in political party manifestos. However, leaders' levels of understanding of status, causes and potential solutions addressing hunger and undernutrition are only moderate, and could thus be strengthened to enable them to provide more effective leadership.

Table 4.7 Political leadership on hunger and undernutrition in Bangladesh

Questions	2011: Hunger and Nutrition	2012		2013	
		Hunger	Nutrition	Hunger	Nutrition
How developed is presidential/prime ministerial leadership in the country on hunger and nutrition?	–	70%	63%	74%	67%##
How well are (improved) hunger and nutrition outcomes set out as goals in political party manifestos?	–	61%	49%	66%	48%###
To what extent do senior political leaders speak out against hunger and undernutrition?	67%	59%		56%	
How well do senior politicians understand the status of hunger and undernutrition in the country?	55%	56%		55%	
How well do senior politicians understand causal factors of hunger and undernutrition in the country?	46%	49%		44%	
How well do senior politicians understand solutions to hunger and undernutrition?	38%	45%		47%	

Statistical significance (change between 2012 and 2013 based on independent sample T tests): * at 10% level; ** at 5% level; *** at 1% level. Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests): # at 10% level; ## at 5% level; ### at 1% level.

Furthermore, the experts considered who supports the GoB in its efforts to combat hunger and undernutrition. As compared to 2012, statistically significant improvements were witnessed for donors (who are now seen to strongly support) and for the general public (who now give fairly strong support regarding hunger, but just moderate support regarding nutrition). Interestingly, donors are seen to somewhat more strongly support hunger than nutrition efforts, and this is also reflected in the stronger allocation of donor aid to aspects of food availability and access rather than utilisation (GoB 2013). Political opposition parties continue to be viewed as providing weakest support; perhaps no surprise given the polarised political climate in the country (Table 4.8).

Table 4.8 Who supports the Government of Bangladesh to combat hunger and undernutrition?

	2012		2013	
	Hunger	Nutrition	Hunger	Nutrition
Donors	66%	67%	75%**	71%#
Media	60%	56%	57%	55%
Civil society	59%	53%	61%	58%
The general public	54%	48%	65%**	51%###
Opposition political parties	25%	26%	34%*	29%#

Statistical significance (change between 2012 and 2013 based on independent sample T tests): * at 10% level; ** at 5% level; *** at 1% level. Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level.

Finally, experts were requested to identify their priority areas for the government to demonstrate commitment to reduce hunger and nutrition. Their scores were very similar to those allocated in 2012, with clear preferences for policies and programmes, and public spending (Table 4.9).

Table 4.9 Experts' and community members' subjective weighting schemes, Bangladesh

	Legal frameworks		Policies and programmes		Public expenditures	
	2012	**2013**	**2012**	**2013**	**2012**	**2013**
Experts	22%	19%	42%	42%	37%	39%
Communities	24%	n.a.	53%	n.a.	23%	n.a.

4.3 Country analysis: India

Summary

- HANCI 2013 ranking: 19th out of 45 (2012: 29th)
- HANCI 2013 score > HANCI 2012 score
- Hunger: 214 million (17 per cent of population)
- Stunting: 41 per cent of children under 5 years of age
- Wasting: 11 per cent of children under 5 years of age

4.3.1 Hunger and undernutrition in India

India's strong economic growth over the last two decades has driven sharp reductions in the share of its population living in poverty. Although reclassified by the World Bank as a lower middle-income country, India continues to be the country with the highest absolute number of poor people. Economic growth has proved to be insufficient for addressing hunger and undernutrition, which remain potent development challenges, with persistent social (gender, religious, caste, class) and geographical inequalities of outcomes.

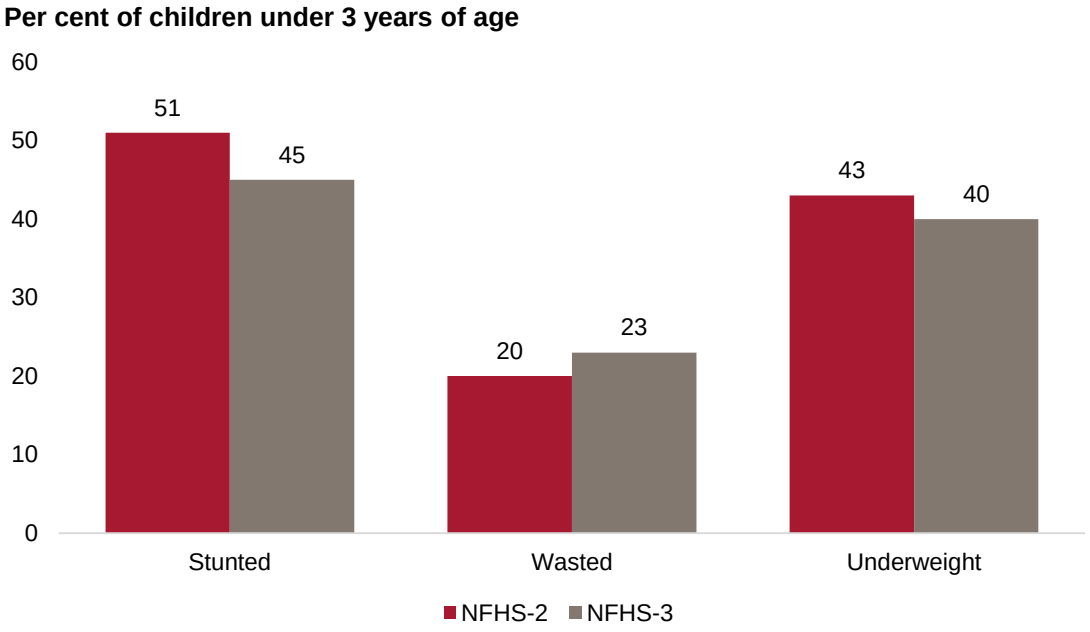
India currently has the largest number of undernourished people (213.8 million) in the world, equating to 17 per cent of its 1.2 billion population (FAO 2013). Agriculture continues to be the primary source of livelihood for the majority of Indian households, and its performance is critical for food security outcomes. The majority of India's farmers are smallholders whose access to land, credit, inputs, insurance and product markets is constrained (Gillespie, Harris and Kadiyala 2012).

India is making insufficient progress to reach MDG 1 target on hunger and undernutrition (FAO 2013). The prevalence of young child undernutrition has changed very little in the last two decades (IIPS 2007; Gillespie *et al*. 2012). The economic losses associated with malnutrition are estimated at 3 per cent of India's GDP annually (Horton 1999; in: Naandi Foundation 2011). The persistence of high child undernutrition is particularly alarming. In the period between the two latest National Family Health Surveys (NFHS) (1998–99 and 2005–06) stunting rates of children under three were reduced by around 6 per cent; rates for underweight children were reduced by 3 per cent; while wasting rates actually increased by around 3 per cent (Figure 4.2). In order to meet the MDG target of reducing the proportion of underweight children under the age of five to 27 per cent by 2015, India needs to double its annual rate of reduction from the current 0.87 percentage points to at least 1.6 per cent (Mohmand 2012).

Approximately one-third of the world's malnourished children live in India (60 million). India has one of the highest incidences of stunting in the world, affecting almost half the children under five (Gillespie *et al*. 2012; UNICEF 2013). Moreover, 43 per cent of children under five in India are underweight, and 23 per cent are wasted (IIPS 2007). Children belonging to scheduled castes, scheduled tribes or other castes that are educationally and socially disadvantaged have relatively high levels of undernutrition according to all three measures (wasting, stunting and underweight). For instance, 28 per cent of children from scheduled tribes suffer from wasting. Inadequate nutrition is a problem throughout India, but

undernutrition is substantially higher in rural areas than in urban areas, and is most pronounced in Madhya Pradesh, Bihar and Jharkhand (IIPS 2007). Micronutrient deficiencies are also rampant, with 70 per cent of children between the ages of 6 and 59 months being anaemic (IIPS 2007), and one in three at risk of iodine deficiency (Ved and Menon 2012).

Figure 4.2 Trends in nutritional status of children under five, India, 1998–99 vs 2005–06



Source: Adapted from IIPS (2007)

Undernutrition among adults is substantial too: around one-third of all Indian women have a body mass index (BMI) below 18.5 (Ved and Menon 2012); and more than half of women (55 per cent) have anaemia (NFHS-3). Anaemia, which is a major health problem in India, has become *more* widespread among both women and children over the period between the last two editions of the National Family Health Survey (IIPS 2007).

Although a new round of the National Family Health Survey is now planned for 2014–15, the last nationally representative nutrition survey in India was conducted in 2005–06. Hence, possible improvements in stunting rates achieved since are not yet recorded in rigorous NFHS data. In the meanwhile, the large but nationally non-representative HUNGaMA (Hunger and Malnutrition) Survey conducted by the Naandi foundation across 112 rural districts provides the most recent reliable data, showing that child malnutrition is still widespread across states and districts. In 100 'focus districts', for children under two years of age, the prevalence of underweight children had decreased from 53 per cent (in 2004) to 42 per cent in 2010, yet nearly 59 per cent of children in the surveyed districts are moderately or severely stunted (Naandi Foundation 2011). In contrast, Maharashtra, the wealthiest state in India, offers a good example of how determined actions and focus on service delivery can contribute to a dramatic decline in stunting rates; 39 per cent of children under age two were stunted in 2005–06, but by 2012, according to a state-wide nutrition survey, the prevalence of stunting had dropped to 23 per cent (UNICEF 2013).

4.3.2 HANCI findings

After Nepal, and jointly with Burundi, India has shown greatest improvements in HANCI scores between the 2012 and 2013 editions of the index.

Public investments in agriculture and health have risen substantially (Table 4.10).

Table 4.10 India, changing performance on commitment indicators 2012–2013

	HANCI 2012		HANCI 2013		Change	
	Value	Year	Value	Year		
Government spending on agriculture	1.35	2008	6.8	2010	5.46	↑
Government spending on health	3.6	2010	8.1	2011	4.45	↑
Security of access to land	3.5	2011	3.6	2012	0.13	↑
Status of safety nets	4.0	2010	5.0	2012	1.00	↑
Vitamin A coverage	34.0	2010	66.0	2011	32.00	↑
Access to drinking water	92.0	2010	91.6	2011	–0.37	↓
Access to sanitation	34.0	2010	35.1	2011	1.09	↑
Skilled birth attendance	75.0	2010	74.2	2006	–0.80	↓
National nutrition policy, plan or strategy	0.0	2012	1.0	2013	1.00	↑
Constitutional right to food	4.0	2006	2.0	2011	–2.00	↓

India is one of the world's pioneers employing a rights-based approach to development, as testified by the recognition in public policy, statutory law and jurisprudence of citizens' rights to education, employment and food. These rights may be of critical importance for ensuring better hunger and nutrition outcomes for all Indian citizens now and in future. Civil society groups have been often instrumental in advocating for rights, such as the right to food, which the Supreme Court has interpreted as being part of Indian citizens' fundamental 'right to life' enshrined in Article 21 of the Constitution. In August 2013, the National Food Security Bill (NFSB) was passed in the lower house of Parliament, aiming to assist realisation of the right to food. Over the years, the Government of India (GoI) and the state governments have also devised some innovative policy interventions, notably in the area of social protection (Table 4.11). Consequently, India improved its HANCI score on the social safety nets indicator compared to 2012.

Yet, while programmes, schemes and legislation at national and state levels proliferate, bringing sectors together to deliver a common goal on hunger and nutrition remains a major challenge (Ved and Menon 2012). While a National Food Security Mission has been put in place, a strategy and stakeholder coordination mechanism that could actively promote linkages between planning, managing and implementing nutrition-specific and nutrition-sensitive interventions across sectors is missing. Moreover, India has not developed a separate budget line for nutrition, has not identified clear time-bound nutrition targets, and coverage of access to sanitation (35 per cent) remains very low.

Yet, nutrition is gradually rising on the policy agenda through a combination of advocacy around the finding that economic growth has not generated nutritional benefits, a strong rights-based movement led by the Right to Food initiative, and a growing stakeholder consensus of the need for multi-sectoral action (Gillespie, Haddad, Mannar, Menon and Nisbett 2013).

Table 4.11 Centrally sponsored social protection schemes addressing hunger and nutrition

Scheme	Key features that help to address hunger and undernutrition
Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA)	Establishes an employment guarantee of 100 days of work per annum for every household
Integrated Child Development Services (ICDS)	Establishes Anganwadi Centres (AWCs) in all habitations, with priority coverage for Scheduled Caste/Scheduled Tribe hamlets and urban slums. AWCs offer supplementary nutrition, growth monitoring, nutrition and health education, immunisation, referral and pre-school education to every child under the age of six, all pregnant women and lactating mothers and all adolescent girls
Mid day meal scheme (MDM)	School feeding programme reaching out to about 120 million children
Public Distribution System (PDS)	Distribution of food grain and other basic commodities at subsidised price through Fair Price Shops
National Family Benefits Scheme (NFBS)	Cash assistance of Rs10,000 to below the poverty line (BPL) families in case of demise of the primary breadwinner
Indira Gandhi National Old Age Pension Scheme (IGNOAPS)	Provides a small monthly pension to senior citizens with no assured means of subsistence
National Maternity Benefits Scheme (NMBS)/ Janani Suraksha Yojana (JSY)	Maternity benefits of Rs500 cash to BPL pregnant women. The NMBS was modified in 2005 into a new scheme, JSY. The JSY provides Rs1,400 cash assistance to promote institutional deliveries.

The effectiveness and coverage of implementation of schemes and policies varies widely between and within states, and inequitable coverage of social groups remains a significant concern. Although inputs to reduce child undernutrition must be implemented at scale to achieve rapid reductions in undernutrition, essential nutrition interventions in India do not cover half of the group they are intended for (Menon and Aguayo 2011). For instance, despite a near universal practice of breastfeeding, only 46 per cent of children under six months are *exclusively* breastfed, as WHO recommends; and adequate vitamin A supplementation covers just 66 per cent of children between six and 59 months (UNICEF 2013).

4.3.3 Expert perceptions of political commitment

The expert surveys were conducted in three states in India: Bihar, Odisha and Uttar Pradesh. Here we analyse the responses of 107 experts, 34 of whom were from Bihar, 38 from Odisha and 35 from Uttar Pradesh. These represented a wide range of development actors including the government, NGOs and academics. Table 2.4 tabulates the distribution of experts within these categories.

Experts' opinion regarding public spending on hunger and on nutrition are summarised in Table 4.12. The table tabulates mean scores for state-level assessments according to whether the assessment related to hunger reduction or to improving nutrition. Across the three states the strongest aspect of spending commitments is the sensitivity of spending to emergencies/disasters. But worryingly the weakest aspect across all three states is absolute spending levels (average figure for all states of 37 per cent) and transparency of financial mechanisms (38 per cent).

More granular information can be extracted by examining the cases of each state separately. In Bihar, the experts' opinion is that the overall picture with regard to spending is fairly weak (average score of 40 per cent). When we separate this overall assessment into hunger and

nutrition elements, the results suggest that in Bihar spending on nutrition is less weak than spending on hunger. For certain aspects of spending in Bihar such as policy preferences and budget expenditure the difference in favour of nutrition is marginal. In the case of sensitivity to electoral cycles, which we interpret as a positive thing, expenditure on nutrition is deemed fairly strong (58 per cent) and is significantly different from the moderate (45 per cent) sensitivity of expenditure on hunger.

The overall assessment regarding spending in Odisha (average of 53 per cent) is moderate. Contrary to the picture in Bihar, the data in Table 4.12 also highlights that in Odisha spending on hunger is marginally stronger than that on nutrition. However, for none of the questions considered in Table 4.12, are the differences between hunger and nutrition assessments statistically significant at the 5 per cent level.

The average of all scores for Uttar Pradesh in Table 4.12 (44 per cent) suggests that spending indicators show a moderate level of commitment by the state government. The average score for all five questions for hunger is fairly weak (40 per cent) and for nutrition the score suggests moderate commitment (49 per cent). The statistically significant difference in favour of nutrition is emphasised in the two questions on budget sensitivity to electoral cycles and to emergencies; however, no such differences were recorded for the other questions on spending.

Table 4.12 Expert perceptions of public expenditures towards addressing hunger and undernutrition, India 2012

Questions	Bihar		Odisha		Uttar Pradesh	
	Hunger	Nutrition	Hunger	Nutrition	Hunger	Nutrition
To what extent are state government policy preferences reflected in budget expenditures?	39%	43%	56%	50%#	56%	55%
How strong or weak would you, in general, characterise the state government's absolute (in money terms) budget expenditures on hunger and nutrition?	27%	29%	47%	42%	37%	38%
How sensitive are state government budget expenditures on hunger and undernutrition to electoral cycles?	45%	58%##	66%	63%	24%	47%###
How sensitive are state government budget expenditures on hunger and undernutrition to emergencies/disasters?	41%	54%#	59%	60%	43%	65%###
How well has the state government developed transparent financial mechanisms for earmarked funding?	34%	33%	44%	42%	38%	38%

Notes: Statistical significance of the difference between hunger score and nutrition score based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level.

Further to examining mean scores across the hunger/nutrition divide, we also examined whether the inter-state differences implied by experts' responses were in fact statistically significant. Annex D contains the results of these tests, which were based on a series of one-way ANOVA tests examining whether the mean scores for each question were different among states. The annex covers two types of tests: (1) one overall ANOVA test where the null hypothesis was that at least one pair out of the three pairs of states had statistically different means (this is an F-test); and (2) three pair-wise *post hoc* tests (Bihar–UP, Odisha–Bihar, and UP–Odisha) where the null hypothesis was that the mean scores of two states were equal. The annex tabulates the significance level of each of these four tests. The results were separated into hunger and nutrition elements when the data permitted it.

The ANOVA test results for intra-state differences in the five questions in Table 4.12 are reported in the first five rows in Annex D. The ANOVA result for these five questions shows that intra-state differences are more pronounced for spending on hunger than for spending on nutrition: the responses for three out of the five questions are significant at the 5 per cent level for hunger. Further, the *post hoc* tests for these three questions (Annex D) identify that the intra-state differences are due to Odisha scoring higher than Bihar for these three questions. In what follows we will discuss only *post hoc* results; first, because they are more interesting and relevant for the present discussion and, second, because the overall F-test results is often just a summary of the *post hoc* tests. In other words the F-test is almost always significant only if at least one *post hoc* test is significant.

In terms of public policy, the experts identified some relatively strong aspects and some weaker aspects of commitment to reduce hunger and undernutrition. Table 4.13 presents average scores for each of the policy-related questions that were asked and organises these by state as well as according to whether they related to hunger or nutrition. The averages of these numbers suggest that Bihar has the weakest commitment (an average score for all questions is 42 per cent – fairly weak) and Odisha the strongest commitment (47 per cent – moderate) from among the three states. The ANOVA results in Annex D shed more light on this inter-state comparison. These results, in particular the F-tests, identify three public policy aspects that diverge significantly across states: (1) priority given by state governments to hunger and nutrition; (2) national and state government (vertical) coordination; and (3) the use of knowledge and evidence in policy.

Let us pay closer attention to the above three aspects that show significant variation between states. In regard to the priority given to hunger and nutrition, though Odisha (42 per cent) scores stronger than both Bihar (37 per cent) and Uttar Pradesh (27 per cent), all three states are fairly weak in this regard. This reflects that in many cases states implement GoI schemes and there is a risk that ownership of these centrally driven schemes is low in the states. Looking at vertical coordination, the *post hoc* results in Annex D suggest that this result is driven by the fairly strong commitment in Uttar Pradesh in contrast to moderate commitment in Bihar and Odisha. Regarding the use of knowledge and evidence in policy the result is driven by Bihar's weak commitment, which contrasts significantly with 'moderate'/'fairly weak' commitment in other two states.

Expert opinion scores in Table 4.13, when averaged across all three states, suggest that the development of budget lines is the strongest aspect (average of 58 per cent) in all three states and the lack of credible incentives is the weakest (13 per cent) aspect of commitment. At individual state level these strengths and weaknesses differ. In the case of Bihar, surprisingly, the strongest aspect is cross-agency coordination[28] (H: 75 per cent, N: 65 per cent), for Odisha it is development strategies (H: 63 per cent, N: 61 per cent) and for Uttar Pradesh it is vertical coordination (H: 67 per cent, N: 68 per cent). Though the experts' observations seem to suggest that there are differences between average scores for hunger policy and nutrition policy, only one of these differences is statistically significant at the 5 per cent level: Bihar's state government seems to give more attention to prioritising hunger (39 per cent – fairly weak) than to nutrition (33 per cent – fairly weak).

We further find that state governments' efforts to enhance financial and administrative capacities to act on hunger and undernutrition are fairly weak. All three state governments also show very weak commitment to putting in place a regime of credible incentives. The experts' scores on credible incentives averaged from 10 to 18 per cent (Table 4.13).

[28] However, it should be noted that on this particular question there were many missing values in the analysis.

Table 4.13 Indian public policy: aspects of stronger commitment to reduce hunger and undernutrition

Questions	Bihar		Odisha		Uttar Pradesh	
	Hunger	Nutrition	Hunger	Nutrition	Hunger	Nutrition
To what extent are flagship policies on hunger and nutrition implemented by the agencies that design these policies?	37%		42%		27%	
What kind of a priority does the State government give to hunger and nutrition?	39%	33%##	61%	57%	44%	44%
How well are the goals of improving hunger and nutrition outcomes expressed in State development strategies/policies?	52%	52%	63%	61%	55%	57%
How successful is/are the government body/ies in delivering a coordinated cross-agency approach to addressing hunger and nutrition at the State level?	75%	65%	63%	50%	41%	43%
What is the strength of (vertical) coordination efforts between national and State governments to improve hunger and nutrition outcomes?	52%	45%	46%	46%	67%	68%
How developed are State government systems that generate knowledge and evidence to inform policy?	25%	26%	44%	45%	39%	40%
To what extent does the State government enhance administrative capacity to address hunger and nutrition?	32%	35%#	39%	37%	39%	38%
To what extent does the State government enhance financial capacity to address hunger and nutrition?	33%	35%	40%	41%	40%	40%
How well are budget lines for hunger and nutrition developed?	54%	56%	59%	58%	61%	62%
How accessible is State government policy on hunger and nutrition to public scrutiny?	45%	48%	58%	58%	62%	62%
What is the strength of credible incentives for individual policymakers and implementers, and their agencies, to perform well, at State level?	16%	18%	12%	12%	10%	11%

Notes: Statistical Significance of the difference between hunger score and nutrition score based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level.

The expert survey in India also raised a set of questions about political leadership on hunger and undernutrition issues (Table 4.14). The expert view on political leadership is that it needs to be strengthened further: even the strongest aspect of leadership, chief ministerial leadership, is assessed to be of moderate strength (average of 53 per cent across states). At the other extreme, the weakest aspect across states seems to be the level of understanding of solutions among senior politicians (average 38 per cent across all states – signifying fairly weak commitment). At individual state level the picture is different, as the weakest and strongest scores are obtained on different questions. As for the weakest commitment aspects: within Odisha the senior politicians have a moderate level of understanding of the status of hunger and undernutrition and have a fairly weak understanding of possible solutions addressing these. In Bihar issues of hunger and undernutrition receive only fairly weak attention in election manifestos. In Uttar Pradesh, senior political leaders only weakly speak out on matters of hunger and undernutrition. Table 4.14 also shows that in all states, for none of the questions did experts score political leadership as more than moderately committed to acting on hunger and undernutrition. In fact, in most cases, political commitment was deemed to be fairly weak.

As seen in Table 4.14 only two questions on political leadership sought information separated into hunger and undernutrition elements. These did not reveal significant differences between how political leadership deal with hunger and with undernutrition. Annex D reveals that the intra-state differences concerning political leadership are negligible.

Table 4.14 Political leadership on hunger and undernutrition in three states in India

Questions	Bihar		Odisha		Uttar Pradesh	
	Hunger	Nutrition	Hunger	Nutrition	Hunger	Nutrition
To what extent do senior political leaders in the State speak out against hunger and undernutrition?	44%		47%		29%	
How well do senior politicians in the State understand the status of hunger, undernutrition in the country?	42%		47%		40%	
How well do senior politicians in the State understand causal factors of hunger and undernutrition?	42%		42%		37%	
How well do senior politicians in the State understand solutions to hunger and undernutrition?	39%		38%		37%	
How developed is Chief Ministerial leadership in the State on hunger and nutrition?	51%	47%	52%	50%	57%	57%
How well are (improved) hunger and nutrition outcomes set out as goals in political party manifestos?	34%	34%	54%	50%	36%	36%

Finally, the survey noted the existence of fairly strong/moderate support from donors and from the media to state governments to tackle hunger and undernutrition issues (see Table 4.15). While opposition parties are the least supportive in all three states, the state-level picture regarding the support of the opposition varies significantly between Odisha and Uttar Pradesh (see Annex D). It would be interesting to know what Odisha is doing to gain 'moderate' levels of public support when both Bihar and Uttar Pradesh attract only 'fairly weak' levels. However, ANOVA analysis did not identify these differences as statistically significant. Returning to Table 4.15, none of the states are seen to have statistically significant differences between support structures against hunger and undernutrition.

Table 4.15 Who supports state governments to combat hunger and undernutrition?

	Bihar		Odisha		Uttar Pradesh	
	Hunger	Nutrition	Hunger	Nutrition	Hunger	Nutrition
Donors	56%	56%	65%	67%	57%	57%
Media	54%	54%	67%	64%	67%	67%
Civil society	52%	52%	49%	48%	57%	57%
The general public	40%	39%	52%	49%	42%	42%
Opposition political parties	28%	27%	43%	39%[#]	24%	24%

4.3.4 Community perspectives on political commitment

As part of the primary research, nine focus group discussions (FGDs) were conducted at one urban and two rural sites each in three states: Bihar, Odisha and Uttar Pradesh. This section highlights how participants perceived their government's intentions and actions towards the reduction of hunger and undernutrition. Focus group participants mostly belonged to lower socioeconomic classes. In rural areas participants were landless labourers and wage labourers under the Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA). Inhabitants of the urban informal settlements involved factory, construction and other industrial workers and female domestic workers.

The rural participants were often involved in some form of food crop cultivation for household consumption, as sharecroppers or subsistence farmers on small plots of land, whose proceeds were enough to provide consumption needs for up to six months (Uttar Pradesh, Odisha). For the rest of year they had to buy food grains. In all states it was indicated that meals lack nutritional balance. For instance, in Odisha people generally consume a local preparation of rice and water called *handia*. Green vegetables are only consumed when available, and non-vegetarians can rarely afford meat. Participants noted food consumption differences by gender. In rural Bihar, men generally eat three full meals per day whereas women eat only once or twice a day. This gap widens during crisis periods (Odisha). In Odisha, villagers noted that hunger was rampant in their area because of limited access to rice, constraints related to employment and the area's vulnerability to repeated droughts. While starvation deaths were not unheard of in Uttar Pradesh, villagers there had not experienced such dramatic hunger effects.

Access to and utilisation of public health services is reported to be limited due to factors such as: corruption and caste discrimination (Bihar); unavailability of drugs and supplies in local health sub-centres, forcing people to travel long distances to get treatment (Odisha); or irresponsive or passive village-level health workers such as the Accredited Social Health Activists (ASHA) and Auxiliary Nurses and Midwives (ANM) (Uttar Pradesh). Respondents from urban areas mentioned that public hospital employees were sometimes rude and waiting times considerable, which often led people to seek private health care.

> '*Those who cannot afford to reach the district or state headquarters die at home*.' (Participant, Odisha)

Effective access to drinking water was highly specific to the localities visited. In rural areas of Uttar Pradesh and Bihar bore-wells were found to be the main source of drinking water. In the urban area in Bihar community members reported no longer having access to drinking water due to a poorly maintained municipal water pipe. In Odisha one of the villages visited had only one dried-up well for drinking water, though in other sites villagers were satisfied at having access to at least one well per 20 households.

Community participants demonstrated particular awareness of a range of some of the Government of India's flagship social protection schemes such as the Public Distribution System (PDS); Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA); Indira Gandhi National Old Age Pension Scheme (IGNOAPS); Maternity Benefits scheme (MBS)/Janani Suraksha Yojana (JSY); Family Benefits Scheme (FBS); Integrated Child Development Services (ICDS) and Mid Day Meal scheme (MDM). Among these, the ICDS is the most geared towards addressing undernutrition issues, whereas the others contribute to addressing hunger and impoverishment in particular.

Community members acknowledged the benefits of the assistance given through the targeted PDS scheme, which provides subsidised food grains from 'fair price' shops. In Odisha, for instance, people can buy rice at Rs2 per kg regularly through the PDS. The scheme employs eligibility criteria: BPL (below the poverty line) households obtain a ration

card, while the poorest households can obtain a special Antyodaya Anna Yojana (AAY) card that makes them eligible for further benefits.

In all but one village in Uttar Pradesh participants noted that access to subsidised PDS food was unpredictable, as they could not obtain their full entitlements, or only after delays. Across the villages visited, idiosyncratic variations in access were reported, and participants noted that forged ration cards were in circulation benefiting non-targeted groups at their expense. Furthermore, some people in villages in Uttar Pradesh noted that eligible poor families had been excluded from receiving a ration card, whereas others were under the (false) impression that the government had stopped issuing new ration cards. In urban Uttar Pradesh irregularities make inhabitants resort to private food shops, even for those who have ration cards, whereas many urban dwellers in Bihar noted that their lack of personal identity documents made it impossible to gain access to ration cards and the PDS. Effective access to PDS subsidised food grains is further constrained by physical and social factors. For those who live further away from the shops, uncertainty regarding effective entitlements deters visits, whereas caste discrimination compounds access constraints. In all three states, lower caste families' access to subsidised food was reported to be impeded by prejudiced shopkeepers.

> '*The contractor responsible for issuing ration cards fills wrong information in the forms. Sometimes they change the name of husbands and fathers. At times surname of father and son do not match*.'
> (Participant, Bihar)

The MNREGA, which aims to enhance the livelihood security of people through a government-guaranteed right to 100 days of employment a year, was another scheme many community members knew about. As for the PDS, the scheme functions better in some areas than in other. In Uttar Pradesh, the MNREGA was reported to be functioning well in both villages visited. People were getting 80 to 90 days work per year on average in one of the villages and up to 100 days in the other village. Timely payments of Rs120 per day were received in people's bank accounts. Overall, community members thought the scheme was useful, though urban participants wanted greater application of the scheme in urban settings. However, in Bihar people reported a lack of awareness of job cards provided under the MNREGA, and in Odisha they had to pay a commission to contractors (20 rupees per day) to gain access to the work and were receiving lower than prescribed wages, at Rs75 to 90 rather than the recommended Rs100 per day.

The IGNOAPS, the national old age pension scheme, benefited some impoverished elderly people in most of the areas visited. Persons of 65 years (and above) and belonging to the below the poverty line category were reported to be receiving a small social pension (Rs200 per month). However, as with the PDS and the MNREGA scheme, implementation of the scheme is fragmented, and subject to manipulation by local officials. Respondents in one of the villages in Uttar Pradesh complained that elderly people were not receiving their pension and that the Block Development Officer (BDO) did not pay any attention to it, despite the village head's efforts to raise the issue and submit supporting documents. Furthermore, even when older people did receive a pension, cases of mismanagement were noted in many areas. Various examples of mismanagement were cited, such as: the postmaster deducting a percentage of the pension for people receiving it from the post office (e.g. Bihar); delayed or irregular payments. Thus one of the female respondents in Bihar had not received her pension payments for nine months and in Odisha participants reported receiving the pension once every three to four months and also that not all entitled people received the pension.

> '*Everyone takes their cut along the line leaving little or none for the local people*.'
> (Participant, Bihar)

The Mid Day Meal school feeding programme and the ICDS scheme were also reported to be providing some relief to many families. Community members in Odisha, Bihar and Uttar Pradesh reported that the MDM was generally working quite well. While people in both rural Bihari villages reported that the Anganwadi Worker (AWW) regularly cooked for 10–20 children, caste discrimination inhibits *dalit* children in both Bihar and Odisha from benefiting from the schemes, despite being often most in need. In Odisha, tribal children were restricted access to Anganwadis by the upper caste Anganwadi workers. As Anganwadi Centres were located away from the hamlets inhabited by *dalits*, they were often not receiving the meals except during visits by ICDS supervisors.

In all, community members were appreciative of the various schemes but insisted that their implementation would need to be improved, especially by taking strict actions against 'middle men' manipulation. They prioritised schemes to support them in access to food and drinking water, health services, education for children (especially girls) and work. In agricultural areas, demands included provision for: loans for small farmers; irrigation; and availability of bio-fertilisers for agriculture. They also felt that government should focus on land reforms, housing and sanitation. Following the visits, local researchers made several recommendations including: universalising the PDS scheme; training lower caste women as service providers; employing social exclusion indicators in programme monitoring; and implementing transparent payment mechanisms for schemes such as MNREGA and IGNOAPS.

4.3.5 Exercise: weighing political commitment dimensions

At the end of every FGD, respondents were divided into two separate groups of men and women (wherever feasible) and asked which of three areas of government intervention they would prioritise as demonstrating political commitment to reduce hunger and undernutrition. They were asked to distribute 100 points as per their preferences across legal frameworks; policies and programmes; and government expenditures. Table 4.16 shows the results for each focus group in rural and urban areas, and by gender in Bihar, Odisha and Uttar Pradesh, and across the three states.

Table 4.16 Community prioritisation of government effort

State	Rural/urban FGD	Legal frameworks		Policies and programmes		Budget expenditure	
		Men	Women	Men	Women	Men	Women
Bihar	Rural (1)	40	40	40	30	20	30
	Rural (2)	50		25		25	
	Urban (1)	30	30	20	20	50	50
Odisha	Rural (3)	40	30	30	30	30	40
	Rural (4)	40	30	30	30	30	40
	Urban (2)	20	20	10	30	70	50
Uttar Pradesh	Rural (5)	50	30	30	30	20	40
	Rural (6)	30	20	30	30	40	50
	Urban (3)	30	60	20	20	50	20
Mean		36.67	34.44	26.11	27.22	37.22	38.33
Overall mean across gender		35.56		26.67		37.78	

Overall, the picture shows a fairly consistent pattern in men's and women's preferences for spending and legal frameworks above policies and programmes. However, unlike in Odisha and Uttar Pradesh, in all locations visited in Bihar, the women and men in the focus groups substantially agreed on preferences. Urban dwellers in both urban locations in Bihar and Odisha gave less preference to policies and programmes and laws, to emphasise budget

spending. However, this was not the case in urban Uttar Pradesh, where women emphasised the importance of legal frameworks to combat hunger and undernutrition. Indeed, the greatest diversity between men's and women's preferences was noted in urban settings.

4.4 Country analysis: Nepal

Summary

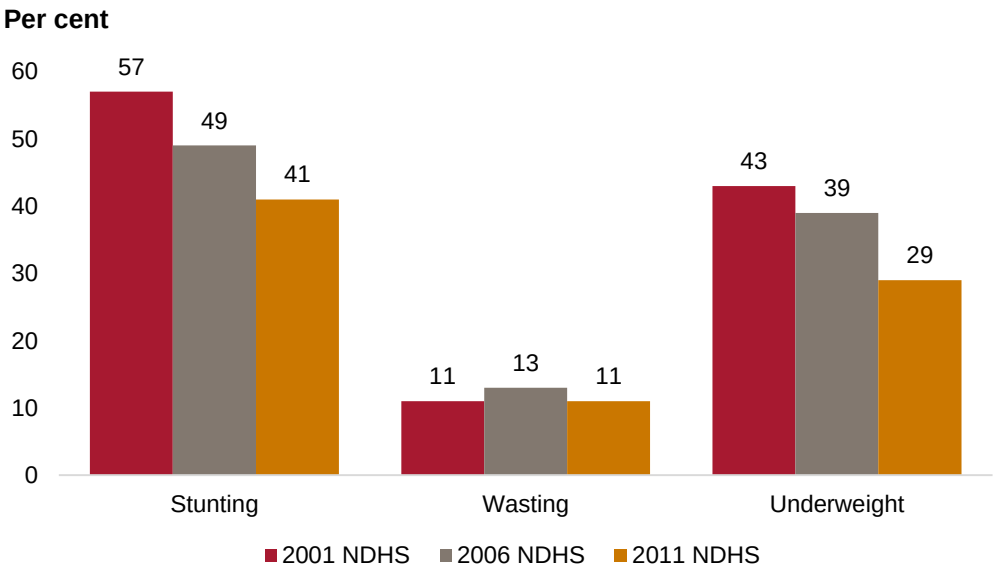
- HANCI 2013 ranking: 6th out of 45 (2012: 18th)
- HANCI 2013 score > HANCI 2012 score
- Hunger: 5 million (18 per cent of population)
- Stunting: 41 per cent of children under 5 years of age
- Wasting: 11 per cent of children under 5 years of age

4.4.1 Hunger and undernutrition in Nepal

Having emerged from a decade-long internal conflict in 2006, Nepal is among the poorest countries in the world, currently ranking 157th out of 187 countries on the Human Development Index. Yet since the end of the conflict tremendous advances have been achieved. Poverty headcount rates have halved, leaving about one-quarter of the population in poverty, and about 18 per cent of the population is undernourished (FAOSTAT 2013). Nepal also is on track for achieving MDG 1 cutting hunger incidence by half by 2015 (UNICEF 2013; World Bank 2013b).

The nutritional status of children has also improved substantially over the past 15 years. Child underweight rates have been halved and now amount to 29 per cent of all children aged 6–59 months. Stunting rates in this group have also declined from 57 per cent in 2001 to 41 per cent in 2011 (UNICEF 2013). Stunting is slightly higher in male children (41 per cent) than in female children (40 per cent). Children in rural areas are more likely to be stunted (42 per cent) than those in urban areas (27 per cent). Among the development regions, stunting is highest among children in the mid-western region (50 per cent) (MOHP, New ERA and ICF International 2012). At national level, 11 per cent of children under five years of age are wasted, highlighting the significant incidence of acute hunger (Figure 4.3.)

Figure 4.3 Trends in nutritional status of children under five, Nepal, 2001–2011



Source: Adapted from Nepal Demographic and Health Surveys, MOHP, New ERA and ICF International (2012).

Nepal has been very successful in combating maternal mortality rates, achieving a reduction of over 50 per cent since the early 1990s, making it one of the few countries in the world that are on track to achieve MDG 5 (Engel, Glennie, Adhikari, Bhattarai, Prasai and Samuels 2013). As malnourishment rates for women are high (18 per cent) and only improving at a slow pace (MOHP, New ERA and ICF International 2012), this raises the question whether additional lessons can be learnt from the action on maternal mortality that could successfully translate to addressing undernutrition.

Successes in reducing child stunting were achieved by combining important health and nutrition strategies. Key factors included a community-based programming approach, facilitated by: a national cadre of female community health volunteers (FCHVs[29]); the improved coverage of safe motherhood programmes; provision of iron and folic acid supplementation to all pregnant women and breastfeeding mothers; deworming; and maternal care and child survival interventions (UNICEF 2013). But although 70 per cent of infants aged 0–5 months are exclusively breastfed, only a quarter of children age 6–23 months are fed appropriately (based on recommended infant and young child feeding practices) (MOHP, New ERA and ICF International 2012; UNICEF 2013).

4.4.2 HANCI findings

Nepal has made the biggest improvement in HANCI scores out of all 45 countries and accordingly moved from 18th to 6th rank in the index. Here we discuss its performance on key HANCI indicators.

Nepal joined the SUN movement on 5 May 2011 and Prime Minister Baburam Bhattara serves as a SUN Lead Group member. A high-level Nutrition and Food Security Steering Committee (NFSSC), under the auspices of the National Planning Commission, involves multiple stakeholders from across sectors. In 2012, the Government of Nepal, representatives from UN agencies, development partners, civil society and the private sector signed a Declaration of Commitment for an Accelerated Improvement in Maternal and Child Nutrition (SUN 2013b).

Nepal's Multi-Sectoral Nutrition Plan (MSNP), approved in 2012, provides a common results framework to scale-up nutrition, including nutrition-specific and nutrition-sensitive policies and strategies for key sectors. It is currently in an early stage of implementation and rolled out in six (out of a total of 75) districts in Nepal. The National Planning Commission coordinates efforts across line ministries and intends to implement the MSNP throughout the country by 2017. The National Nutrition Policy and Strategy (2004), which is due to be reviewed and updated, may provide an important opportunity to reinforce the MSNP. The government is prioritising the implementation of the MSNP, as well as the development of a long-term National Food Security and Nutrition Action Plan (NFSNAP), institutional strengthening and capacity building of key sectors for efficient implementation of the MSNP and the NFSNAP; and strengthening of multi-sectoral nutrition information systems (SUN 2013b). Such an information system would enable the government to keep track of its performance towards its time-bound nutrition targets.

A basket fund for the Multi-Sectoral Nutrition Plan is being established which will receive funding from the government and development partners (SUN 2013b). The government budget line for nutrition-specific interventions, which is channelled through the Ministry of

[29] Nepal created the FCHV programme in 1988 to improve community participation and increase health service outreach. It had expanded to cover all 75 of the country's districts by 1993. The work of the FCHVs has expanded beyond vitamin A supplementation and deworming to include: community-based integrated management of childhood illnesses (Including acute malnutrition); educating pregnant women, parents and caregivers about nutrition; distributing oral rehydration salts; providing iron and folic acid tablets to pregnant women; and spreading information about nutrition, health and family planning.

Health and Population, has doubled from US$4.9 million to US$11.7 million since 2011. Additionally, external assistance for scaling up nutrition has jumped from US$0.2 million to US$5 million.

As agriculture is the mainstay of Nepal's economy, enhancing efficient irrigation systems will be critical to increase agricultural productivity, incomes and rural livelihoods (World Bank 2013b). As about 30 per cent of the poor are in female-headed households engaged in agriculture, public policies could further support this group (FAO 2013). It is hence encouraging that, in the last year, public investments in agriculture nearly doubled and now amount to 8.5 per cent of all public spending. Poor farmers' access to agricultural extension services is currently moderately unsatisfactory and may benefit from these new investments. Another area in need of strengthening concerns security of agriculture tenure, which is found to be neither satisfactory nor unsatisfactory.

Government spending on health has also increased over the last year (Table 4.17). Pregnant women's access to skilled birth attendants saw a substantial 14 per cent improvement within the last year, making an important contribution to Nepal's success towards declining maternal mortality rates. Whereas a small drop in access to improved sources of drinking water was noticed (87.6 per cent), access to sanitation increased to 35.4 per cent. Despite such improvements, limited access to sanitation continues to impede the achievement of better nutrition outcomes.

Table 4.17 Nepal, changing performance on commitment indicators, 2012–2013

	HANCI 2012		HANCI 2013		Change	
	Value	Year	Value	Year		
Government spending on agriculture	4.3	2007	8.5	2011	4.24	↑
Government spending on health	7.9	2010	9.6	2011	1.66	↑
Civil registration of live births	42.0	2011	42.3	2011	0.30	↑
Access to drinking water	89.0	2010	87.6	2011	-1.45	↓
Access to sanitation	31.0	2010	35.4	2011	4.42	↑
Skilled birth attendance	44.0	2006	58.3	2011	14.30	↑
Constitutional right to food	2.0	2006	3.0	2011	1.00	↑

The Government promotes complementary feeding practices and has enshrined the International Code of Marketing of Breastmilk Substitutes fully into domestic law. Other legal indicators show that currently the Constitution of Nepal does not contain a right to food but does recognise a right to social security. While women have equal legal rights to access and own agricultural land, discriminatory practices nullify these in everyday life. Moreover, while some economic rights do exist for women under law, in practice, the government does not enforce these effectively, tolerating a moderate level of discrimination against women.

In general, vulnerable groups in Nepal are not yet supported by effective social protection systems.

4.4.3 Expert perceptions of political commitment

The pool of Nepal-based experts overall considered the government to be moderately committed to addressing hunger and nutrition. HANCI cross-country rankings showed Nepal doing very strongly on nutrition commitment in contrast to hunger commitment. Interestingly, while the experts' opinion focused just on Nepal (and therefore cannot be easily compared to the cross-country comparisons), the experts gave a marginally stronger score for nutrition than for hunger just on policy indicators (Table 4.18).

Table 4.18 Mean Government of Nepal commitment scores by policy and spending theme and hunger and nutrition subject areas, 2013

	Hunger	Nutrition
Public expenditure	46% (moderate)	46% (moderate)
Policy	52% (moderate)	54% (moderate)

As Table 4.19 shows, for only one of the five questions on public spending, did the experts assign a statistically significantly higher commitment score for nutrition than for hunger. Experts consider that the spending on hunger and nutrition (in absolute terms) is fairly weak, as are transparent financial mechanisms tracking these, whereas spending is only considered to be moderately sensitive to electoral cycles and disasters and emergencies.

Table 4.19 Expert perceptions of public expenditures towards addressing hunger and undernutrition, Nepal, 2013

Questions	Hunger	Nutrition
To what extent are government policy preferences reflected in budget expenditures?	46%	49%
How strong or weak would you, in general, characterise the government's absolute (in money terms) budget expenditures on hunger and nutrition?	39%	37%
How sensitive are government budget expenditures on hunger and undernutrition to electoral cycles?	47%	46%
How sensitive are government budget expenditures on hunger and undernutrition to emergencies/disasters?	54%	46%
How well has the national government developed transparent financial mechanisms for earmarked funding?	42%	43%≠

Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level. ≠: t-test could not be run.

The expert assessments also highlight areas of better and worse performance in respect to policies and programmes (Table 4.20). The Government of Nepal is assessed as giving stronger attention to nutrition than to hunger policies, and this difference is statistically significant at the 1 per cent level. Hunger as well as nutrition policy goals are expressed fairly strongly but again significantly more so for nutrition. Another sign of good commitment is that agencies that design public policy addressing hunger and nutrition are in charge of implementation chains; that policies are likely to be adjusted based on strong evidence; and that hunger and nutrition policies are equally accessible to public scrutiny.

Table 4.20 Public policy in Nepal: aspects of stronger commitment to reduce hunger and undernutrition, 2013

Questions	Hunger	Nutrition
To what extent are flagship policies on hunger and nutrition implemented by the agencies that design these policies?	73%	73%≠
What kind of a priority does the government give to hunger and nutrition?	59%	68%###
How well are the goals of improving hunger and nutrition outcomes expressed in government development strategies/policies?	63%	69%##
How accessible is government policy on hunger and nutrition to public scrutiny?	61%	61%
How likely are government policies to be adjusted when strong evidence suggests change in course?	61%	61%≠
How successful is/are the government body/ies in delivering a coordinated cross-agency approach to addressing hunger and nutrition at the national level?	57%	57%≠

Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level. ≠: t-test could not be run.

For all policy-related questions, experts allocated stronger scores for nutrition commitment than for hunger commitment. For several, nutrition commitment was scored higher in a statistically significant manner also.

Whereas at the national level coordination between sectors and government departments is (just about) assessed as fairly strong, coordination between national and local government authorities is of only moderate strength (Table 4.21). Other aspects of moderate strength include the extent to which the government experiments with new approaches in policy (especially for nutrition); the existence of budget lines; overall policy implementation; and the mobilisation of political and social support for its programmes.

Table 4.21 Public policy in Nepal: commitment aspects in need of strengthening, 2013

Questions	Hunger	Nutrition
What is the strength of (vertical) coordination efforts between national and subnational governments to improve hunger and nutrition outcomes?	49%	50%
How developed are government systems that generate knowledge and evidence to inform policy?	43%	45%
To what extent does the government experiment and innovate with new policy approaches?	49%	54%##
How strong is policy implementation on hunger and nutrition?	45%	47%#
To what extent does the government enhance administrative capacity to address hunger and nutrition?	42%	44%
To what extent does the government enhance financial capacity to address hunger and nutrition?	42%	45%
How well are budget lines for hunger and nutrition developed?	52%	56%#
How well do agencies responsible for the *design* of (a) hunger and (b) nutrition policies build social/political support?	54%	58%≠
What is the strength of credible incentives for individual policymakers and implementers, and their agencies, to perform well?	40%	42%≠

Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level. ≠: t-test could not be run.

The government's efforts in generating knowledge and evidence to inform policy are considered fairly weak, as are its efforts to enhance administrative and financial capacity to deliver hunger and nutrition programmes more effectively. The most serious concern about government commitment raised by respondents is fairly weak (positive and negative) incentives for policymakers and policy implementers, as individuals or at the agency level, to deliver better hunger and nutrition outcomes. Building such incentives into governance mechanisms may make an important contribution towards accelerating the reduction of hunger and undernutrition in the country.

The survey also raised a set of questions about political leadership on hunger and undernutrition issues (Table 4.22), and this appears to be an area in need of clear strengthening. The experts considered that top-level political leadership in the country is only of moderate strength, and senior political leaders do not strongly speak out on these issues. These leaders have a fairly weak understanding of the status, and a weak understanding of underlying factors and potential solutions to these problems. Political party manifestos also do not give strong attention to hunger and nutrition issues in the country.

Table 4.22 Political leadership on hunger and undernutrition in Nepal, 2013

Questions	Hunger	Nutrition
How developed is presidential/prime ministerial leadership in the country on hunger and nutrition?	47%	48%
To what extent do senior political leaders speak out against hunger and undernutrition?	45%	
How well do senior politicians understand the status of hunger and undernutrition in the country?	35%	
How well do senior politicians understand causal factors of hunger and undernutrition in the country?	31%	
How well do senior politicians understand solutions to hunger and undernutrition?	28%	
How well are (improved) hunger and nutrition outcomes set out as goals in political party manifestos?	47%	42%#

Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level. ≠: t-test could not be run.

Additionally, the survey showed that the media, civil society and the general public appear lukewarm towards hunger and nutrition development agendas. Whereas opposition political parties give fairly weak support to the government's hunger and nutrition agendas, it is the donors that are fairly strongly supportive of hunger, and significantly more strongly to nutrition (Table 4.23).

Table 4.23 Who supports the Government of Nepal to combat hunger and undernutrition, 2013?

	Hunger	Nutrition
Donors	66%	76%###
Media	53%	53%
Civil society	48%	54%
The general public	51%	54%
Opposition political parties	39%	43%

Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level. ≠: t-test could not be run.

4.4.4 Community voices

As part of the primary research, focus group discussions were conducted in two rural locations in Nepal: in Jagatpur Village Development Committee and Bharatpur Municipality in Chitwan District and in Patkauli village and Ramgram Municipality in Nawalparasi District. In each area of study, two FGDs were conducted with men and women separately. This section briefly introduces experiences of hunger and undernutrition in these communities, and then highlights how community members perceive their government's intentions and actions towards the reduction of hunger and undernutrition. Finally, the communities employ a weighting scheme to identify what they perceive as key aspects of government political commitment to reduce hunger and undernutrition.

In both Chitwan and Nawalparasi, rural communities visited depend predominantly on agriculture to access food, cultivating paddy (*dhaan*), wheat (*gahun)* and mustard (*tori*). Land-owning farmers consume the food they produce, bonded labourers get food in return for their work, and others buy food. Community members in Chitwan noted that farmers increasingly lease out land to depend more on food purchases. In urban localities, communities depend on purchases to access food.

The communities defined hunger as not having enough food to eat, and undernutrition as a condition arising from not only a lack of essential nutrients in the diet but also poor hygiene and sanitation. However, they reported that there tends to be a lack of awareness of these issues in remote villages and food might not be utilised in the most beneficial manner. For instance, people use millet (*kodo*) for brewing and thus do not benefit from its nutritious properties.

Seasonal hunger occurs in the winter (Chitwan) and during the *bhadra* month (August/September) (Nawalparasi) when demand for agricultural work has slowed down and home-stored food supplies are getting depleted. The members of the community most affected by hunger and undernutrition are socially and economically disadvantaged groups such as the *dalits* and the Chepang; poor, large families; and landless farmers.

By design the Nepalese health delivery system is designed to have a strong presence at the local level through the establishment of Sub-Health Posts in every Village Development Committee (VDC)[30] area. Yet, its services are often underdeveloped. In Chitwan, for instance, villagers noted they could only reach health posts after travelling for hours. Community members in both districts had daily (if intermittent) access to drinking water from underground water (Chitwan) and other sources (Nawalparasi).

Community members had some awareness about government policies on hunger and undernutrition, although responses varied, and some expressed not knowing any, while others were appreciative of specific government efforts.

> '*Well, so far we have not seen any concrete programmes. They are limited to trainings and seminars. The government is not paying much attention… and should have paid attention to other areas like providing the seeds, fertilisers, pesticides, equipment, land, technology and others*.'
> (Female participant, Chitwan District)

The initiatives respondents were aware of, and appreciated, include government efforts directed particularly to mothers and children: micronutrient supplementation, oral rehydration salts promotion, and biannual vitamin A distribution (Nawalparasi District). Villagers also noted the delivery of health and nutrition services by female community health volunteers (UNICEF 2013).

> '*Female community health volunteers are playing their role to care of the mother and child… they even teach how to rear a child with it*.'
> (Female participant, Nawalparasi District)

In both districts many farmers rely on rainfall for irrigation. Chitwan farmers thus welcomed the government-initiated irrigation project 'Narayani Brihat Sichai Yojana' (comprehensive Narayani irrigation plan), but felt let down that it had not been implemented to a satisfying extent. Indeed, in all focus group discussions, participants complained about the lack of government-run programmes supporting farmers. However, community members in Nawalparasi District noted that the government's Agriculture and Nutrition Extension Project (ANEP), piloted by the Ministry of Agriculture and Ministry of Health and Population in selected areas, has greatly helped improving agriculture practices in the VDC. ANEP targets poor and socially excluded rural and urban households that have the potential to improve the production and marketing of nutritious foods and improve nutrition.

All consulted communities were adamant that the government should have a great role to play in tackling hunger and undernutrition. Communities in general highlighted their desire for

[30] The VDC is the level of institution that interacts between communities and local government.

the government to tackle poverty and hunger by executing long-term, well-implemented and fairly distributed programmes for health services, agriculture production (e.g. irrigation systems, agricultural techniques and training, etc.), and employment creation (e.g. industries). Food relief would then only be needed in case of emergency.

> '*In the neighbouring country like India there is high subsidy for the farmers… We do not have a good market… The cost of bran and rice is very high compared to the cost of paddy… It is a plight for us*.'
> (Male participant, Nawalparasi District)

They also stressed the importance of effective monitoring and implementation of government programmes, especially at the district and local government levels, for a more efficient and fair delivery of services. People with political connections were often seen to benefit from programmes to the detriment of targeted groups. However, communities also appreciated that the unstable political condition impeded the government in exercising the monitoring function properly.

> '*Government has a good intention but at the implementation part, situation is weak'*.
> (Female participant, Nawalparasi District)

> '*There is utter need of the role of government. The role of government cannot be denied [but] it is inadequate. The government should focus on mobilising people and safeguarding the rights of the people. The government has launched the programmes, but has not reached the target people*.'
> (Male participant Chitwan District)

> '*We hear that the corruption is increasing day by day and before it [a programme benefit] reaches the targeted group, it disappears. They [corrupt officials] distribute it among themselves*.'
> (Female participant, Chitwan District)

Where suffering from hunger and undernutrition occurs, community members often feel unheard by the government and believe that political leaders, traditional leaders, the media and civil servants have a greater role to play in speaking out publicly. Respondents also expected political leaders to visit more frequently and hear them, rather than just around election times.

> '*Even the local authority doesn't hear us. So the central government is too far from our reach*.'
> (Male participant, Chitwan District)

4.4.5 Weighting schemes: community and expert preferences

Overall, community weighting preferences were very similar to those of the experts surveyed (Table 4.24). They clearly prioritised public spending, followed by the initiation of appropriate public policies and programmes, and gave least priority to legislation as signifiers of their government's political commitment to reduce hunger and undernutrition. Within communities, minor differences were observed by gender, with men giving less priority to laws than did women.

Table 4.24 Community and expert weightings by theme, Nepal, 2013

	Hunger and nutrition		
	Legal frameworks	**Policies and programmes**	**Public expenditures**
Experts	22%	30%	48%
Communities	18%	28%	55%

5 HANCI findings: primary data for Southern and Eastern Africa

The HANCI covers nine countries in the Southern African Development Community (SADC). Although most of SADC's 15 member countries are experiencing significant economic growth, the region is suffering a devastating HIV/AIDS epidemic, and deep vulnerability to food and nutrition insecurity (as witnessed by high levels of child undernutrition) that is compounded by climactic and market shocks (SADC 2012a, 2012b).

The data for the nine SADC countries in Table 5.1 shows the disparate hunger prevalence from 1990–92 through to 2011–13. Not only are current levels of hunger very different across countries, temporal change has been uneven. While some countries such as Angola and Malawi have already achieved the MDG1 goal of halving the proportion of people undernourished, others, such as Madagascar and Zambia, have seen the proportion of undernourished people increase. SADC (2012b: Table 1) traces the trends in food-insecure populations in member countries, finding massive fluctuations in these numbers through the last seven years: 11.9 million in 2005/06, 4.5 million in 2006/07, 6.6 million in 2007/08, 7.8 million in 2008/09, 3.1 million in 2009/10, 4.4 million in 2010/11, and 3.8 million in 2011/12. Such persistently high numbers of food-insecure people, despite general increases in food supply and availability over the past few years, are attributed to chronic vulnerability and high levels of poverty in the region (SADC 2012b).

Table 5.1 Undernourishment in selected SADC countries, 1990–92 to 2011–13

	Proportion of undernourished[a]	
	1990–92	**2011–13**
Angola	63.2	24.4
Congo, DR	42.4	33.0
Malawi	45.2	20.0
Madagascar	24.4	27.2
Lesotho	17.0	15.7
Mozambique	57.8	36.8
Tanzania	–	33
South Africa	<5	<5
Zambia	33.8	43.1

[a] *Source*: Based on FAO (2013).

Table 5.2 SADC countries in HANCI

	Borda scores			Ranks		
	HANCI	**HRCI**	**NCI**	**HANCI**	**HRCI**	**NCI**
Malawi	214	99	115	3	9	5
Madagascar	209	106	103	5	2	11
Tanzania	196	78	118	7	20	4
South Africa	170	106	64	18	2	35
Mozambique	156	58	98	25	34	15
Zambia	139	64	75	30	28	27
Lesotho	113	87	26	35	16	44
Congo, DR	94	52	42	41	37	41
Angola	93	54	39	42	35	42

The HANCI 2013 scores and ranks for the nine SADC countries are listed in Table 5.2. Malawi is the highest-ranked SADC member in the HANCI. Angola is the lowest-ranked SADC member. Note that the HANCI measures *current* political commitment; this should not be conflated with past temporal trends in undernourishment outcomes. The rest of this section looks more closely at three of the countries in SADC using primary data.

5.1 Country analysis: Malawi

Summary

- HANCI 2013 ranking: 3rd out of 45 (2012: 2nd)
- HANCI 2013 score > HANCI 2012 score
- Hunger: 3 million (20 per cent of population)
- Stunting: 47 per cent of children under 5 years of age
- Wasting: 4 per cent of children under 5 years of age

5.1.1 Hunger and undernutrition in Malawi

Malawi has in recent years benefited from substantial agricultural growth, and with 80 per cent of the population working in this sector, reductions in hunger, food insecurity and poverty were achieved. Malawi ranks 40th in the 2013 Global Hunger Index, and has seen its GHI scores improve in the last decade (IFPRI *et al*. 2013). It is expected to meet the MDG hunger target by 2015 (FAO 2013; UNICEF 2013).

The food insecurity and malnutrition situation in Malawi relates to at least six key factors: fragile macroeconomic stability; low levels of education; land pressure and low yields; nutritional dependence on maize; climatic shocks and natural disasters; and widespread poverty (GoM 2013). Poverty incidence remains high. National Statistical Office data based on the Integrated Household Survey (IHS) indicates poverty incidence declined from 52.4 per cent (IHS 2, 2004/05) to 50.7 per cent (IHS 3, 2010/11). Big differences occur between urban (17.3 per cent) and rural poverty incidence (56 per cent) in 2010/11 (GoM 2012).

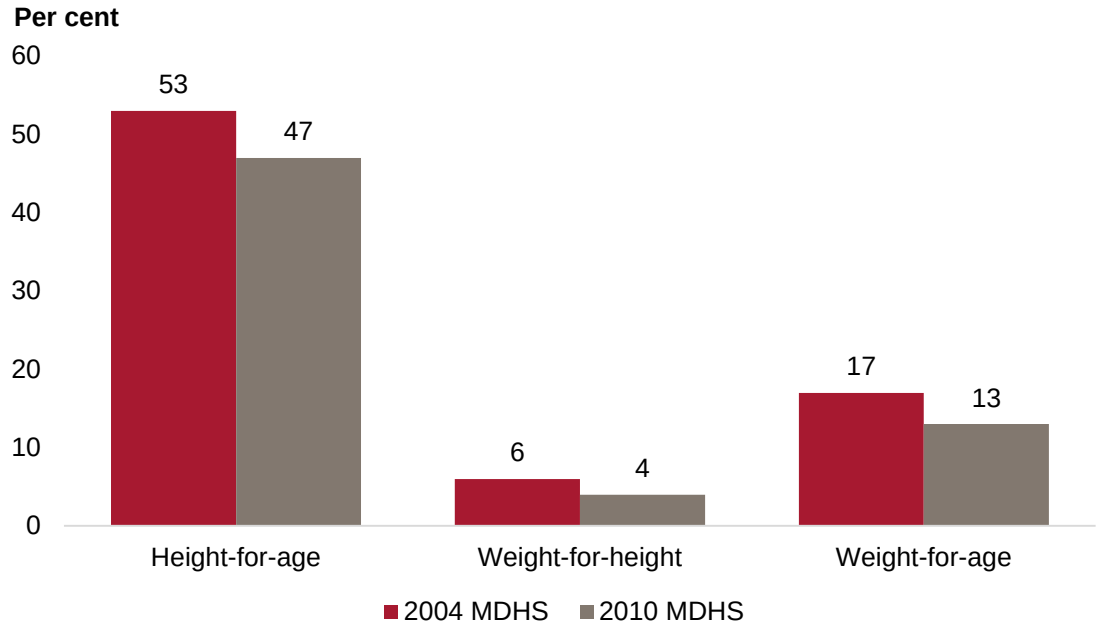
More than half of the population lives on less than US$1.25 per day (UNDP 2013b) and a quarter of the population is considered ultra-poor (NSO 2013, in: GoM 2013). Food insecurity is hence widespread. It affects 21 out of 28 districts in the country (GoM 2013) and around 20 per cent of the population (around 3 million people) suffer from chronic hunger (FAO 2013). A recent (statistically non-representative) survey found that 42 per cent of households spend more than 75 per cent of their income on food (GoM 2013).

While considerable gains have been made in child survival and maternal health, child nutrition indicators have not seen such acceleration. In fact, reductions in stunting rates have been worryingly low (Figure 5.1), from 53 to 47 per cent between 2004 and 2010, to remain among the highest on the continent. Wasting rates have decreased from 6 to 4 per cent in this period (NSO and ICF Macro 2011).

Stunting is high in all regions;[31] however, there are small regional variations for wasting and underweight levels. The Central and Southern Regions have levels of wasting that are the same as the national average (4 per cent), whereas the percentage of children wasted in the Northern Region is lower than average (2 per cent). Children in the Central and Southern Regions are the most likely to be underweight (14 and 13 per cent respectively). Some 8 per cent of children under five years in Malawi are overweight (NSO and ICF Macro 2011).

[31] Each region comprises multiple districts.

Figure 5.1 Trends in nutritional status of children under five, Malawi, 2004–2010



Source: Adapted from NSO and ICF Macro (2011).

While boys and girls are equally likely to be wasted (4 per cent each), male children are more likely to be stunted (51 per cent) and underweight (14 per cent) than female children (43 and 12 per cent respectively). Children in rural areas are more likely to be stunted (48 per cent) and underweight (13 per cent) than those in urban areas (41 and 10 per cent respectively).

High prevalence of micronutrient deficiency disorders such as anaemia and vitamin A deficiency also poses a major challenge (especially in a context of high HIV/AIDS incidence); 55 per cent of children between 6 and 59 months suffer from anaemia, and so do 13 per cent of pregnant women (SUN 2011).

Malawi was ranked second in the HANCI 2012, and its third position in the HANCI 2013 continues to speak of its strong commitment to addressing hunger and undernutrition (relative to the other countries in the index).

The Government of Malawi (GoM) joined the SUN movement in 2011. National legislation covers regulations and guidelines on the marketing of breast milk substitutes, maternity leave,[32] good nutritional practices, micronutrient provision and therapeutic treatment of acute malnutrition, and fortification and salt iodisation (SUN 2013a) and the GoM is developing a Nutrition Act. A successful vitamin A supplementation programme reaches 96 per cent of children between 6 and 59 months with two high doses (2009 figures) (UNICEF 2012). Significant progress is also achieved in exclusive breastfeeding rates, covering, by 2010, 72 per cent of infants up to five months of age (2010 data, in SUN 2011; SUN 2012a).

Various policies and strategies guide government efforts, including the Food and Nutrition Security Policy (2005), an Agriculture and Food Security Strategic Plan (2007–12) and a National Nutrition Policy and Strategic Plan (NNPSP, 2007–12). The latter is currently under review, to serve as the policy framework to guide scaling up nutrition efforts. The NNPSP

[32] The New Labour Act in Malawi has increased maternity leave to 90 days (12 weeks) in the public sector and 60 days (8 weeks) in the private sector. This increase does not achieve the 14 weeks recommended by the International Labour Organization and does not cover the great majority of women workers in the informal economy.

includes implementation of nutrition programming around maternal nutrition and care; infant and young child feeding practices; intake of essential micronutrients; prevention and treatment of common infectious diseases; and management of acute malnutrition.

The 1,000 Special Days National Education and Communication Strategy (2012–17) has been developed to tackle high stunting rates. This community-based action programme uses a strong behaviour-change and awareness-raising approach to enhance 'demand for nutrition'. It has set a *target* of bringing down stunting rates of children under two years of age to under 20 per cent (SUN 2013a). The government also intends to scale up the coverage of community-based nutrition services in all districts at traditional authority and village levels by 2016 and to scale up coverage of Community-based Management of Acute Malnutrition (CMAM) from half to 80 per cent of health facilities in every district (SUN 2013a).

In general, the GoM takes a multi-sectoral approach to nutrition. Nutrition has been integrated in sector-wide approaches of Ministries of Agriculture; Gender and Youth; Health; Education; Information; Water and Irrigation; Natural Resources; and Local Government (SUN 2011). Nutrition is increasingly integrated in key sectoral policies such as the cross-sectoral policy and strategy for HIV/AIDS and Agriculture (2003), the National School Health and Nutrition Strategic plan (2009–18) and a draft social protection policy (2012–16) (SUN 2013a).

Moreover, nutrition is benefiting from high-level political endorsement: the Department of Nutrition, HIV and AIDS (DNHA), which implements the NNPSP, is located in the Office of the President and Cabinet. This Office[33] hosts the National Nutrition Committee (NNC). The NNC leads coordination on nutrition among technical specialists and development partners. Its main function is to mobilise resources and support for the implementation of nutrition interventions to be in line with the country's NNPSP, monitor progress and evaluate impact (SUN 2013a). The DNHA also has a key role in steering the district-level roll-out of interventions and in increasing sector alignment at the district and community level. In this respect, a National Nutrition Monitoring and Evaluation framework has been developed with support from the World Bank and is expected to be rolled out in all districts by December 2013.

At the June 2013 Nutrition for Growth Summit in London, the GoM pledged to increase the proportion of budget allocated to nutrition from 0.1 per cent to 0.3 per cent by 2020.

The budget of the GoM contains a separate line for nutrition (SUN 2011), and this potentially enhances transparency and accountability of government spending on nutrition. Nutrition policy in Malawi is also informed by up-to-date and robust evidence. The government has conducted nationally representative sampling surveys investigating nutrition statuses in 2004 and 2010. Moreover, Malawi is also planning for a national micronutrient survey with financial support from Irish Aid (SUN 2013a).

Malawi makes very substantial investments in health and agriculture. Malawi is among a select group of countries[34] that have in most years since 2003 fulfilled agricultural spending commitments of 10 per cent of total government spending, set out in the African Union's Maputo Declaration (Benin and Yu 2013). Indeed, Malawi's eye-watering agricultural

[33] The National Nutrition Committee is chaired by the Secretary for Nutrition, HIV and AIDS in the Office of the President and co-chaired by UNICEF. It developed and operationalised the SUN Roll-out Framework with support from UNICEF, the World Bank, Irish Aid and USAID.
[34] Burkina Faso, Ethiopia, Guinea, Malawi, Mali, Niger, and Senegal (Benin and Yu 2013).

spending of 28.9 per cent of total public spending exceeds the commitment almost threefold, and we record a sharp rise as compared to the HANCI 2012 data (Table 5.3).[35]

These investments may have driven agricultural productivity growth and the important improvements in hunger outcomes in Malawi. Yet, not all public spending on agriculture is growth-inducing. Those that are, especially agricultural R&D spending, may take time to show results; and the right balance between short-term and long-term spending is needed (taking into account political as well as economic benefits) (Benin and Yu 2013). Debates in Malawi therefore tend to focus not on whether the government invests substantially, but rather on whether the ways in which it is investing these funds are sustainable and efficient. The GoM has supported crop diversification, small-scale irrigation and improving local market systems, but approximately 60 per cent of the agricultural budget is taken up by the Farm Input Subsidy Programme (FISP). The FISP provides subsidised fertilisers and seeds, targeting the most vulnerable smallholder farming households, to enhance production, wages, household income and food security (SUN 2011; Chinsinga 2012a), yet the scale of these impacts is not clear. Limitations in data quality and availability persist, and national statistics from the 2010/11 IHS3 do not suggest any change in poverty incidence, whereas the FISP system involves biases against poorer people receiving subsidised inputs (Chirwa and Dorward 2013). Nevertheless, these authors conclude that the FISP has provided a good return on investment, even though there is scope for much improved efficiency and effectiveness (Chirwa and Dorward 2013). The strong FISP support towards enhancing maize production may, however, have sustained unbalanced diets and a nutritional (over)dependence on this crop, and may be crowding out investments in critical extension services and agricultural research and development.

Public spending on health in Malawi amounts to 18.5 per cent of government budgets, a 4 percentage point increase compared to HANCI 2012 data. An impressive rate of 94.7 per cent of all pregnant women are attended at least once by skilled health personnel during pregnancy (and these rates increased – see Table 5.3).

While appreciating these various government efforts, clearly more needs to be done, as hunger and undernutrition remain major challenges. Here we identify some of the areas in which further improvements can be achieved that would accelerate hunger and undernutrition reduction. First, while the Constitution of Malawi enshrines a right to social security and implicitly references a right to food, women's economic rights and agricultural property rights can be strengthened to reduce their vulnerability to hunger. Some economic rights for women exist on paper, though they are not effectively enforced (CIRI 2010). Similarly, while women have *de jure* equal rights to access and own productive agricultural land, various discriminatory practices prevent their realisation (OECD undated). Consultations with Malawian stakeholders highlighted that, especially in rural areas, legal rights set out in statutory law can clash with discriminatory customary traditions and practices such as inheritance systems privileging sons. In such patriarchal rural settings, during marriage, not owning land means that women have limited control over its use and produce (e.g. whether or not to grow cash crops or food crops) and cannot use land as collatoral against credit borrowing, while divorce and widowhood cut women off from the land and thus enhance their vulnerability to hunger (pers. comm. September 2013). Key services that need strengthening to enhance people's access concern improved drinking water (83 per cent of the population benefits) and improved sanitation (52 per cent). Further, as the current welfare regime is rudimentary and covers few groups against limited risks, accordingly the GoM's development of a National Social Support Policy and a more comprehensive cash transfer programme are a positive step forward. This strategy may also consider supporting (a recently weakening) system of comprehensive registration of live births. Coverage rates

[35] It has been noted though that the ten per cent target itself may be too low to undertake the expensive but necessary investments to achieve stated development results (Benin and Yu 2013).

dropped substantially and are now very low (16.7 per cent), although consultations in Malawi suggest that this may not necessarily impede children benefiting from essential services (pers. comm. September 2013).

Table 5.3 Malawi, changing performance on commitment indicators, 2012–2013

	HANCI 2012		HANCI 2013		Change	
	Value	Year	Value	Year		
Government spending on agriculture	12.2	2007	28.9	2010	16.70	↑
Government spending on health	14.2	2010	18.5	2011	4.32	↑
Civil registration of live births	50.0	-	16.6	2008	-33.40	↓
Access to drinking water	83.0	2010	83.7	2011	0.69	↑
Access to sanitation	51.0	2010	52.9	2011	1.87	↑
Skilled birth attendance	92.0	2010	94.7	2010	2.70	↑
Constitutional right to food	5.0	2006	3.0	2011	-2.00	↓

5.1.2 Expert perceptions of political commitment

In Malawi, 54 experts (34 men, 20 women) were interviewed in the period September–October 2013 through a local team of consultants. Experts were carefully selected to ensure a balanced sample with substantial representation of government officials, civil society organisations, research and academic institutions and international donors. Survey respondents were selected on the basis of having substantial knowledge and expertise in the areas of hunger and nutrition, food policy, agriculture, health and social policy. Thanks to the face-to-face interview approach, response levels were good. While a majority of organisations were represented in the surveys in 2012 and 2013, high turnover rates of staff at these respondent organisations meant that continuity of individual respondents between years was low (19 per cent).

Our analysis of expert survey findings first discusses the theme of public expenditures, and then investigates government policies and programmes and reflects on any major changes identified in the scores between the two years of the survey.

Overall, experts consider that current hunger spending by the GoM is fairly strong (2.59), while public expenditures for nutrition are considered moderate (3.23); however, commitment scores have come down especially for hunger spending as compared to 2012 (Table 5.4). As concerns the policy indicators in the survey, overall scores saw very little change over the years, and government policy indicators were assessed as demonstrating fairly strong political commitment in case of both hunger and nutrition.

Table 5.4 Mean Government of Malawi commitment scores by policy and spending theme and by hunger and nutrition subject areas in 2012 and 2013

	2012		2013	
	Hunger	Nutrition	Hunger	Nutrition
Public spending	74% (strong)	52% (moderate)	60% (fairly strong)	44% (moderate)
Policy	67% (fairly strong)	60% (fairly strong)	63% (fairly strong)	61% (fairly strong)

A further analysis of the underlying questions, however, enables a more fine-grained assessment of aspects of political commitment on which the GoM is deemed to do well or less well by the experts.

Expert surveys suggest that in the last year public spending on hunger has weakened (from a strong base to a moderate level) and, moreover, in a statistically significant manner (see Table 5.5). Experts further note that stated policy preferences are no longer very strongly reflected in budget spending (yet still strongly so). Budgets for nutrition were considered neither weak nor strong in 2012, and fairly weak in 2013. Possibly, the introduction of a nutrition budget line has highlighted the actual inadequacy of public spending. A different concern regards weakening transparency of financial mechanisms; although this was considered fairly strong in 2012, the latest survey considers it to be of moderate strength only.

Table 5.5 Expert perceptions of public expenditures towards addressing hunger and undernutrition, Malawi

Questions	2012		2013	
	Hunger	Nutrition	Hunger	Nutrition
To what extent are government policy preferences for addressing (a) hunger and (b) nutrition reflected in budget expenditures?	86%	57%	65%***	49%###
How well has the national government developed transparent financial mechanisms for earmarked (a) hunger and (b) nutrition funding?	66%	56%	45%***	46%**
How government absolute expenditure on (a) hunger and (b) nutrition can be characterised	73%	47%	53%***	38%###
Sensitivity of government budget expenditures on (a) hunger and (b) nutrition to electoral cycles	80%	50%	78%	36%###
Sensitivity of government budget expenditures on (a) hunger and (b) nutrition to emergencies/disasters	64%	51%	65%	54%###

Statistical significance (change between 2012 and 2013 based on independent sample T tests): * at 10% level; ** at 5% level; *** at 1% level. Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level.

In Malawi, hunger and food security are highly politicised; however, the survey indicates that this is much less the case for nutrition. Tables 5.4 and 5.5 show that commitment scores for nutrition are for the great majority of questions significantly weaker than for hunger. Government action on hunger, unlike nutrition, decides elections, and agricultural subsidies through the FISP programme are at the heart of the social contract between the Malawian state and its citizens (Chinsinga 2012b). Budget expenditures on hunger continue to be highly sensitive to electoral cycles, indeed more so than to emergencies and disasters. Hence, with elections around the corner in May 2014, one may anticipate a ratcheting up of anti-hunger but not of nutrition spending. Yet at the time of the survey (September 2013) experts opined that compared to the previous year, hunger policy preferences were statistically significantly less strongly expressed in budgets. It is not clear what precipitated this sharp drop from very strong to fairly strong commitment. Experts also noted significantly lower scores for the transparency of financial mechanisms than in 2012, and a declining score for absolute allocations (from strong to moderate). The latter appears to fly in the face of the HANCI data reported above, which noted an upsurge in agricultural spending to 28 per cent of total government spending. However, it should be noted that these figures relate to 2010, whereas experts naturally reference the current situation. Local stakeholders also noted that there is growing concern about FISP cost effectiveness and implementation irregularities, and a generally poor link between spending allocations, expenditures and realised outcomes.

For the policies and programmes theme, the government received fairly positive assessments. Below, we set out selected issues on which it is demonstrating strong commitment and fairly strong commitment and also identify areas for improvement. Table 5.6

sets out questions on which the government was assessed as performing well, that is, scoring a strong score (at least 69 per cent) on either hunger or nutrition theme.

Table 5.6 Malawi public policy: aspects of strong commitment to reduce hunger and undernutrition

Questions	2012		2013	
	Hunger	Nutrition	Hunger	Nutrition
What kind of priority does the government give to hunger and nutrition?	85%	64%	86%	70%###
How well are the goals of improving (a) hunger and (b) nutrition expressed in State development strategies/policies?	84%	76%	79%	76%
How well defined are (a) hunger and (b) nutrition outcome targets in policies?	76%	70%	72%	69%#
How well are budget lines related to hunger and nutrition developed in the government budgets?	80%	51%	70%*	53%###
To what extent are agencies that design policy in charge of managing their implementation?	84%		81%	
How well do agencies responsible for the *design* of (a) hunger and (b) nutrition policies build social/political support?	73%	69%	78%	70%###
How well do agencies responsible for the *implementation* of (a) hunger and (b) nutrition policies build social/political support?	71%	66%	68%	60%###

Statistical significance (change between 2012 and 2013 based on independent sample T tests): * at 10% level; ** at 5% level; *** at 1% level. Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level.

The experts considered that the GoM gives strong priority to hunger and a fairly strong priority to nutrition, although in the case of hunger, scores on several questions were statistically significantly lower than in 2012. Policy goals and outcome targets are generally considered to be defined well. Budget lines for hunger are strongly developed, although for nutrition only moderately so. Agencies devising and implementing hunger and nutrition policies broadly succeed in building consensus among social and political stakeholders (see Table 5.6).

The experts considered that, overall, government efforts towards delivering policies are fairly strong. At national level, policy coordination across sectors is fairly strong for both hunger and nutrition issues and this is also the case for vertical coordination between the national and subnational administrations. The Joint Task Force on Food Security and Nutrition coordinates across various government departments and agencies. Vertical coordination between the national government and subnational forms of government is also fairly strong, though improvements could be made. For instance, the Office of President and Cabinet has a Department of Nutrition, HIV and AIDS at national level but no decentralised structure, and accordingly works with Ministry of Agriculture officials at local level. However, horizontal coordination mechanisms for hunger policies were deemed less strong in 2013 than in 2012, in a statistically significant manner. Vertical coordination for hunger policies also weakened; however, this was not the case for nutrition policies.

The GoM has conducted nationally representative demographic and health surveys (in 2004 and 2010), and the evidence generated by these is potentially critical for informed public policy. Government policymaking and reviewing systems were adjudged as having a fairly strong ability to learn and adjust policy on the basis of strong new evidence; however, systems to generate evidence on hunger were deemed to have weakened over the last year,

in a statistically significant manner. Government policy was also deemed fairly accessible for public scrutiny. Furthermore, the government utilised existing administrative and financial capacities fairly well.

Table 5.7 Malawi public policy: aspects assessed demonstrating 'fairly strong' commitment to reduce hunger and undernutrition

Questions	2012		2013	
	Hunger	Nutrition	Hunger	Nutrition
What is the adequacy of government efforts towards fulfilling key policies?	69%		68%	
How successful is/are the government body/ies in delivering a coordinated cross-agency approach to addressing (a) hunger and (b) nutrition at the national level?	75%	63%	62%***	62%
What is the strength of coordination efforts by national government with subnational (e.g. State) government efforts to improve (a) hunger and (b) nutrition outcomes?	69%	59%	59%	57%
How accessible is government policy on hunger to public scrutiny?	66%	62%	60%	62%
How developed are government systems that generate knowledge and evidence for (a) hunger and (b) nutrition?	71%	58%	60%***	57%
How likely are government policies for (a) hunger and (b) nutrition to be adjusted when strong evidence suggests change in course?	68%	65%	58%	62%
To what extent does the government experiment and innovate new policy approaches for (a) hunger and (b) nutrition?	67%	59%	61%	65%
To what extent does the government enhance administrative capacity to address (a) hunger and (b) nutrition?	67%	57%	58%*	54%#
To what extent does the government utilise administrative capacity to address (a) hunger and (b) nutrition?	70%	61%	66%	62%##
To what extent does the government utilise financial capacity to address (a) hunger and (b) nutrition?	66%	55%	62%	57%##

Statistical significance (change between 2012 and 2013 based on independent sample T tests): * at 10% level; ** at 5% level; *** at 1% level. Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level.

So, in what areas was the GoM considered to be doing less well? Three key points emerged (Table 5.8). Scores for 2013 saw a statistically significant decline in the extent to which diverse interests are allowed representation in government decision-making on hunger. Local stakeholders noted that while generally a wide range of views is heard in Malawian policy processes, recent initiatives such as the Presidential Initiative on Hunger and Poverty Reduction may have closed down some such policy spaces.

In line with the earlier observation that experts argued that there is insufficient funding for nutrition, financial capacities need strengthening. Translating good commitment levels into improved hunger and nutrition outcomes is also hampered by the mediocre quality of policy implementation, and particularly for hunger this quality was deemed to have worsened over the last year. Capitalising on overall commitment may thus require strengthening effective policy and programme delivery mechanisms.

Finally, fairly weak institutional incentives exist to reward agencies and individuals working in policymaking and policy implementing organisations for good performance, and fairly weak sanctions for weak performance on its anti-hunger and nutrition mandates. Remarkably though, scores on this indicator improved between 2012 and 2013.

Table 5.8 Public policy in Malawi: moderate commitment aspects

Questions	2012		2013	
	Hunger	Nutrition	Hunger	Nutrition
How well do policy strategies/decision-making bodies allow representation of divergent interests in area of (a) hunger and (b) nutrition?	66%	62%	51%***	57%
To what extent does the government enhance financial capacity to address (a) hunger and (b) nutrition?	62%	50%	56%	49%##
What is the strength of credible incentives for individual policymakers and implementers, and their agencies, to perform well?	34%	31%	42%**	40%**
How good is the implementation of public policies on (a) hunger and (b) nutrition?	62%	51%	50%***	52%

Statistical significance (change between 2012 and 2013 based on independent sample T tests): * at 10% level; ** at 5% level; *** at 1% level. Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level.

Further to the questions about the functioning of public administration and policy in Malawi, we enquired about political leadership (Table 5.9). The experts highlighted the continued strong presidential leadership on hunger and fairly strong leadership on nutrition. Senior political leaders speak out strongly on these issues, even more so in 2013 than in 2012, possibly because elections are on the horizon in early 2014. Some observers commented that the elevation to power of Dr Joyce Banda has resulted in greater political acknowledgement of the existence of hunger in the country.

Table 5.9 Political leadership on hunger and nutrition in Malawi

Questions	2012		2013	
	Hunger	Nutrition	Hunger	Nutrition
How developed is presidential/prime ministerial leadership in the country on hunger and nutrition?	81%	69%	73%*	66%###
To what extent do senior political leaders speak out against hunger and undernutrition?	67%		82%***	
How well do senior politicians understand the status of hunger, undernutrition in the country?	56%		66%*	
How well do senior politicians understand causal factors of hunger and undernutrition in the country?	52%		47%	
How well do senior politicians understand solutions to hunger and undernutrition?	41%		40%	
How well are (improved) hunger and nutrition outcomes set out as goals in political party manifestos?	53%	33%	56%	39%###

Statistical significance (change between 2012 and 2013 based on independent sample T tests): * at 10% level; ** at 5% level; *** at 1% level. Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level.

Senior political leaders also have an improving and fairly strong understanding of the status of the problem but are not seen to be sufficiently knowledgeable about underlying causes and potential solutions on which they could act. Nutrition in particular fails to gain attention in political party manifestos, which have an important role in driving future policy priorities. Weak attention to hunger in political party manifestos contrasts with the high sensitivity of government hunger budgets to elections.

Finally, the survey noted the lower support for nutrition than for hunger, not just by political parties in opposition to the current government, but also by the general public, civil society

and the media in Malawi (Table 5.10). Yet all are giving somewhat stronger support for nutrition than in the preceding year. Donors continue being the strongest supporter of government efforts addressing hunger and nutrition agendas in the country.

Table 5.10 Who supports the Government of Malawi to combat hunger and undernutrition?

	2012		2013	
	Hunger	**Nutrition**	**Hunger**	**Nutrition**
Donors	82%	75%	83%	80%
Media	59%	44%	63%	53%*#
Civil society	70%	55%	75%	64%###
The general public	69%	53%	69%	54%*###
Opposition political parties	56%	37%	52%	40%###

Statistical significance (change between 2012 and 2013 based on independent sample T tests): * at 10% level; ** at 5% level; *** at 1% level. Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level.

5.1.3 Weighting schemes: community and expert preferences

Chapter 2 showed how the HANCI research team applied an equal weighting scheme to the three themes that constitute the Hunger Reduction Commitment and Nutrition Commitment sub-indices. Recognising its subjective nature, we identified alternative weighting schemes based on the preferences of (a) experts and (b) communities affected by hunger and undernutrition. A simple exercise was devised for experts as part of the questionnaire survey (Table 5.11).

Table 5.11 Experts' and community members' subjective weighting schemes, Malawi

	Legal frameworks		Policies and programmes		Public expenditures	
	2012	**2013**	**2012**	**2013**	**2012**	**2013**
Experts	20%	20%	50%	43%	30%	37%
Communities	22%	n.a.	46%	n.a.	32%	n.a.

Expert scores were highly similar in 2013 and 2012. In 2012 communities were also asked to allocate scores, which were found to be very similar to the experts.

5.2 Country analysis: Tanzania

Summary

- HANCI 2013 ranking: 7th out of 45 (2012: 8th)
- HANCI 2013 score < HANCI 2012 score
- Hunger: 15.7 million (33 per cent of population)
- Stunting: 42 per cent of children under 5 years of age
- Wasting: 5 per cent of children under 5 years of age.

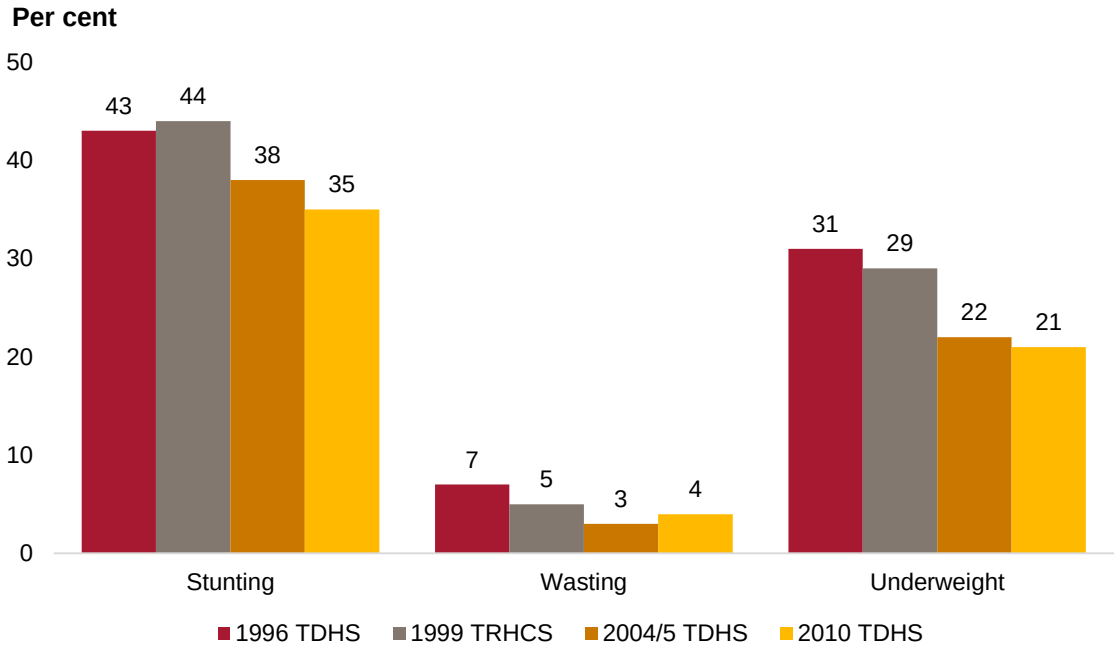
5.2.1 Hunger and undernutrition in Tanzania

Over the past decade, Tanzania's economy has steadily grown. Although above average sub-Saharan African growth levels, this growth has largely failed to generate jobs (CPAN 2013). The 80 per cent of the country's poor who live in rural households have benefited less than expected because of limited agricultural productivity growth. Poverty headcount levels in rural areas have hence remained stagnant at around 37 to 40 per cent since 2001 (World Bank 2013d). Tanzania's progress towards achieving the MDGs has been uneven. While it is expected to reach by 2015 MDGs relating to combating HIV/AIDS and reducing infant and

under-five mortality, it is lagging in primary school completion, maternal health, poverty eradication, malnutrition and environmental sustainability (FAO 2013; World Bank 2013d).

Current estimates show that 33 per cent of the population (15.7 million people) are undernourished (FAO 2013). Tanzania ranks 62nd in the 2013 Global Hunger Index (IFPRI *et al*. 2013). For children under five years of age, malnutrition, although declining, remains implicated in over a third of all deaths, and in terms of stunting, Tanzania is one of the ten worst affected countries in the world (Save the Children/Sokoine University of Agriculture/PANITA 2012). Much progress remains to be made for Tanzania to meet its National Nutrition Strategy target to reduce the prevalence of stunting in children aged 0–59 months from 42 per cent in 2010 to 27 per cent and reduce the prevalence of underweight in children aged 0–59 months from 16 per cent in 2010 to 11 per cent by 2015. The government reiterated these target commitments in the Nutrition for Growth Summit in London in June 2013.

Figure 5.2 Trends in nutritional status of children under five, Tanzania, 1996–2010



Note: Based on National Center for Health Statistics/Centers for Disease Control and Prevention/World Health Organization standards.
Source: Adapted from NBS and ICF Macro (2011).

Figure 5.2 sets out the latest available data. Despite a positive trend in reduced stunting incidence, levels remain high. At the national level 42 per cent of children under age five are stunted (low height for age), 5 per cent are wasted (low weight for height), and 16 per cent are underweight (NBS and ICF Macro 2011).[36] Stunting levels are highest (55 per cent) in children aged 18–23 months and lowest (18 per cent) in children under six months. Gender and geographic disparities are not insignificant. A higher proportion of boys than girls are stunted (46 per cent compared with 39 per cent) and wasted (6 per cent compared with 4 per cent). Children in rural areas are more likely to be underweight (17 per cent) than their urban

[36] Somewhat confusingly, the Tanzania DHS report presents conflicting data: whereas Figure 5.2 shows that stunting rates amount to 35 per cent in 2010, in its narrative sections it speaks of 43 per cent. The HANCI report presents the more conservative figures.

counterparts (11 per cent). Children in the Central and Southern Highlands are particularly disadvantaged: at least half are stunted.

Moreover, 11 per cent of women are undernourished and more than 50 per cent of pregnant women are anaemic (NBS and ICF Macro 2011).

5.2.2 HANCI findings

Since June 2011 Tanzania has been a member of the SUN movement. In May 2013, President Kikwete issued a Presidential Call for Action on Nutrition, highlighting the need for increased accountability in addressing nutrition in the country, and outlining government efforts seeking to address the situation (United Republic of Tanzania 2013).

The Government of Tanzania (GoT) is taking various initiatives to improve hunger and nutrition outcomes. Agriculture is one of the six key development areas identified in the government's 'Big Results Now' effort to achieve its policy Vision 2025. Investments in agriculture have risen somewhat over the last year but remain well below the 10 per cent commitment made at the African Union's Maputo Declaration (2003), and more could be done to enhance agricultural productivity that drives hunger reduction.

The GoT is currently reviewing its National Food and Nutrition Policy and seeking to give greater emphasis to nutrition outcomes in the Tanzania Food Security and Investment Plan (TAFSIP), as well as in the ongoing design of the Agricultural Sector Development Programme (Phase II). In May 2013, the government gazetted national fortification standards for oil, wheat and maize flour.

Furthermore, the Deputy Minister for Constitutional Affairs informed HANCI researchers that the government has decided to promote civil registration rates of live births and make it easier for people to retrospectively register children at the local government level. Moreover, the Tanzanian Deputy Minister for Community Development and Gender highlighted that a draft version of the new Constitution that is under discussion in Parliament includes an explicit reference to a right to food as well as to nutrition (pers. comm. November 2013).

A National Nutrition Strategy (NNS) (2009–15) was approved in 2011, aiming to reduce stunting rates by 15 per cent points from 42 per cent in 2010 to 27 per cent in 2015 and wasting levels to below 5 per cent (United Republic of Tanzania 2011). A National Nutrition Implementation Plan is devised to guide decentralised implementation of the NNS. Various targeted programmes are in place; Tanzania has been particularly effective at maintaining high coverage of vitamin A supplementation among children aged 6–59 months since twice-yearly supplementation events were introduced in 2001. High coverage is one of the key factors in the country's declining rate of child mortality (UNICEF 2013).

Various policy coordination mechanisms and multi-stakeholder advisory groups have also been set up to support the government. A High Level Steering Committee on Nutrition (HLSCN) is convened by the Prime Minister's Office, and supported by a multi-sector Nutrition Technical Working Group (NTWG). A Development Partners Group for Nutrition regularly brings together bilateral and multilateral agencies as well as civil society organisations (CSOs), including the Partnership for Nutrition in Tanzania (PANITA), a coalition of 308 CSOs, which also has a seat in the HLSCN. PANITA has been instrumental in supporting the development of a five-year strategy (2013–17) for the Parliamentary Group on Nutrition, Food Security and Child Rights.

The latest data (for 2011) indicate a drop in public health spending. Moreover, uneven spatial distribution of health (including nutrition) expenditures among districts explains substantial variations in access to and quality of health services in the country (World Bank 2013d). Against this background it is encouraging to see that, in recent years, the government has

introduced a budget line for nutrition expenditure and has developed nutrition budget guidelines to help ministries and local government authorities improve budgeting for nutrition, as this may foster greater accountability on spending. The Ministry of Finance, with support from UNICEF and the World Bank, started conducting its first public expenditure review of nutrition in August 2013 (SUN 2013a). Furthermore, while nutrition officers are established in all district councils (United Republic of Tanzania 2013), consultations in the country indicate that these nutrition officers may not yet be sufficiently empowered to ensure effective use of centrally allocated budgets.

Table 5.12 presents a brief overview of HANCI commitment indicators on which Tanzania's performance changed over the last year. As most changes are of a small order, Tanzania's HANCI ranking in 2013 (7th) was very similar to 2012 (8th).

Table 5.12 Tanzania, changing performance on commitment indicators, 2012–2013

	HANCI 2012		HANCI 2013		Change	
	Value	Year	Value	Year		
Government spending on agriculture	5.5	2005	6.8	2010	1.30	↑
Government spending on health	13.8	2010	11.1	2011	–2.67	↓
Security of access to land	4.3	2011	4.0	2012	–0.25	↓
Civil registration of live births	16.0	2010	16.3	2010	0.30	↑
Vitamin A coverage	99.0	2010	97.0	2011	–2.00	↓
Access to drinking water	53.0	2010	53.3	2011	0.34	↑
Access to sanitation	10.0	2010	11.9	2011	1.91	↑
Skilled birth attendance	88.0	2010	87.8	2010	–0.20	↓
Time bound nutrition targets	0.0	2012	1.0	2013	1.00	↑
Constitutional right to food	4.0	2006	1.0	2011	–3.00	↓

5.2.3 Expert perceptions of political commitment

In Tanzania, 40 experts were interviewed in the period July–August 2013 through a local team led by Professor John Msuya from Sokoine Agricultural University. Experts were carefully selected to ensure a balanced sample with substantial representation of government officials, civil society organisations, research and academic institutions, international donors and some members of the private sector and media. Survey respondents were selected on the basis of having substantial knowledge and expertise in the area of hunger and nutrition. Thanks to the face-to-face interview approach, response levels were high.

Table 5.13 provides an overview of the aggregated findings. The experts consistently assessed the GoT as showing fairly weak commitment in terms of nutrition spending and moderate commitment in terms of hunger spending, hunger policy and nutrition policy.

Table 5.13 Mean Government of Tanzania commitment scores by policy and spending theme and by hunger and nutrition subject areas

	Hunger	Nutrition
Public expenditure	50% (moderate)	33% (fairly weak)
Policy	48% (moderate)	45% (moderate)

A closer look at the responses to individual survey questions on public spending (that underpin aggregated scores) shows that the GoT's commitment to addressing hunger is somewhat stronger than for nutrition (Table 5.14), and in most cases this difference is

statistically significant. Yet, scores on single questions are also highly divergent. Thus, the experts opined that absolute budgets for hunger are fairly weak and weak for nutrition, and also that policy preferences are only weakly reflected in its spending. Furthermore, spending is conducted through fairly weak transparent financing mechanisms. However, public spending on hunger is fairly strongly sensitive to disasters and emergencies, such as droughts. Hunger spending is also strongly sensitive to electoral cycles, in contrast to nutrition spending. This suggests that politicians anticipate that people vote on the basis of having their stomach filled, but limited knowledge and active physical experience of chronic undernutrition makes it harder to translate this into political currency.

Table 5.14 Expert perceptions of public expenditures towards addressing hunger and undernutrition, Tanzania 2013

Questions	Hunger	Nutrition
To what extent are government policy preferences reflected in budget expenditures?	32%	25%##
How strong or weak would you, in general, characterise the government's absolute (in money terms) budget expenditures on hunger and nutrition?	38%	28%###
How sensitive are government budget expenditures on hunger and undernutrition to electoral cycles?	79%	41%###
How sensitive are government budget expenditures on hunger and undernutrition to emergencies/disasters?	63%	37%###
How well has the national government developed transparent financial mechanisms for earmarked funding?	37%	34%

Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level. ≠: t-test could not be run.

The expert assessments also highlight areas of better (Table 5.15) and worse (Table 5.16) performance in respect of policies and programmes. On most aspects of policy for which the GoT is showing strong or fairly strong political commitment, commitment is more pronounced for hunger than nutrition, and in a statistically significant manner. The one exception is that agencies that design public policy are also in charge of implementation chains (thus helping continuity of ownership of policy goals), regardless of whether the policy concerns hunger or nutrition. Thus, the GoT gives fairly strong priority to hunger and moderate priority to nutrition. Hunger policy goals are expressed strongly, and nutrition goals fairly strongly. At the national level, coordination between sectors and government departments is assessed as fairly strong for hunger and moderate for nutrition.

Table 5.15 Tanzanian public policy: aspects of stronger commitment to reduce hunger and undernutrition

Questions	Hunger	Nutrition
To what extent are flagship policies on hunger and nutrition implemented by the agencies that design these policies?	73%	76%≠
What kind of priority does the government give to hunger and nutrition?	64%	55%##
How well are the goals of improving hunger and nutrition outcomes expressed in government development strategies/policies?	69%	58%###
How successful is/are the government body/ies in delivering a coordinated cross-agency approach to addressing hunger and nutrition at the national level?	61%	48%###

Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level. ≠: t-test could not be run.

However, the coordination between national and local government authorities is considered to be moderate for hunger and fairly weak for nutrition, and the implementation of public policy for both hunger and nutrition is fairly weak (Table 5.16). While the government does

moderately well at generating knowledge and evidence to inform policy, this is fairly weak for nutrition. Moreover, efforts to enhance the administrative and financial capacity of government agencies to deliver on their hunger and nutrition policy mandates are deemed fairly weak.

The most serious concern about government commitment raised by respondents is weak (positive and negative) incentives for policymakers and policy implementers, as individuals or at the agency level, to deliver better hunger and nutrition outcomes. Building such incentives into governance mechanisms may make an important contribution towards accelerating the reduction of hunger and undernutrition in the country.

Table 5.16 Tanzanian public policy: aspects of weaker commitment to reduce hunger and undernutrition

Questions	Hunger	Nutrition
What is the strength of (vertical) coordination efforts between national and subnational governments to improve hunger and nutrition outcomes?	50%	41%###
How developed are government systems that generate knowledge and evidence to inform policy?	46%	32%###
How strong is policy implementation on hunger and nutrition?	42%	35%###
To what extent does the government enhance administrative capacity to address hunger and nutrition?	44%	39%##
To what extent does the government enhance financial capacity to address hunger and nutrition?	41%	34%##
How well are budget lines for hunger and nutrition developed?	41%	34%##
How accessible is government policy on hunger and nutrition to public scrutiny?	31%	27%##
What is the strength of credible incentives for individual policymakers and implementers, and their agencies, to perform well?	19%	22%

Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level. ≠: t-test could not be run.

The survey also raised a set of questions about political leadership on hunger and undernutrition issues (Table 5.17). The experts considered that top-level political leadership is demonstrating fairly strong commitment to hunger and undernutrition as, for instance, signalled by the Presidential Call for Action on Nutrition in May 2013. Political leaders show fairly strong commitment by publicly speaking out on these issues; however, experts were not convinced that they have a sufficient grasp of the status, the underlying causes and the potential solutions to address hunger and undernutrition. Finally, political party manifestos are recognised as important for guiding future policy direction but they fairly weakly set out improved hunger outcomes and make even weaker reference to improving nutrition outcomes. Accordingly, it may be concluded that there remains clear scope to strengthen political leadership in the country.

Finally, the survey showed (Table 5.18) that while the government receives strong support from donors, and fairly strong support from media and civil society groups, the general public and political opposition parties only give moderate support to its hunger agenda and only fairly weak support for the nutrition agenda.[37] This raises important questions about how to enhance the sustainability of nutrition on domestic policy agendas.

[37] Note that these figures do not reflect government commitment but provide information on the environment in which commitment is generated.

Table 5.17 Political leadership on hunger and undernutrition in Tanzania

Questions	Hunger	Nutrition
How developed is presidential/prime ministerial leadership in the country on hunger and nutrition?	67%	64%
To what extent do senior political leaders speak out against hunger and undernutrition?	63%	
How well do senior politicians understand the status of hunger and undernutrition in the country?	38%	
How well do senior politicians understand causal factors of hunger and undernutrition in the country?	36%	
How well do senior politicians understand solutions to hunger and undernutrition?	33%	
How well are (improved) hunger and nutrition outcomes set out as goals in political party manifestos?	40%	31%##

Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level. ≠: t-test could not be run.

Table 5.18 Who supports the Government of Tanzania to combat hunger and undernutrition?

	Hunger	Nutrition
Donors	77%	78%
Media	62%	54%##
Civil society	59%	58%
The general public	48%	40%##
Opposition political parties	45%	40%

Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests): # at 10% level; ## at 5% level; ### at 1% level. ≠: t-test could not be run.

Finally, experts were asked to identify their preferences regarding the weighting of the legal frameworks, policies and programmes and expenditure themes. They allocated 29 per cent to legal frameworks, 34 per cent to policies and programmes and 38 per cent to public spending.[38]

5.2.4 Community perspectives on political commitment

As part of the primary research, focus group discussions (FGDs) were conducted in the rural Lindi District in South-east Tanzania: in the coastal village of Kijiweni and in inland Chiwerere village. In each village, two FGDs were conducted with men and women separately. This section briefly introduces experiences of hunger and undernutrition in these communities, and then highlights how villagers perceive their government's intentions and actions towards the reduction of hunger and undernutrition.

In both villages, farming activities focus on one cropping season lasting from December to June. Chiwerere lies within the district's best farming area. The main crops grown are cassava, maize, sorghum, rice, pulses, legumes, *simsim*, cashew nuts and coconuts. Most households own some livestock and generate income from crop sales, agricultural labour, petty trade and small businesses. For villagers in Chiwerere their own crop production is critical for ensuring access to food such as cassava, millet, sorghum, maize, groundnuts and cowpeas. They only resort to buying food when these supplies run out, often drawing on the income generated by working as labourers on other people's farms. Kijiweni households are

[38] The weighting scheme exercise was not applied correctly in the villages and hence is not reported on.

involved in fishing, collection of sea products (seaweed) and crop sales, and also engage in petty trading to generate income.

Villagers defined malnutrition as the consumption of non-nutritious foods and argued that this leads to increased deaths at a young age, undernourished infants and bodily weakness of adults. Chronic malnutrition, caused by food insecurity and fuelled by poverty, is a persistent problem in the region. Hunger and undernutrition are typically experienced by the most vulnerable community members: the elderly, female-headed households, orphans and the disabled. Food shortages are endemic, and villagers argued they were caused mainly by the increased occurrence of drought and unreliable rainfall patterns. Men in Kijiweni reported that there were an increasing number of men who depended on their spouses' income-generating activities to obtain food and other household needs.

In terms of government services, community members at both sites reported as usually having good access to health dispensaries, which typically are located within a few kilometres of their residences. However, accessing a hospital is much more challenging because of long distances and/or deteriorated road and transport conditions, especially during the rainy season. Kijiweni and Chiwerere villagers use bore holes for access to drinking water. However, in Chiwerere people depend on the river Mrawishi for drinking water, and this source dries up during the hot season.

Villagers argued that despite Lindi's routine experience of food deficits, the government has not taken major steps to address hunger and malnutrition. Community members were mostly not aware of government programmes, and in those cases where they were aware they found this support often too small to be meaningful. Villagers were strongly supportive of reproductive and child health services, which provide immunisation and clinical services for mothers and infants. At both study sites, villagers had also benefited from food relief programmes during periods of acute shortages, yet were critical of the size and composition of rations. Relief food typically consists of maize, and community members would like to also receive beans, dried sardines (*dagaa*), or even sugar, to constitute a more balanced diet. During the hunger year of 2011/12 maize rations per household were too low to meet needs, and people were further required to pay TSh50 per kg to cover the transportation cost of the relief food. Villagers argued that this was quite unfair, because many households could not pay and therefore were denied the food. Accordingly, respondents at both sites argued for the government to start targeting groups that are most in need. This would be fairer than current, untargeted, practice. Villagers in Kijiweni also noted that relief food did not always arrive in time due to long and opaque bureaucratic practices.

Participants overall were adamant that government should play a major and much bigger role in reducing hunger, especially through support of the most vulnerable groups in the community, in the shape of provision of farm inputs and through timely and free relief food.

> '*So it helps us a little, because this year we sent a request for help but we haven't seen anything yet. We were registered for help but we haven't seen anything yet, [I] am reminding the government that my request for farming infrastructures should be taken into consideration because it will help its citizens*.'
> (Female participant, Chiwerere)

Community members also discussed aspects of local accountability. They noted that politicians, traditional leaders, the media, civil society representatives and civil servants could do more to speak out publicly on the hunger and malnutrition experienced in their communities. Many villagers noted that for individuals it was very difficult to raise concerns about hunger and malnutrition directly with the government. Official village meetings are the main institutional mechanism for villagers to interact with local government officials; however, these are ineffective and hence often poorly attended. Villagers also distrusted low-level officials to pass on any critical feedback they received to senior officials and complained

about their involvement in corrupt practices in the distribution of relief food, which often meant that the most vulnerable groups did not receive timely relief.

Serious food shortages do get reported to the District Council, but community members were not clear on how that happened, and who had assessed community food needs. Men in Kijiweni argued that the process and its outcome depended much on the lobbying power of the local officials. Politicians are seen to seek political support by influencing the availability of relief food. Although respondents did not seem to consider the 'votes for food' practice illegitimate, they did feel that politicians had a moral obligation to deliver and not make empty promises when seeking votes from the people. Women in Chiwerere also commented that had civil society been stronger in the area, the government would have increased the amount of relief maize during the hunger year of 2011/12.

> '*Life is difficult, and this is due to lack of rains, hence the income has become too little, and there is no support, we only depend on the almighty God to help us, as he always enables us to live. Until now the government's support is very little, since last year we have only received two kilos of grain maize, how do you think we are living? Therefore, the government has abandoned us, but during the elections they come to us humbly, but right now because they have got what they want we don't see them. If we send our complaints they don't care. I wish that when we request for assistance, especially on the issue of food in our village, they should listen to us*.'
> (Male participant, Kijiweni Village).

5.3 Country analysis: Zambia

Summary

- HANCI 2013 ranking: 30th out of 45 (2012: 17th)
- HANCI 2013 score < HANCI 2012 score
- Hunger: 6 million (47 per cent of population)
- Stunting: 45 per cent of children under 5 years of age
- Wasting: 5 per cent of children under 5 years of age.

5.3.1 Hunger and undernutrition in Zambia

Following a decade of rapid economic growth Zambia is now classified as a lower-middle income country (World Bank 2013f). However, economic growth has not translated into significant poverty reduction; 60 per cent of the population live below the poverty line and 42 per cent are considered to be in extreme poverty (UNDP 2013a). Moreover, the absolute number of poor has increased from about 6 million in 1991 to 7.9 million in 2010, primarily due to population growth. There are substantial differences in poverty incidence between urban and rural areas. In mining areas such as the Copperbelt and Lusaka provinces, poverty incidence is fairly low (22 per cent and 34 per cent respectively). In contrast, in areas dominated by agriculture, poverty rates are greater than 70 per cent, and it is here that the great majority and worst cases of poverty occur (World Bank 2013f).

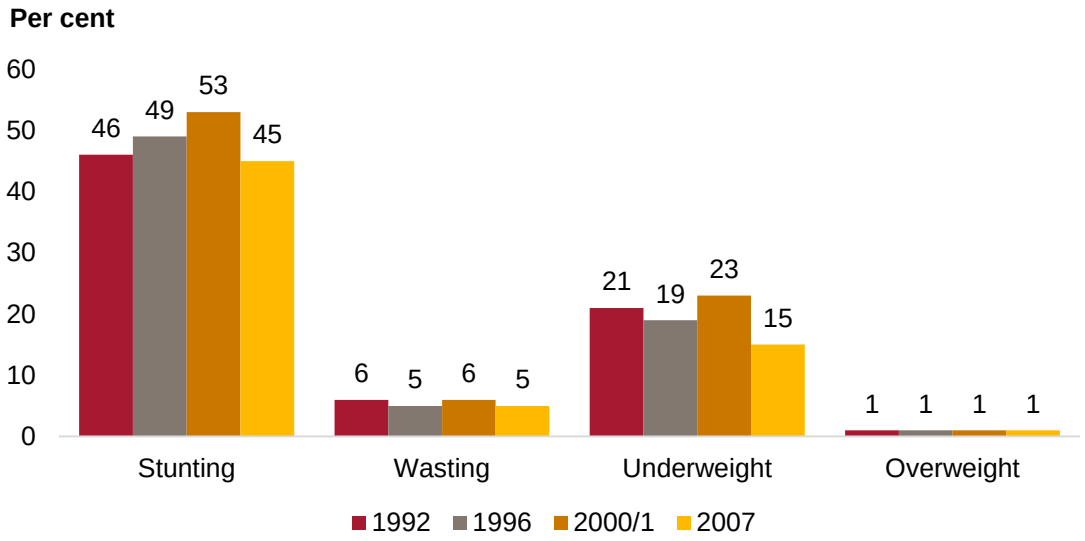
Zambia has not been able to make sufficient progress towards reaching MDG1 (FAO 2013; UNICEF 2013). It ranks 69th in the 2013 Global Hunger Index, which deems the hunger and undernutrition situation 'alarming' (IFPRI *et al*. 2013). Hunger is highly prevalent: 43.1 per cent of people were undernourished in Zambia during the period 2010–12 (FAO 2013). Household surveys note that 58 per cent of families reported that within a year they cannot always afford three meals a day (Chibuye 2011).

Figure 5.3 shows key temporal trends in child nutrition in Zambia. At 45 per cent, stunting rates are among the highest in the world (Central Statistical Office, MOH, TDRC, University of Zambia and Macro International 2009; SUN 2011; UNICEF 2013). Moreover, 5 per cent of

children under five suffer from wasting (Central Statistical Office *et al*. 2009) and 13.3 per cent are underweight (UNDP 2013a).

Boys are more likely than girls to be stunted (48 per cent compared with 42 per cent), wasted (6 per cent compared with 5 per cent) and underweight (17 per cent compared with 13 per cent). Undernutrition prevalence rates vary substantially by area. Stunting in children under five years of age is highest in Luapula Province (56 per cent) and lowest in Western and Southern provinces (36 per cent each). There is a small difference in wasting levels between children in urban (4 per cent) and rural areas (6 per cent). More than one in ten babies is born with low birth weight indicating poor maternal nutrition (Central Statistical Office *et al*. 2009; SUN 2011; UNICEF 2013). Similar to stunting prevalence, the proportion of underweight children is higher in rural areas than in urban areas. Children in Lusaka are the least likely (10 per cent) to be underweight, while children in the North-Western Province are the most likely (20 per cent).

Figure 5.3 Trends in nutritional status of children under five, Zambia, 1992–2007



Source: Adapted from Central Statistical Office *et al*. (2009).

Figure 5.3 shows that since the early 1990s, wasting levels have remained largely stagnant. Stunting levels remain very high. While the negative trend of the 1990s seems to have been overcome between 2000 and 2007, latest data is now over six years old and unlikely to fully capture the negative impacts of the global food price crisis (commencing in 2007, with repeats in subsequent years).

Vitamin A and iron-deficiency anaemia affect over half of all Zambian children (SUN 2011). About six in ten infants below six months of age are exclusively breastfed, up from 40 per cent in 2001–02 (Central Statistical Office *et al*. 2009).

Zambian women in particular face a double burden of nutrition. One in ten women are undernourished (BMI<18.5), and about one in five (19 per cent) are overweight or obese. Women in rural areas (11 per cent) are more likely to be underweight than those in urban areas (8 per cent), while women in the North-Western and Western provinces are more likely to be underweight than those in other provinces (14 per cent each) (Central Statistical Office *et al*. 2009).

5.3.2 HANCI findings

Drawing on an updated set of secondary data, Zambia has seen a dramatic decline in HANCI scores and ranking. Ranked 17th in the HANCI 2012, this year the country drops to 30th position, and it is now categorised in the group of countries showing very low commitment. In particular, Zambia's score for nutrition commitment declined sharply over the last year.

The Government of Zambia's development agenda is set out in the Vision 2030 and the (Revised) Sixth National Development Plan (R-SNDP), which identify a significant reduction of hunger and poverty as important development goals (World Bank 2013f). Under the Compact for the Comprehensive Africa Agriculture Development Programme (CAADP) framework, signed in 2011, Zambia also developed a National Agriculture Investment Plan in which food security and nutrition are important components (SUN 2013a). New data (for 2012) suggests that Zambia now spends 10.2 per cent of total public spending on agriculture, thus meeting its commitments made under the 2003 Maputo Declaration of the African Union. However, it should be noted that these figures include non-planned supplementary budgets, and actual allocated budgets for agriculture amount to 8 per cent or less of government budgets. As in Malawi, a Farm Input Support Programme (FISP) run by the Ministry of Agriculture provides subsidised seed and fertiliser to farmers, driving especially increased maize production. A separate intervention, the Food Security Pack (FSP), provided by the Ministry of Community Development, Mother and Child Health, aims to provide a basic level of farm inputs to households in need, encourage crop diversification and promote conservation farming practices (Harris and Drimie 2012).

Public agricultural research and extension activities are moderately satisfactory in terms of reaching poor farmers. Extension services target land owners (i.e. men) and rarely identify women as the target audience. Also, extension services tend to focus more on cash crops (grown mainly by men) than food crops (grown mainly by women) such as nuts, sorghum, millet, cowpeas and cassava (Curtis 2013: 63). There appears to be good scope to enhance the functioning of extension services by, among others, strengthening budget allocations and effective spending for this purpose. In 2011 only about 5 per cent of the Ministry of Agriculture's budget was spend on extension services, and another 1.6 per cent on research (Curtis 2013). Moreover, nearly half of budget allocations may not be released (IAPRI 2014).

While a majority of rural poor households have access to agricultural land, for women and indigenous populations security of tenure is not assured. While the law of the land asserts women's equal legal rights, discriminatory practices against their access to and ownership of agricultural land persist. Despite women making up the majority of Zambian farmers, they are not the explicit focus of any of the roughly 5,000 budget lines in the Ministry of Agriculture's budget contained in the 'Yellow Book' that outlines the annual government budget. The failure to target spending on women causes massive production losses. According to a World Bank study, if women in Zambia benefited from the same capital investments in farm inputs, including land, as men, output in Zambia could increase by up to 15 per cent (Curtis 2013: 63).

Similarly, women's broader economic rights are recognised by law, though severely restricted by discriminatory practices, thus making women more vulnerable to hunger. In the last year, Zambia's score on this indicator notably worsened.

Zambia's Constitution recognises a right to food; however, the right is not justiciable as it is not part of the bill of rights, and Zambia's score on this indicator was accordingly revised downwards. The Constitution does not include a right to social security. Moreover, social safety nets are still rudimentary and cover only a few risks for a limited number of

beneficiaries, even though the majority of the population is at risk of poverty. Zambia also has a very low civil registration at birth rate: only 14 per cent of live births.[39]

The Government of Zambia (GoZ) joined the SUN movement in December 2010, and developed its 2011–15 National Food and Nutrition Strategic Plan (NFNSP). The NFNSP focuses on child stunting and a child's first 1,000 days (Harris and Drimie 2012) and identifies numeric time-bound nutrition targets. It includes a series of nutrition-specific provisions and promotes nutrition-sensitive approaches in key sectors including agriculture and food security, poverty reduction, community development and public health (SUN 2013a). Nutrition interventions within primary health care services include: a national breastfeeding programme; growth monitoring and promotion; universal child immunisation; a vitamin A supplementation programme; supplementary feeding for malnourished children; promotion of consumption of micronutrient-rich foods; and community-based nutrition (Harris and Drimie 2012).

The National Food and Nutrition Commission (NFNC) is in charge of coordinating inputs from various ministries towards delivering the National Food and Nutrition Strategic Plan. Established in 1967, the NFNC is located within the Ministry of Health (MoH) (Harris and Drimie 2012). Currently, civil society groups in the country are campaigning for the NFNC to be relocated to the Vice President's Office, which would require a statutory amendment by Parliament. They argue that because the country's disease burden (HIV/TB/malaria) is very high and acute, the MoH tends to focus on this to the detriment of more chronic issues such as undernutrition. The MoH also lacks sufficient traction with other line ministries, impeding effective policy coordination (pers. comms. November 2013).

A CSO–SUN Alliance has been set up facilitating dialogue between civil society groups and the GoZ. Donors convene in a Nutrition Cooperating Partners' Group (NCPG) which is represented in several multi-sectoral platforms coordinated by GoZ line ministries (SUN 2013a).

It is estimated that an investment of an additional US$30 per child under five years of age is required to scale up the delivery of high-impact nutrition interventions; to do this the GoZ has committed to increasing financial contributions to nutrition at least by 20 per cent annually for the next ten years (SUN 2013a).[40] Although the GoZ developed a costed nutrition plan, a realistic costed plan for implementing the National Food and Nutrition Strategic Plan 2011–15 continues to be needed (SUN 2012a). Sectoral budgets for nutrition are fragmented, and there is no national nutrition budget line, and hence it is hard to monitor the government's promise to annually increase spending on nutrition by 20 per cent. Encouragingly, the government is now developing a mechanism to track nutrition funds from pooled funds, direct support, as well as government funding for nutrition (SUN 2013a). Further, the CSO–SUN Alliance is conducting a budget tracking exercise, which breaks down direct spending relating to nutrition-specific interventions that address the immediate determinants of child nutrition such as the infant and young child feeding practices, as well as indirect spending. Greater transparency on budget allocations and budget tracking may help to avoid significant underspend where funds are available. For instance, in 2012, funds to the tune of US$1.2 million were earmarked for National Food and Nutrition Commission spending, yet disbursements often fell short by 50 per cent (SUN 2012a). Hence, while a recent CSO–SUN

[39] Zambian stakeholders, however, commented that this should not necessarily act as a barrier for children to access health and education services, as alternative identity documentation options exist (e.g. through the 'under 5 card' issued by a clinic, or an affidavit of birth). However, there may be advantages in harmonising with established international birth registration practice, for instance, in obtaining better quality data on performance of birth registration schemes (pers. comm. November 2013).

[40] Zambian stakeholders note that while US$30 dollars roughly amounts to ZK190, the Government of Zambia currently spends about ZK2.5 per annum per child (pers. comm. November 2013), suggesting that the 20 per cent annual increase will be far from sufficient.

analysis finds a welcome 33 per cent increase in NFNC budget allocations in 2014 as compared to 2013 (pers. comm.), actual spending patterns need to be watched carefully.

Zambia invests substantially in health services (16 per cent of public spending in 2011 and budget allocations of 11.3 per cent in 2013) helping to allow a very high percentage (94 per cent) of women to be attended at least once during pregnancy by skilled health personnel (nurse, doctor or midwife). The GoZ promotes complementary feeding in addition to breastfeeding and many provisions of the International Code of Marketing of Breastmilk Substitutes have been enshrined in Zambian law.

One of the most significant detrimental changes over the last year on Zambian HANCI indicators concerns vitamin A supplementation (Table 5.19). Coverage of the vitamin A supplementation programme has dropped sharply from 92 per cent to 72 per cent of children.

The GoZ can do more to improve some of the environmental factors that drive better nutrition outcomes. Just 64 per cent of the population has access to safe drinking water, representing a small rise compared to 2012. In contrast, access to sanitation decreased in the last year, and now stands at 42 per cent of the population (in 2011).[41] Table 5.19 provides an overview of the indicators on which HANCI scores changed between 2012 and 2013.

Table 5.19 Zambia, changing performance on commitment indicators, 2012–2013

	HANCI 2012		HANCI 2013		Change	
	Value	Year	Value	Year		
Government spending on agriculture	8.3	2007	10.2	2010	1.90	↑
Government spending on health	15.6	2010	16.0	2011	0.38	↑
Nutrition budget	1.0	2012	0.5	2013	-0.50	↓
Vitamin A coverage	92.0	2010	72.0	2011	-20.00	↓
Access to drinking water	61.0	2010	64.1	2011	3.15	↑
Access to sanitation	48.0	2010	42.1	2011	-5.92	↓
Skilled birth attendance	94.0	2007	93.7	2007	-0.30	↓
Constitutional right to food	5.0	2006	1.0	2006	-4.00	↓
Women's economic rights	1.0	2010	0.0	2011	-1.00	↓

5.3.3 Expert perceptions of political commitment

In Zambia, 39 experts (27 men, 12 women) were interviewed in the period October–November 2013 through a team of local consultants. This team had also conducted the 2011 survey, so was well-versed in the practicalities of arranging and conducting the survey. Experts were carefully selected to ensure a balanced sample with substantial representation of government officials, civil society organisations, research and academic institutions, international donors and some members of the private sector and media. Survey respondents were selected on the basis of having substantial knowledge and expertise in the area of hunger and nutrition. Thanks to the face-to-face interview approach, response levels were very high.

Expert survey findings are first discussed for the theme of public expenditures and then for the theme of government policies and programmes.

[41] HANCI data draws on World Bank statistics that include pit latrines without a slab. The GoZ uses a narrower definition of improved sanitation showing lower coverage rates at 33 per cent (UNDP 2013a).

Analysis of the expert surveys of 2012 and 2013 (Table 5.20) affirms the picture of Zambia's declining political commitment scores reported for the global index indicators. Expert surveys of 2012 and 2013 finds a decline of 10 percentage points for the policy theme for both hunger commitment and nutrition commitment. Smaller reductions in commitment scores were found for the spending theme (2 per cent for hunger, 5 per cent for nutrition).

Table 5.20 Mean Government of Zambia commitment scores by policy and spending theme and by hunger and nutrition subject areas

	2012		2013	
	Hunger	**Nutrition**	**Hunger**	**Nutrition**
Public spending	65% (fairly strong)	45% (moderate)	63% (fairly strong)	40% (fairly weak)
Policy	67% (fairly strong)	60% (fairly strong)	57% (fairly strong)	50% (moderate)

Further analysis by expenditure (Table 5.21) and policy (Table 5.22) themes allows for greater insight, in particular showing that on some accounts of public policy, the GoZ's commitment did see improvements, though this is not the overall picture.

Table 5.20 shows that the experts rated the GoZ's commitment to nutrition as weaker than hunger reduction, at the 1 per cent level of statistical significance. Experts thus consider that the government's expressed policy preferences are reflected moderately well in public spending for hunger reduction but fairly weakly for nutrition. Furthermore absolute budget spending is considered moderate whereas for nutrition it is considered fairly weak. Additionally, public spending on hunger is strongly sensitive to both electoral cycles and disasters and emergencies, in clear contrast with nutrition spending. Financial mechanisms for tracking hunger spending are deemed of moderate strength but fairly weak for nutrition.

Table 5.21 Expert perceptions of public expenditures towards addressing hunger and undernutrition, Zambia

Questions	**2011: Hunger and Nutrition**	**2012**		**2013**	
		Hunger	**Nutrition**	**Hunger**	**Nutrition**
To what extent are government policy preferences reflected in budget expenditures?	50%	62%	39%	54%	32%###
How strong or weak would you, in general, characterise the government's absolute (in money terms) budget expenditures on hunger and nutrition?	49%	55%	39%	49%	28%***###
How sensitive are government budget expenditures on hunger and nutrition to electoral cycles?	74%	81%	46%	80%	47%###
How sensitive are government budget expenditures on hunger and nutrition to emergencies/disasters?	71%	78%	54%	76%	51%###
How well has the national government developed transparent financial mechanisms for earmarked funding?	-	49%	46%	56%	43%###

Statistical significance (change between 2012 and 2013 based on independent sample T tests): * at 10% level; ** at 5% level; *** at 1% level. Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level. ≠: t-test could not be run.

When comparing expert scores in 2013 with those from 2012, we further note that absolute budget expenditures on nutrition are seen to have weakened, seemingly contradicting the government's announcement of spending 20 per cent more on nutrition year by year. However, analysis of the 2014 budget by the CSO–SUN Alliance (CSO-SUN 2013: 6) shows

that only in the case of the National Food and Nutrition Commission in the Ministry of Health did budgets increase by more than 20 per cent (i.e. by 33 per cent). Two other main line ministries also saw increases: the Ministry of Community Development, Mother and Child Health received an average increase of 13 per cent, and funding to the Ministry of Education's School Health Nutrition programme received an average of 8 per cent increase. Yet the Ministry of Agriculture, Livestock, Fisheries and Cooperatives recorded a 2 per cent decline in nutrition-related funding from 2013, and this needs to be seen against the backdrop of a massive 96 per cent increase in funding to the Food Reserve Agency, which has been criticised for being too focused on maize production and thus sustaining a lack of dietary diversification.

In terms of public policy, the expert surveys also helped to identify areas of strength and areas in need of improvement (Table 5.22).

Policy documents express goals and preferences strongly in terms of hunger reduction and fairly strongly in terms of nutrition (this difference is statistically highly significant). Public policy is fairly open to scrutiny, and the government policymaking and policy implementing bodies make fairly strong efforts to involve diverse stakeholders in hunger policy, though somewhat (and statistically, significantly) less so in the case of nutrition. This is enabled by strong continuity in the agencies involved in policy design and implementation.

Compared to 2012, horizontal coordination between government agencies was assessed as having improved somewhat, although this improvement was not statistically significant. Statistically significant improvements over time were, however, noted for the likely adjustment of both hunger and nutrition policies on the basis of sound evidence. Hunger policy in particular is seen as likely to be amended. As a leader of a local civil society collective explained:

> *'Based on our experience in working with policy makers… we have noted that when the evidence is compelling (presented in an engaging way) and clearly demonstrates what type of interventions will be most cost-effective and how best to implement them, policymakers may not hesitate to adjust or develop a policy. This, together with the current global focus on nutrition and hunger, and prominent CSOs championing H and N, I think may explain in part the [Government's] openness to change.'*
> (pers. comm.)

Table 5.22 and particularly Table 5.23 show that for most of the questions on policy, experts gave significantly lower commitment scores for nutrition than for hunger. Indeed, even though the Zambian Vice President made commitments to greater action at the Nutrition for Growth Summit in London in June 2013, experts argue that nutrition is given lower priority in 2013 than 2012 (Table 5.23). Accordingly, the GoZ is overall seen to give fairly strong priority to hunger, but only moderate priority to nutrition. This is reflected in various aspects. Thus, whereas vertical coordination for hunger improved since 2012 and now is seen as fairly strong, for nutrition this is not yet the case. Local CSO stakeholders note that while the government has really done well since 2012 in verbalising and demonstrating (e.g. through policy changes) its commitment to nutrition, more time is needed to assess impacts on the ground. So far, the spending on nutrition has not been progressive on an annual basis. Further, the lack of a nutrition champion (in government) and lack of a systematic and coordinated way of implementing the interventions may hinder the achievement of impact (pers. comm.).

Table 5.22 Zambian public policy: aspects of stronger commitment to reduce hunger and undernutrition

Questions	2011: Hunger and Nutrition	2012		2013	
		Hunger	Nutrition	Hunger	Nutrition
To what extent are flagship policies on hunger and nutrition implemented by the agencies that design these?	75%	84%		85%	
How well are the goals of improving hunger and nutrition outcomes expressed in government development strategies/policies?	-	73%	64%	79%	63%###
How clear are public policy preferences on (a) hunger and (b) undernutrition expressed in government documents?	54%	71%		73%	61%###
How successful is/are the government body/ies in delivering a coordinated cross-agency approach to addressing hunger and nutrition at the national level?	41%	55%	50%	59%	56%≠
How likely are government policies to be adjusted when strong evidence suggests change in course?	51%	55%	50%	67%***	63%***##
How accessible is government policy on hunger and nutrition to public scrutiny?	55%	59%	58%	62%	60%
How well do policy strategies/decision-making bodies allow representation of divergent interests in areas of hunger and nutrition?	50%	59%	60%	60%	55%
How well do agencies responsible for the *design* of (a) hunger and (b) nutrition policies build social/political support?	58%	57%	54%	66%	56%###

Statistical significance (change between 2012 and 2013 based on independent sample T tests): * at 10% level; ** at 5% level; *** at 1% level. Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level. ≠: t-test could not be run.

Policy implementation for hunger is of moderate strength, but fairly weak for nutrition, and implementing agencies are less able to build broad political and social support for nutrition programmes. Whereas the GoZ is seen to make fairly strong efforts in enhancing its administrative (and financial) capacity to combat hunger, this is not the case for nutrition. As discussed above, budget lines for nutrition and the ability of the GoZ to use existing financial capacity are seen to be fairly weak, and in case of the latter, significantly more so than for hunger.

The GoZ is less inclined to innovate with policy approaches, and policy is only moderately (hunger) to fairly weakly (nutrition) informed by knowledge and evidence-generating mechanisms. For instance, Zambia has regularly undertaken demographic and health surveys during the last two decades (in 1992, 1996, 2001 and 2007); however, the latest representative national survey data is now over six years old and policymakers are thus deprived of accurate contemporary data on key indicators such as stunting and wasting.

Finally, the experts were concerned about what they saw as very weak incentives for individual policymakers and implementers, and their agencies, to perform well in the quest for hunger and undernutrition reduction.

Table 5.23 Zambian public policy: aspects of weaker commitment to reduce hunger and undernutrition

Questions	2011: Hunger and Nutrition	2012		2013	
		Hunger	Nutrition	Hunger	Nutrition
What kind of a priority does the government give to hunger and nutrition?	64%	64%	53%	66%	45%*###
What is the strength of (vertical) coordination efforts between national and subnational governments to improve hunger and nutrition outcomes?	–	53%	44%	62%	45%###
How developed are government systems that generate knowledge and evidence to inform policy?	48%	53%	50%	55%	42%###
To what extent does the government experiment and innovate with new policy approaches?	50%	49%	46%	56%*	51%##
How strong is policy implementation on hunger and nutrition?	43%	48%	39%	50%	37%###
To what extent does the government enhance administrative capacity to address hunger and nutrition?	50%	58%	48%	61%	47%###
To what extent does the government enhance financial capacity to address hunger and nutrition?	45%	53%	44%	54%	34%*###
How well are budget lines for hunger and nutrition developed?	–	51%	42%	57%	39%###
How well do agencies responsible for the *implementation* of (a) hunger and (b) nutrition policies build social/political support?	51%	55%	53%	59%	49%###
To what extent does the government utilise financial capacity to address hunger and nutrition problems?	–	53%	46%	55%	38%###
What is the strength of credible incentives for individual policymakers and implementers, and their agencies, to perform well?	–	25%	23%	14%	13%≠

Statistical significance (change between 2012 and 2013 based on independent sample T tests): * at 10% level; ** at 5% level; *** at 1% level. Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level. ≠: t-test could not be run.

Public spending and public policy are not the only realms in which hunger gains priority over nutrition. Top-level leadership in Zambia is seen to be fairly strong in respect to hunger, and moderate for nutrition, and this difference is statistically significant at the 1 per cent level (Table 5.24). In comparison, experts in neighbouring Malawi and Tanzania considered their top leadership to demonstrate higher commitment. Even though political party manifestos give moderate attention to hunger and fairly weak attention to nutrition (and again, this difference is statistically significant at the 1 per cent level), Zambian senior politicians are seen to speak out fairly strongly against these issues; however, they have just a moderate understanding of the status and underlying causal factors of hunger and undernutrition in the country, and a fairly weak appreciation of possible solutions. While politicians are increasingly discussing hunger and nutrition, none of the political parties have recently revised their manifestos to give greater prominence to these issues. Civil society groups note that none of the political parties in Zambia provide a clear direction on nutrition, and some do

not even mention it. While the current party in government (PF) has verbalised its commitment to tackling hunger and nutrition and would have been expected to make a strong political statement by revising its manifesto, this has not been done so far. Its manifesto currently contains one reference each to hunger and nutrition.

Table 5.24 Political leadership on hunger and undernutrition in Zambia

Questions	2011: Hunger and Nutrition	2012		2013	
		Hunger	Nutrition	Hunger	Nutrition
How developed is presidential/prime ministerial leadership in the country on hunger and nutrition?	–	61%	50%	62%	46%###
To what extent do senior political leaders speak out against hunger and undernutrition?	69%	66%		66%	
How well do senior politicians understand the status of hunger and undernutrition in the country?	50%	43%		54%	
How well do senior politicians understand causal factors of hunger and undernutrition in the country?	45%	51%		47%	
How well do senior politicians understand solutions to hunger and undernutrition?	43%	41%		44%	
How well are (improved) hunger and nutrition outcomes set out as goals in political party manifestos?	–	48%	38%	60%*	34%###

Statistical significance (change between 2012 and 2013 based on independent sample T tests): * at 10% level; ** at 5% level; *** at 1% level. Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level. ≠: t-test could not be run.

The survey findings further show that there are statistically highly significant differences between the support given by the general public as well as the Zambian media to GoZ efforts to address hunger (fairly strong) and nutrition (moderate). Donors and civil society also provide strong support, contrasting with the fairly weak support from opposition political parties (Table 5.25).

Table 5.25 Who supports the Government of Zambia to combat hunger and undernutrition?

	2011: Hunger and Nutrition	2012		2013	
		Hunger	Nutrition	Hunger	Nutrition
Donors	75%	75%	72%	81%	78%
Media	–	55%	46%	58%	46%###
Civil society	66%	71%	65%	75%	73%
The general public	66%	60%	47%	60%	49%###
Opposition political parties	42%	44%	30%	41%	36%#

Statistical significance (change between 2012 and 2013 based on independent sample T tests): * at 10% level; ** at 5% level; *** at 1% level. Statistical significance of the difference between hunger score in 2013 and nutrition score in 2013 based on paired sample T tests: # at 10% level; ## at 5% level; ### at 1% level. ≠: t-test could not be run.

5.3.4 Weighting schemes: community and expert preferences

Chapter 2 showed how the HANCI research team applied an equal weighting scheme to the three themes that constitute the Hunger Reduction Commitment and Nutrition Commitment sub-indices. Recognising its subjective nature, we identified alternative weighting schemes based on the preferences of (a) experts and (b) communities affected by hunger and undernutrition. A simple exercise was devised for experts as part of the questionnaire survey, and for community members as part of the focus group discussions. Table 5.26 shows a summary of findings.

Table 5.26 Experts' and community members' subjective weighting schemes, Zambia

	Legal frameworks		Policies and programmes		Public expenditures	
	2012	**2013**	**2012**	**2013**	**2012**	**2013**
Experts	19%	20%	49%	32%	32%	49%
Communities	20%	n.a.	40%	n.a.	40%	n.a.

The Zambian consultants conducted the exercise separately for hunger and for nutrition. Interestingly this did not generate any meaningful differences in allocations of weights, hence these are not reported on in the table.[42] While experts surveyed in 2013 allocated very similar weights to legal frameworks, they swapped their allocations for policies and programmes and public spending. Accordingly, in 2013, 49 per cent weights were given to spending (32 per cent in 2012).

[42] Hunger and nutrition were allocated respectively 19 per cent and 20 per cent for legal frameworks: 32 per cent and 31 per cent for policies and programmes; and 49 per cent each for public spending.

6 Awareness raising and policy uptake

If the HANCI is to add value by highlighting successes and deficits in commitment to ending hunger and undernutrition, it has to be well known and easy to access. The project team accordingly developed a communications plan. We renewed the website (http://www.hancindex.org) and regularly updated it with project research and communications products. The website includes a number of interactive data visualisation applications. These present HANCI findings in a number of ways and allow users to interact with and explore the underlying data. New multimedia products such as photo-slideshows, podcasted presentations and TV and radio interviews have been uploaded.

The HANCI approach has been developed and shared with practitioners in key countries. Workshops were run in Bangladesh, Malawi, Tanzania (twice) and Zambia in 2013 (and in India in 2012) and a method has been developed through which local partners devised key advocacy messages supported by HANCI evidence, for in-country policy advocacy. Most prominently, in November 2013 IDS researchers, together with local partners from the Partnership for Nutrition in Tanzania (PANITA), presented the results of the Hunger and Nutrition Commitment Index to a group of 14 Tanzanian members of the Parliamentary Group for Nutrition, Food Security and Children's Rights, including two deputy ministers. Working in partnership with Save the Children and PANITA – who support the Parliamentary Group to act as 'nutrition champions' – IDS led the process of co-constructing a set of key findings with which to target the MPs. They married evidence from the HANCI secondary data and primary research conducted in Tanzania to issues in PANITA's existing advocacy strategy and aligned them with ongoing efforts of the Parliamentary Group. The evidence was used as the basis for a discussion in which the MPs were encouraged to propose solutions, and translate these into personal action. The MPs enthusiastically noted that HANCI evidence grounds complex nutrition issues and provides useful ammunition for them to exercise political leadership and strengthen their oversight over the government. Specifically the MPs were keen to learn from the actions of other African countries that out-ranked Tanzania (8th) in the Index in order to emulate and leapfrog them in future.

Consequently, the MPs proposed several actions:

1. To take the lead in ensuring that nutrition is included as a key development issue in the next set of political manifestos (2015–20).
2. To champion nutrition in their regions and districts.
3. Seeking to get the National Nutrition Strategy as a permanent agenda item in sub-national committees and council meetings.
4. One MP committed to preparing a private motion for Parliament to demand regular and improved collation, access and use of nutrition outcome and policy implementation data at the district level throughout the country, thus enabling MPs to better hold policy implementers to account and to incentivise them to perform better.

Subsequently, HANCI evidence on problems surrounding political commitment to reducing hunger and nutrition, and why they matter, was presented to a roundtable event where eight Tanzanian MPs and two British MPs discussed the findings.

All in all, the visit made a very promising start to what we hope will be an enduring relationship with PANITA and with Tanzanian decision-makers, to support them to foster greater political action on hunger and nutrition.

The event also received coverage in Tanzanian media including TV, radio and newspapers. MPs were interviewed and were therefore able to make public their commitments for

reducing hunger and undernutrition. Such public commitment is an essential part of the accountability which the HANCI aims to build. The HANCI team plans to replicate this approach in other countries where HANCI research has been undertaken.

In addition, initial discussions were had on how to link the HANCI structurally with the international CSO–SUN network, convened by Save the Children, such that research findings and communications products can be successfully used in a wide range of countries.

The HANCI launch in April 2013 strategically sought to inform the Ireland-hosted Hunger Summit in April, the G-8 meeting in the UK in June and also linked to the *Lancet* series on maternal and child malnutrition. HANCI has been successful at reaching a large audience through a range of media outlets which include TV (via Al Jazeera, twice) and news items aired on radio (BBC World Service, BBC National and Regional and in Russia and the Netherlands). Reports in online media and news print have covered the Index internationally, for example, Reuters AlertNet, and in countries including Guatemala, Kenya, Tanzania, the UK, Finland and the Netherlands. The Index has featured in a number of development and news blogs, and two national ministries have sought further information.

The HANCI has also featured in several IDS internal and external blogs. Table 6.1 gives an overview of uptake activities.

Table 6.1 HANCI uptake

	Activities
Awareness raising and capacity building	● Four audio slideshows presenting community voices ● Workshops: Tanzania (2x); Bangladesh; Malawi, Zambia, Nepal ● One IDS seminar, February 2014 (www.ids.ac.uk/events/the-hunger-and-nutrition-commitment-index-an-introduction#eventstraming) ● Training courses: IDS Nutrition Summer Training Course (July 2013); WFP Nutrition Training Course (June 2013) ● Presentations: Irish Aid (November 2013); Child Investment Fund Foundation (April 2014); Lancet Series on Nutrition (June 2013); McGill University, Global Conference on Food Security, October 2013 (http://bcooltv.mcgill.ca/Viewer2/?rid=1070099d-8eb6-4558-a76d-9c99330b8a52)
Policy influencing	● Policy workshop Tanzania with 12 MPs and 2 deputy-ministers (November 2013) ● Roundtable event UK-Tanzanian MPs (with RESULTS UK, November 2013)
Programmatic use and academia	HANCI has been reported as having been used by the Children's Investment Fund Foundation and the Program for Appropriate Technology in Health to support decisions on country and partner selection. The DFID-funded Operations Research and Impact Evaluation (ORIE) project in Northern Nigeria uses HANCI data for its M&E plan for the DFID. PATH uses HANCI as part of its criteria for selecting applications to award funds to CSOs through the DFID Nutrition Embedded Evaluation Programme (NEEP). References are also made to HANCI in, among others: Lancet Series 2013; World Economic and Social Survey report (www.un.org/en/development/desa/policy/wess/index.shtml); IFPRI 2013 Global Food Policy Report

Radio, TV, newspapers coverage	● Tanzania policy workshop: covered in ten Tanzanian TV broadcasts and broadsheet articles
	● TV interviews D. te Lintelo on Al-Jazeera, June 2013 (www.aljazeera.com/programmes/insidestory/2013/04/201341375931646699.htm) and on 16 October, World Food Day
	● News items and interviews with D. te Lintelo aired on Radio: BBC World Service, BBC National and Regional; Radio Moscow (http://english.ruvr.ru/radio_broadcast/25298789/221967970/) and the Netherlands (www.rnw.nl/africa/article/poverty-no-bar-fighting-deadly-undernutrition)
	● Reports in online media and news print have covered the Index internationally e.g. Reuters (www.trust.org/alertnet/news/emerging-economies-lag-in-commitment-to-tackle-hunger-index), and in countries including:
	  ○ Guatemala (www.dca.gob.gt/index.php/template-features/item/16505-reconocen-lucha-contra-el-hambre.html)
	  ○ Kenya (www.the-star.co.ke/news/article-116616/kenya-among-countries-not-committed-fighting-hunger-says-report, Tanzania),
	  ○ Tanzania (http://thecitizen.co.tz/news/4-national-news/30488-new-index-shows-tanzania-most-devoted-to-war-on-famine-in-east-africa)
	  ○ UK (www.guardian.co.uk/global-development/2013/apr/11/guinea-bissau-countries-commitment-hunger)
	  ○ Finland (www.kepa.fi/uutiset/10032)
	  ○ Netherlands (www.nieuwsbank.nl/inp/2013/06/05/Y087.htm)

Blogs	IDS blogs: IDS Povertics blog (June, October 2013); Development Horizons blog by Lawrence Haddad (June, October, November 2013). Externally, IDS authored blogs featured on AllAfrica (http://allafrica.com/stories/201304140158.html and http://allafrica.com/stories/201304121076.html, April 2013) and on ReliefWeb (April 2013); ChildWatch International Research Network (May 2013) Several development bloggers also picked up on HANCI, including: ● Roger Thurlow, IFPRI (http://outrageandinspire.org/2014/01/28/gimme-nutrition/). ● Scott Bleggi, Bread for the World, May 2013 (http://notes.bread.org/2013/05/whos-walking-the-walk-country-commitments-to-fighting-malnutrition.html) ● Duncan Green, Oxfam, http://oxfamblogs.org/fp2p/does-hunger-make-you-want-to-cry-if-so-get-your-hanci-out/ April 2013 and also featured on World Bank's 'People, spaces, deliberation' blog, http://blogs.worldbank.org/team/duncan-green ● Sight and life (July 2013) www.sightandlife.org/news/news-details/article/The-Hunger-And-Nutrition-Commitment-Index-HANCI-2012.html ● OneWorld South Asia (April 2013) http://southasia.oneworld.net/resources/ids-launches-hunger-and-nutrition-commitment-index-hanci - .U4TQBSgvTwB

7 Conclusions

The HANCI 2013 is the second issue of the Hunger and Nutrition Commitment Index for developing countries. It measures government commitment to reducing hunger and improving nutrition because this is something governments can be held accountable for by civil society actors.

We employ two methods for assessing commitment: secondary data for cross-country comparisons, and primary data based on community and 'expert' opinion to further assess political commitment within selected countries. The primary data provides a complementary and up-to-date perspective on political commitment to reducing hunger and undernutrition, as it interrogates a set of commitment indicators for which little to no secondary data is available for most countries.

The HANCI 2013 compares 45 countries' performance over 22 indicators on public spending, policies and programmes and legal frameworks; instruments that governments can employ to enhance access, availability and utilisation of food and nutrition. The HANCI aggregates relative political commitment levels and offers a comparative analysis with the HANCI 2012 findings. While the HANCI cannot aggregate absolute levels of commitment across indicators, changes in performance on individual indicators allow an opportunity to assess country commitment over time.

Main findings for the HANCI 2013 include:

- Guatemala, followed by Peru and Malawi, tops the list of 45 countries in terms of relative political commitment to addressing hunger and undernutrition.
- Guinea Bissau, Sudan and Myanmar languish at the bottom of the rankings.
- Guatemala retains the number one position on the HANCI, despite declining commitment scores.
- Competition for the HANCI's top spot is heating up.
- At the bottom regions of the index, some countries are witnessing significant improvement in committed action on hunger and nutrition.
- Worryingly, several countries that are already at the bottom of the HANCI ranking, including Guinea Bissau, the Yemen and Sudan, are demonstrating a decline in relative commitment. These countries are increasingly getting left behind.

When countries are grouped by commitment levels and cross-tabulated against critical context variables such as hunger and undernutrition levels and trends, wealth and governance effectiveness, findings for the HANCI 2013 were strikingly similar to those for the HANCI 2012.

- Significantly, within areas of high and growing hunger and undernutrition prevalence, some countries are clearly showing much greater political commitment to addressing these problems than others.
- Among those countries with high stunting levels and with 'serious' or 'alarming' status on the Global Hunger Index, there is high variation in relative commitment levels.
- Worryingly, in those countries that have seen stunting increase over the last two decades, current levels of political commitment are low to very low. Many countries in this position are currently or have recently been afflicted by conflict (Sierra Leone, Côte d'Ivoire, Burundi, Yemen, Afghanistan and Sudan).

- The countries showing relatively highest commitment are found in diverse wealth groups. Low wealth is not necessarily an impediment for taking committed action on hunger and undernutrition.
- Countries in the highest wealth group (>$3,500 per year per capita) are more likely to undertake committed action than those that are less well off. Some middle-income countries that were shown to lag in commitment in the HANCI 2012 are now reported as demonstrating improved efforts at addressing hunger and undernutrition.
- Economic growth has not necessarily led to a commitment from governments to tackle hunger and undernutrition.
- The relative commitment to hunger reduction does not predict the relative commitment to nutrition. This is shown by both secondary and primary research findings from expert perception surveys in Bangladesh, India, Malawi, Nepal, Tanzania and Zambia. The expert surveys thus show that the general public, the media and civil society organisations as well as senior political party leadership are generally less supportive of government action on nutrition than on hunger. One major challenge therefore is to not just change government commitment, but to enhance commitment towards nutrition within non-state sections of society.

Annex A Questions in Expert Surveys

General information of respondent

Date of interview:	*Day*	*Month*	*Year*
Name of interviewer: *First and last name*.			
Name of respondent: *First and last name*.			
Respondent ID (to be allocated by interview team)			
Place, State (respondent base):			
Gender:	*Female*	*Male*	
Educational background: *Highest education level*			
Organisation/Institution the respondent is working for:			
Position held in the organisation:			
Type of organisation:			

Main area of expertise:
Circle those that apply

1. Health
2. Nutrition
3. Agriculture
4. Food Policy
5. Education
6. Social Policy
7. Other (please state)

Q1. In your opinion, how important are hunger and undernutrition problems in the country?

1. Highly critical
2. Important
3. Somewhat important
4. Of limited importance
5. Unimportant
6. Don’t know
99. Refrain to answer

Q2. In your opinion, what kind of a priority does your national government give to improving hunger and nutrition outcomes?

	Hunger	**Nutrition**
1. Very high priority		
2. High priority		
3. Moderate priority		
4. Low priority		
5. Very low priority		
6. Don’t know		
99. Refrain to answer		

Q3. In its efforts to address hunger and undernutrition, which groups does the national government prioritise (e.g. children, orphans and vulnerable children, landless people)?

NB: QUESTIONS REFER TO NATIONAL POLICIES AIMING TO REDUCE HUNGER AND UNDERNUTRITION

Government policies

Q4. Could you name those policies that the national government considers most relevant and currently undertakes to reduce hunger and undernutrition (name up to 5)?

For each,

A. Can you tell whether it was initiated by the implementing agency?
B. If not, can you identify which agency initiated the policy?

Interviewer: For each, note whether it is predominantly focused on (a) nutrition, (b) hunger or (c) focused on both.

Name of policy	**4A. To what extent was this policy initiated by the State agency responsible for executing it?**	**4B. If not fully or mostly, what other agency drove this policy?***
	1. Fully 2. Mostly 3. Somewhat 4. Hardly 5. Not at all 6. Don't know 99. Refrain to answer	
1. (a/b/c)		
2. (a/b/c)		
3. (a/b/c)		
4. (a/b/c)		
5. (a/b/c)		

**Interviewer*: consider agencies within/outside government, inc. Donors (4B). Prompt respondents where required on appropriate policies.

Q5. For the policies you mentioned in question 4, could we ask you a few more questions?

A. How important does the National government consider this policy?
B. How sufficient are current National government efforts towards fulfilling policy goals?

b	**5A. How important does the National government consider this policy?**	**5B. How adequate are National government efforts towards fulfilling policy goals?**
	1. Very important 2. Important 3. So-so 4. Unimportant 5. Very unimportant	1. Very sufficient 2. Somewhat sufficient 3. So-so 4. Somewhat insufficient 5. Very insufficient
1.		
2.		
3.		
4.		
5.		

Stakeholders

Q6. In your opinion, how well do National government agencies[43] responsible for designing/implementing these policies build broad-based social and political support in order to ensure their success and longevity?

	Agencies designing		Agencies implementing	
	Hunger	**Nutrition**	**Hunger**	**Nutrition**
1. Very strongly				
2. Strongly				
3. So-so				
4. Weakly				
5. Very weakly				
6. Don't know				
99. Refrain to answer				

Q7. In your opinion, how likely are flagship (most important) policies (identified in question Q4 above) to challenge powerful entrenched interests?

1. Very likely
2. Likely
3. Somewhat likely
4. Not likely
5. Not at all likely
6. Don't know
99. Refrain to answer

Q8. In your opinion, how well do policy strategies and decision-making bodies at the national level allow the representation of divergent interests, including those of opposing stakeholders, in the area of hunger and nutrition?

	Hunger	**Nutrition**
1. Very strongly		
2. Strongly		
3. So-so		
4. Weakly		
5. Very weakly/not at all		
6. Don't know		
99. Refrain to answer		

Q9. In your opinion, how successful do national government agencies in charge of/implementing key policies muster adequate and ongoing support to overcome resistance from stakeholders whose interests are threatened?

	Hunger	**Nutrition**
1. Very successfully		
2. Successfully		
3. Somewhat successfully		
4. Not very successfully		
5. Not at all successfully		
6. Don't know		
99. Refrain to answer		

[43] Agencies designing policy refer to both state and national government bodies. The question on implementation can consider non-government bodies.

Q10. In your opinion, what levels of support do National government efforts towards **hunger reduction** receive from:

Interviewer: circle response for each category.

	Very strong	**Strong**	**Moderate**	**Weak**	**Very weak**	**Don't know**	**Refrain to answer**
The general public	1	2	3	4	5	6	99
Civil society groups	1	2	3	4	5	6	99
Central Government	1	2	3	4	5	6	99
Political opposition (State)	1	2	3	4	5	6	99
Civil Service (State)	1	2	3	4	5	6	99
International donors	1	2	3	4	5	6	99
Private sector	1	2	3	4	5	6	99
Media	1	2	3	4	5	6	99

Q11. In your opinion, what levels of support do National government efforts towards improved **nutrition** receive from:

Interviewer: circle response for each category.

	Very strong	**Strong**	**Moderate**	**Weak**	**Very weak**	**Don't know**	**Refrain to answer**
The general public	1	2	3	4	5	6	99
Civil society groups	1	2	3	4	5	6	99
Central Government	1	2	3	4	5	6	99
Political opposition (State)	1	2	3	4	5	6	99
Civil Service (State)	1	2	3	4	5	6	99
International donors	1	2	3	4	5	6	99
Private sector	1	2	3	4	5	6	99
Media	1	2	3	4	5	6	99

Leadership

Q12. In your opinion, to what extent do *senior* political leaders, civil society representatives and civil servants leaders at the national level speak out publicly against hunger and undernutrition?

	Political leaders	**Civil society**	**Civil servants**
1. Very strongly			
2. Strongly			
3. So-so			
4. Weakly			
5. Very weakly			
6. Don't know			
99. Refrain to answer			

Q13. In your opinion, how convincing are public statements made by *senior* (a) politicians (b) civil society representatives and (c) civil servants at the national level in relation to hunger reduction and undernutrition?

	Political leaders	**Civil society**	**Civil servants**
1. Highly convincing			
2. Convincing			
3. So-so			
4. Not very convincing			
5. Highly unconvincing			
6. Don't know			
99. Refrain to answer			

Analysis, learning and adaptation

Q14. How clearly are public policy preferences aiming to address hunger and undernutrition set out in national government documents?

1. Very clearly
2. Clearly
3. Somewhat
4. Unclearly
5. Very unclearly
6. Don't know
99 Refrain to answer

Q15. How well are the goals of improving hunger and nutrition outcomes expressed in national development strategy (Five Year Plans, PNSPs, Vision 2020, etc)?

	Hunger	**Nutrition**
1. Very strongly		
2. Strongly		
3. So-so		
4. Weakly		
5. Negligibly/not at all		
6. Don't know		
99. Refrain to answer		

Q16. How well are budget lines related to hunger and nutrition developed in the State budgets?

	Hunger	**Nutrition**
1. Very clearly		
2. Clearly		
3. Somewhat clearly		
4. Unclearly		
5. Very unclearly		
6. Don't know		
99. Refrain to answer		

Q17. How well defined are (a) hunger and (b) nutrition outcome targets in national (1) policies and (2) political manifestos of the ruling political party/coalition?

	Hunger		Nutrition	
	Policies	**Political manifestos**	**Policies**	**Political manifestos**
1. Very clearly				
2. Clearly				
3. Somewhat				
4. Unclearly				
5. Negligibly/not at all				
6. Don't know				
99. Refrain to answer				

Q18. How important is scientific evidence in national level hunger and nutrition policymaking processes?

	Hunger	**Nutrition**
1. Very important		
2. Important		
3. So-so		
4. Unimportant		
5. Very unimportant		
6. Don't know		
99. Refrain to answer		

Q19. How developed are national government systems generating knowledge and evidence (regular monitoring and surveillance, M&E, etc) for informing (a) hunger and (b) nutrition policy?

	Hunger	**Nutrition**
1. Strongly developed		
2. Developed		
3. Somewhat		
4. Poorly developed		
5. Non-existent		
6. Don't know		
99. Refrain to answer		

Q20. In general, how likely are national government policies on (a) hunger and (b) nutrition to be adjusted (e.g. to objectives, instruments, strategies and funding) when strong evidence piles up that suggests a change of course?

	Hunger	**Nutrition**
1. Very likely		
2. Likely		
3. Somewhat likely		
4. Not very likely		
5. Very unlikely		
6. Don't know		
99. Refrain to answer		

Q21. To what extent does the national government innovate and experiment with new policy approaches developed domestically or abroad to combat hunger and undernutrition?

	Hunger	**Nutrition**
1. Very strongly		
2. Strongly		
3. So-so		
4. Weakly		
5. Negligibly/not at all		
6. Don't know		
99. Refrain to answer		

Q22. How accessible is national government policy (aiming to address hunger and undernutrition reduction) to public scrutiny (by citizens, civil society, media, etc)?

	Hunger	**Nutrition**
1. Fully accessible		
2. Fairly accessible		
3. So-so		
4. Fairly inaccessible		
5. Inaccessible		
6. Don't know		
99. Refrain to answer		

Q23. In your opinion, what level of empirical understanding do *senior* (a) politicians; (b) civil society representatives; and (c) civil servants at the national level have of the

a. **status** of hunger and undernutrition in the country
b. causal factors and
c. potential solutions?

	Status	**Causal factors**	**Potential solutions**
Senior politicians			
Senior civil servants			
Civil society leaders			

1. Very high
2. High
3. Moderate
4. Weak
5. Very weak
6. Don't know
99. Refrain to answer

Q24. In your opinion, how developed is presidential/prime ministerial leadership in the country on (a) hunger and (b) nutrition?

	Hunger	**Nutrition**
1. Very strongly		
2. Strongly		
3. So-so		
4. Weakly		
5. Very weakly/not at all		
6. Don't know		
99. Refrain to answer		

Budgets

Q25. To what extent are national government policy preferences for addressing hunger and nutrition reflected in its budget allocations and expenditures?

	Hunger		Nutrition	
	Allocation	**Expenditure**	**Allocation**	**Expenditure**
1. Very strongly				
2. Strongly				
3. So-so				
4. Weakly				
5. Very weakly/not at all				
6. Don't know				
99. Refrain to answer				

Q26. In your opinion, how well has the national government developed transparent financial mechanisms for earmarked hunger and nutrition funding?

	Hunger	Nutrition
1. Very strongly		
2. Strongly		
3. So-so		
4. Weakly		
5. Very weakly/not at all		
6. Don't know		
99. Refrain to answer		

Q27. In your opinion, how strong or weak would you, in general, characterise the national government's absolute (in money terms) budget allocations and expenditures on hunger and nutrition (keeping in mind the nature of the problem, and local context)?

	Hunger		Nutrition	
	Allocation	**Expenditure**	**Allocation**	**Expenditure**
1. Very strong				
2. Strong				
3. So-so				
4. Weak				
5. Very weak				
6. Don't know				
99. Refrain to answer				

Q28. In your opinion, how sensitive are national government budget expenditures on hunger and nutrition to (a) electoral cycles; (b) emergencies/disasters?

	Hunger		Nutrition	
	Electoral cycles	**Emergencies/ disasters**	**Electoral cycles**	**Emergencies/ disasters**
1. Very strongly				
2. Strongly				
3. So-so				
4. Weakly				
5. Very weakly				
6. Don't know				
99. Refrain to answer				

Institutional incentives

Q29. As hunger and nutrition issues are typically relevant to multiple departments/agencies, could you inform whether the national government has appointed a coordinating body/ies that promote(s) joined up thinking/action?

1. Yes:	(a) one … (b) multiple, i.e. …
2. None (→ skip next question)	
6. Don't know	
99. Refrain to answer	

Q30. If yes, how successful is/are the body/ies in delivering a coordinated cross-agency **approach** to addressing hunger and nutrition?

	Hunger	**Nutrition**
	Name(s) …	**Name(s) …**
1. Very successful		
2. Successful		
3. So-so		
4. Quite unsuccessful		
5. Unsuccessful		
6. Don't know		
99. Refrain to answer		

Q31. In your opinion, what is the strength of coordination efforts by national government with subnational (e.g. State) government efforts to improve (a) hunger and (b) nutrition outcomes?

	Hunger	**Nutrition**
1. Very strong		
2. Strong		
3. So-so		
4. Weak		
5. Very weak		
6. Don't know		
99. Refrain to answer		

Q32. For national government *agency/agencies* in charge of (a) designing and (b) implementing hunger and nutrition policy, is achievement or failure to achieve public policy objectives credibly rewarded or sanctioned (e.g. through budget rises/cuts, win/loss of political gravitas, gain/loss of respect, etc)?

	Policy design agencies		**Implementing agencies**	
	Hunger	**Nutrition**	**Hunger**	**Nutrition**
1. Always				
2. Mostly				
3. Sometimes				
4. Occasionally				
5. Never				
6. Don't know				
99. Refrain to answer				

Q33. Similarly, for *individuals* within the national government agencies in charge of (a) designing and (b) implementing hunger and undernutrition policy, is achievement or failure to achieve public policy objectives credibly rewarded or sanctioned (e.g. through promotions, training opportunities, budget rises/cuts, win/loss of political gravitas, etc)?

	Policy designers		**Policy implementers**	
	Hunger	**Nutrition**	**Hunger**	**Nutrition**
1. Always				
2. Mostly				
3. Sometimes				
4. Occasionally				
5. Never				
6. Don't know				
99. Refrain to answer				

Q34. In your opinion, generally, how good is the implementation of public policies (re: hunger and undernutrition) in the country?

	Hunger	**Nutrition**
1. Very good		
2. Quite good		
3. Moderately good		
4. Quite poor		
5. Very poor		
6. Don't know		
99. Refrain to answer		

Q35. In your opinion, to what extent does the national government **enhance** (a) administrative capacity and (b) financial capacity within the country to effectively address 1. hunger and 2. nutrition problems in the country?

	Administrative capacity		**Financial capacity**	
	Hunger	**Nutrition**	**Hunger**	**Nutrition**
1. Very strongly				
2. Strongly				
3. So-so				
4. Weakly				
5. Very weakly				
6. Don't know				
99. Refrain to answer				

Q36. In your opinion, to what extent does the national government **utilise existing** (a) administrative capacity and (b) financial capacity to effectively address 1) hunger and 2) nutrition in the country?

	Administrative capacity		**Financial capacity**	
	Hunger	**Nutrition**	**Hunger**	**Nutrition**
1. Very strongly				
2. Strongly				
3. So-so				
4. Weakly				
5. Very weakly				
6. Don't know				
99. Refrain to answer				

Q37. If you were to be the prime minister/president, and really committed to reduce hunger and undernutrition, with a free hand in allocating resources (100 'points'), how would you allocate these across three areas?

(Note: Any combination or concentration of points is permitted, totalling 100)

Legal frameworks	
Policies and programmes	
Government expenditures	
Interviewer: count **total**	

[Interviewer: make sure that all add up to 100]

Q38a. Prior to being contacted about this survey, had you heard about HANCI or not?

[ ] Yes
[ ] No

Q38b. If yes, how did you learn about it?

[ ] I participated in the expert survey before
[ ] via my organisation
[ ] via in-country partners
[ ] via internet – general
[ ] via social media (blogs, tweets, social/professional networking)
[ ] via media or news items
[ ] other (*specify*) …

Finally

Are there any other comments or feedback that you would like to share?

THANK YOU VERY MUCH FOR YOUR COOPERATION!

Annex B HANCI raw data (22 indicators, 45 countries)

	Government spending on agriculture	Government spending on health	Nutrition budget	Security of access to land	Access to agriculture extension services	Civil registration of live births	Status of safety nets	Vitamin A coverage
Afghanistan	3.7	3.34	0.0*	2.75	3.08*	37.4	1	100
Angola	3.5	6.14	0.0*	3.00	3.33*	29.4	4	55
Bangladesh	8.9	8.93	1.0*	3.25	3.83*	30.5	3	94
Benin	4.3	10.52	0.0*	3.00	4.50*	80.2	4	98
Brazil	2.0	8.69	1.0*	4.44	4.50*	93.4	7	29*
Burkina Faso	10.8	12.84	0.5	3.50	4.50*	76.9	3	87
Burundi	10.3	8.14	0.0*	4.00	3.17*	75.2	3	83
Cambodia	4.8	6.32	0.0*	3.63	3.17*	62.1	3	92
Cameroon	1.3	8.53	0.0*	3.50	4.08*	61.0	4	55.3
China	9.0	12.49	0.0*	4.19	4.08*	90.0*	5	29*
Congo, DR	1.1	10.79	0.0*	2.75	3.00*	27.8	1	98
Côte d'Ivoire	2.5	6.81	1.0*	2.00	3.00*	65.0	2	100
Ethiopia	21.2	14.64	1.0*	3.88	4.33*	6.6	3	71
Gambia	7.8	11.28	1.0*	3.98	4.00*	52.5	2*	93
Ghana	9.1	11.87	0.0*	3.50	4.00*	62.5	5	73.7
Guatemala	2.0	14.73	1.0*	3.75	3.67*	96.7	4	28
Guinea Bissau	0.9	7.79	0.0*	3.25	3.00*	24.1	1*	100
India	6.8	8.05	0.5*	3.63	4.00*	74.5*	5	66
Indonesia	2.6	5.32	1.0*	3.88	3.50*	67.0	5	76
Kenya	4.6	5.94	1.0*	4.00	4.00*	60.0	3	62*
Lesotho	2.9	14.61	0.0*	3.75	3.67*	45.1	3	33.8
Liberia	2.9	18.88	0.0*	2.94	2.83*	3.6	3	96
Madagascar	8.3	15.27	1.0*	3.50	4.33*	79.7	3	91
Malawi	28.9	18.52	1.0*	3.75	3.67*	16.6	3	96
Mali	11.1	12.25	0.5*	3.38	3.67*	80.8	5	96
Mauritania	6.3	10.86	0.5*	3.25	4.33*	59.0	4	100
Mozambique	5.5	7.75	1.0*	4.00	4.00*	48.0	4	100
Myanmar	8.0	1.3	0.0*	2.75	2.83*	72.4	1	96
Nepal	8.5	9.56	1.0*	3.50	3.08*	42.3	2	91
Niger	12.7	11.08	1.0*	3.00	4.00*	63.9	3	95
Nigeria	5.7	7.51	0.0*	3.75	3.25*	42.0	4	73
Pakistan	1.0	3.58	0.0*	3.38	4.00*	31.9	3	90
Peru	1.2	15	1.0*	4.44	3.67*	96.0	5	5.8
Philippines	5.9	8.48	0.0*	4.00	4.08*	90.0	5	91
Rwanda	7.3	23.75	1.0*	4.50	4.33*	63.2	5	76
Senegal	13.9	11.92	1.0*	3.63	4.17*	74.6	4	97*
Sierra Leone	1.7	11.69	1.0*	3.13	4.00*	78.0	4	99
South Africa	1.8	12.71	1.0*	4.00	3.33*	95.0	6	44
Sudan	7	10.57	0.0*	3.63	3.67*	59.0*	1	82*
Tanzania	6.8	11.13	1.0*	4.00	5.00*	16.3	4	97
Togo	9.1	15.38	0.0*	3.25	2.33*	77.9	3	22
Uganda	3.9	10.82	0.5	4.50	4.33*	29.9	4	60
Vietnam	3.9	9.43	0.5	3.88	3.33*	95.0	6	99
Yemen	1.1	4.33	0.0*	4.50	4.00*	17.0	3	9
Zambia	10.2	15.98	0.5	3.50	4.00*	14.0	4	72

Note: * employed HANCI 2012 data where no updated data was available.
(Cont'd.)

Annex B (cont'd.)

	Governments promote complementary feeding	Access to drinking water	Access to sanitation	Skilled birth attendance	Extent of nutrition features in national development policies/ strategies	National nutrition policy, plan or strategy	Multi-sectoral and multi-stakeholder coordination mechanism
Afghanistan	1	60.6	28.5	47.9	0.19*	1*	1*
Angola	1*	53.4	58.7	79.8	0.00*	1	1*
Bangladesh	1	83.2	54.7	54.6	0.56*	1	1*
Benin	1*	76.0	14.2	85.8	0.23*	1	1*
Brazil	1	97.2	80.8	98.2	0.24*	1	1*
Burkina Faso	1*	80.0	18.0	94.3	0.10*	1	1*
Burundi	1*	74.4	50.1	98.9	0.19*	1	1*
Cambodia	1*	67.1	33.1	89.1	0.33*	1	1*
Cameroon	1	74.4	47.8	84.7	0.06*	1	0*
China	1	91.7	65.1	94.1	0.00*	1	0*
Congo, DR	0*	46.2	30.7	88.8	0.15*	1	1*
Côte d'Ivoire	1*	79.9	23.9	90.6	0.30*	1	1*
Ethiopia	1*	49.0	20.7	42.5	0.02*	1	1*
Gambia	1	89.3	67.7	98.1	0.33*	1*	1*
Ghana	1	86.3	13.5	96.4	0.14*	1	1*
Guatemala	1	93.8	80.2	93.2	0.00*	1	1*
Guinea Bissau	1*	71.7	19.0	92.6	0.12*	1*	0*
India	0	91.6	35.1	74.2	0.47*	1	0*
Indonesia	1	84.3	58.7	92.7	0.09*	1	1*
Kenya	1	60.9	29.4	91.5	0.08*	1	1*
Lesotho	1	77.7	26.3	91.8	0.17*	0*	0*
Liberia	0*	74.4	18.2	79.3	0.29*	1*	1*
Madagascar	1*	48.1	13.7	86.3	0.27*	1	1*
Malawi	1	83.7	52.9	94.7	0.90*	1	1*
Mali	1*	65.4	21.6	70.4	0.02*	1	1*
Mauritania	1*	49.6	26.6	75.4	0.32*	1*	1*
Mozambique	0	47.2	19.1	92.3	0.59*	1	1*
Myanmar	1*	84.1	77.3	83.1	0.11*	1	1*
Nepal	1	87.6	35.4	58.3	0.09*	1	1*
Niger	1*	50.3	9.6	83	0.53*	1	1*
Nigeria	1*	61.1	30.6	57.7	0.08*	1	1*
Pakistan	1	93.0	59.5	73.1	0.09*	1	1
Peru	1	85.3	71.6	95.4	0.17*	1	1*
Philippines	1	92.4	74.2	91.1	0.18*	1	1*
Rwanda	1*	68.9	61.3	98	0.30*	1	1*
Senegal	0*	73.4	51.4	93.3	0.44*	1	1*
Sierra Leone	1*	57.5	12.9	93	0.12*	1	1*
South Africa	1*	91.5	74.0	97.1	0.00*	1	0*
Sudan	1*	55.4	23.5	55.9	0.00*	1	0*
Tanzania	1*	53.3	11.9	87.8	0.00*	1	1*
Togo	0*	59.0	11.4	71.6	0.36*	1	0*
Uganda	1	74.8	35.0	93.3	0.16*	1	1*
Vietnam	1	95.6	74.8	93.7	0.05*	1	1*
Yemen	0*	54.8	53.0	64.8	0.09*	0	1*
Zambia	1	64.1	42.1	93.7	0.24*	1	1*

Note: * employed HANCI 2012 data where no updated data was available.
(Cont'd.)

Annex B (cont'd.)

	Time- bound nutrition targets	National nutrition survey	Constitutional right to food	Women's access to agricultural land	Women's economic rights	Constitutional right to social security	Enshrine ICMBS in domestic law
Afghanistan	1*	1	1*	0.5*	0	0*	9*
Angola	0*	1	2*	0.5*	1	1*	3*
Bangladesh	1*	1	1	0.5*	1	1*	8*
Benin	1*	1	1	0.0*	1	0*	9*
Brazil	0*	0*	3	0.5*	1	1*	9*
Burkina Faso	0*	1	1	0.5*	1	1*	9*
Burundi	1*	1	2	0.0*	0	0*	4*
Cambodia	1*	1	2	1.0*	1	1*	8*
Cameroon	0*	1	1	0.0*	0	0*	9*
China	1*	0*	1	0.5*	1	1*	8*
Congo, DR	0*	1	3	0.5*	0	1*	7*
Côte d'Ivoire	0*	1	1	0.5*	1	1*	4*
Ethiopia	1*	1	2	0.5*	0	1*	7*
Gambia	1*	1	1*	0.0*	1	0*	9*
Ghana	1*	1	2	0.0*	1	1*	9*
Guatemala	1*	0	3	0.5*	1	1*	9*
Guinea Bissau	0*	1	1*	0.5*	0	0*	7*
India	0*	0*	2	0.5*	1	1*	9*
Indonesia	1*	1	1	1.0*	1	1*	8*
Kenya	0*	1	3	0.5*	0	1	6*
Lesotho	0*	0	2	1.0*	2	0*	3*
Liberia	1*	1	2*	1.0*	2	1*	5*
Madagascar	0*	1	1	0.5*	2	1*	9*
Malawi	1*	1	3	0.5*	1	1*	8*
Mali	0*	1	1	0.5*	0	1*	8*
Mauritania	0*	1	1	0.5*	1	0*	3*
Mozambique	0*	1	1	0.5*	1	0*	9*
Myanmar	0*	1*	1*	0.5*	1*	0*	3*
Nepal	1*	1	3	0.5*	1	1*	9*
Niger	0*	1	1	0.5*	1	0*	8*
Nigeria	1*	1	1	0.5*	0	1*	8*
Pakistan	0*	1	2	0.5*	1	1*	9*
Peru	0*	1	2	0.5*	1	1*	9*
Philippines	1*	0	1	0.5*	1	1*	9*
Rwanda	0*	1	1	0.5*	2	0*	4*
Senegal	0*	1	1	1.0*	0	0*	8*
Sierra Leone	1*	1	1	0.0*	0	1*	4*
South Africa	0*	0	3	0.5*	1	1*	6*
Sudan	0*	1	1	0.0*	0	1*	2*
Tanzania	1*	1	1	0.5*	0	1*	9*
Togo	1*	1	1	0.5*	1	1*	4*
Uganda	1*	1	1	0.0*	0	1*	9*
Vietnam	1*	1	1	0.5*	1	1*	8*
Yemen	0*	0	1	0.5*	0	0*	9*
Zambia	1*	0	1*	0.5*	0	0*	8*

Note: * employed HANCI 2012 data where no updated data was available.

Annex C Political commitment within context

Two principles are applied to demarcate four country groupings. First, each of the four groups contains the nearest approximation of a quarter of all Borda points that were distributed in the scoring process. As such, groups with the relatively higher commitment levels (based on aggregate Borda scores across themes and HRCI and NCI sub-indices) contain fewer countries. Second, countries with the same number of Borda points must be located in the same group. Table C.1 sets out resultant groupings.

Table C.1 Relative political commitment groupings HANCI 2013

High commitment	HANCI Borda score	Moderate commitment	HANCI Borda score	Low commitment	HANCI Borda score	Very low commitment	HANCI Borda score
Guatemala	227	Burkina Faso	195	South Africa	170	Zambia	139
Peru	221	Gambia	195	India	169	Liberia	134
Malawi	214	Ghana	194	China	163	Burundi	129
Brazil	211	Philippines	192	Benin	162	Côte d'Ivoire	124
Madagascar	209	Indonesia	190	Ethiopia	161	Nigeria	120
Nepal	202	Rwanda	190	Niger	160	Lesotho	113
Tanzania	196	Senegal	184	Mali	157	Togo	112
		Vietnam	183	Mozambique	156	Mauritania	110
		Bangladesh	178	Cambodia	155	Cameroon	108
		Uganda	173	Kenya	148	Afghanistan	104
				Pakistan	147	Yemen	95
				Sierra Leone	146	Congo,DR	94
						Angola	93
						Myanmar	85
						Sudan	79
						Guinea Bissau	63

Table C.2 HANCI commitment levels and stunting levels for children under 5 years of age

	% of under 5 stunting (severe and moderate)			
	Low (<20)	**Medium (20–29)**	**High (30–39)**	**Very high (>=40)**
High commitment	Brazil	Peru		Guatemala Malawi Madagascar Nepal Tanzania
Moderate commitment		Gambia Ghana Senegal Vietnam	Burkina Faso Philippines Indonesia Uganda	Rwanda Bangladesh
Low commitment	China	South Africa	Mali Kenya	India Benin Ethiopia Niger Mozambique Cambodia Pakistan Sierra Leone
Very low commitment		Côte d'Ivoire Mauritania Angola	Lesotho Togo Cameroon Myanmar Sudan Guinea Bissau	Zambia Liberia Burundi Nigeria Afghanistan Yemen Congo, DR

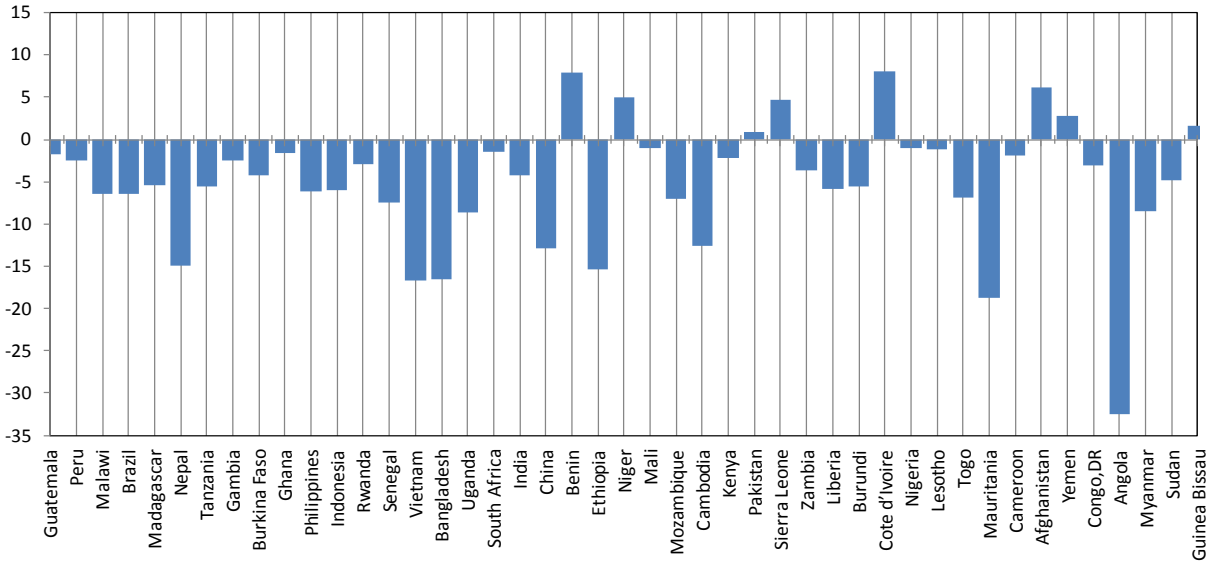
Worryingly, in those countries that have seen stunting increases over the last two decades, current levels of political commitment are low to very low.

Many countries in this position are currently or have recently been afflicted by conflict (Sierra Leone, Côte d'Ivoire, Burundi, Yemen, Afghanistan and Sudan).

Figure C.1 also shows that several countries buck the trend. Mauritania and Angola are among the countries showing the highest past decadal stunting reduction rates, yet they record low levels of current political commitment. In Angola, substantial non-agricultural economic growth (oil based) has lifted average incomes to among the highest in sub-Saharan Africa.

Alternatively, political commitment levels can be compared to countries' hunger and undernutrition statuses as defined by the Global Hunger Index (Table C.3). The GHI is a composite index, calculated by combining hunger prevalence, child mortality and stunting prevalence data (IFPRI,Concern, Welthungerhilfe and IDS 2013).

Figure C.1 Decadal stunting trends (1990s–2000s) by country and HANCI country ranks



Note: 1990s data is the average of 1992–2001 and 2000s data is the average of 2002–2011.

Table C.3 HANCI political commitment and hunger and undernutrition status as per GHI

	Low (<=4.9)	**Moderate (5.0–9.9)**	**Serious (10.0–19.9)**	**Alarming (20.0–29.9)**	**Extremely alarming (>=30.0)**
High commitment	Brazil	Peru	Guatemala Malawi Nepal	Madagascar Tanzania	
Moderate commitment		Ghana Vietnam	Gambia Philippines Indonesia Rwanda Senegal Bangladesh Uganda	Burkina Faso	
Low commitment		South Africa China	Benin Mali Cambodia Kenya Pakistan	Ethiopia India Niger Mozambique Sierra Leone	
Very low commitment		Afghanistan Congo, DR	Liberia Côte d'Ivoire Nigeria Lesotho Togo Mauritania Guinea Bissau	Zambia Yemen Sudan	Burundi

Table C.4 HANCI political commitment groupings versus Gross National Income

	GNI per capita 2013, PPP (current international $)				
	<1000	**1000–1499**	**1500–1999**	**2000–3499**	**>=3500**
High commitment	Malawi Madagascar	Nepal	Tanzania		Guatemala Peru Brazil
Moderate commitment		Burkina Faso Rwanda Uganda	Gambia Ghana Senegal	Bangladesh	Philippines Indonesia Vietnam
Low commitment	Niger	Ethiopia Mali Mozambique Sierra Leone	Benin Kenya	Cambodia Pakistan	South Africa India China
Very low commitment	Liberia Burundi Togo Congo,DR	Guinea Bissau	Zambia Côte d'Ivoire Afghanistan	Nigeria Lesotho Mauritania Cameroon Yemen Sudan	Angola

Figure C.2 compares change in average annual GNI growth rates between the periods of 1990–1999 and 2000–2011. The average growth rate for the two periods was calculated using purchasing power parity adjusted GNI per capita. We removed Angola from the figures, being a strong outlier. The overall fitted linear trend is weakly negative and statistically insignificant. This suggests that countries that reported increasing growth between the two decades were not able to achieve statistically significant reductions in stunting rates, affirming similar findings by Headey (2011).

Figure C.2 sets out on the X-axis the difference in mean economic growth rates in the 2000s compared to the 1990s. Countries on the right-hand side of the Y-axis (in quadrants Q2 and Q3) experienced a acceleration of growth rates during the 2000s. Guatemala, Peru and Malawi, our top three countries, are in this group. Countries above the X-axis (Q1 and Q2) show worsening stunting rates during this period. In quadrant 2, therefore, we see countries that experience an acceleration of economic growth as well as stagnating or worsening stunting rates. For instance, in Sierra Leone strongly increased mean growth rates of up to 8 per cent per annum (compared to the previous decade) did not go hand in hand with accelerations in stunting declines. In case of Benin, a 6 per cent GNI growth rate per annum is accompanied by worsening stunting rates. Nevertheless, for the majority of countries (Q3) positive economic growth trends go together with reducing rates of stunting.

Figure C.3 presents the same data as Figure C.2 with a twist: it adds a coding scheme of symbols that demonstrates which countries have relatively high, moderate, low or very low political commitment (HANCI 2012 data). The diagram shows clearly that all countries above the X-axis (those with increasing stunting rates) are countries currently showing low or very low current political commitment. It also, somewhat puzzlingly, shows that two countries with the fastest stunting declines over the past two decades, Mauritania and Angola, currently have low levels of commitment. This report has not further investigated these outliers, and this is something that requires further attention in future.

Figure C.2 Change in mean annual GNI growth vs mean annual change in stunting rates for 1990s vs 2000s

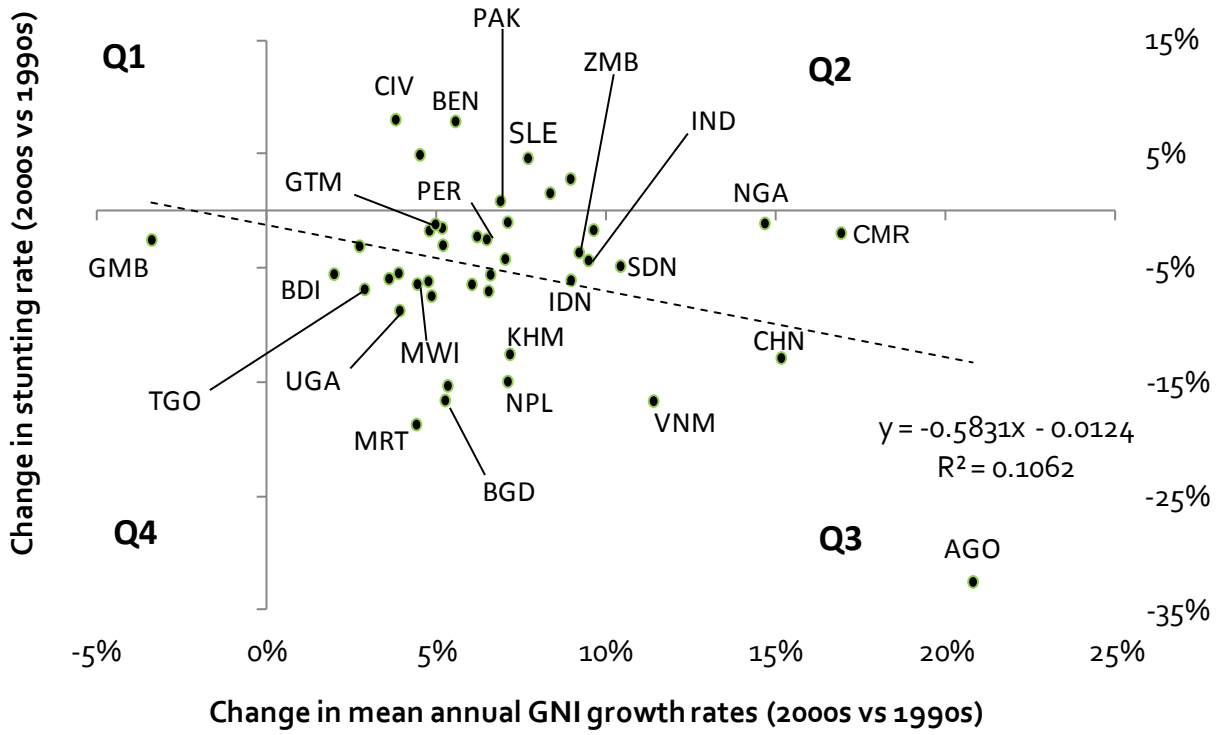
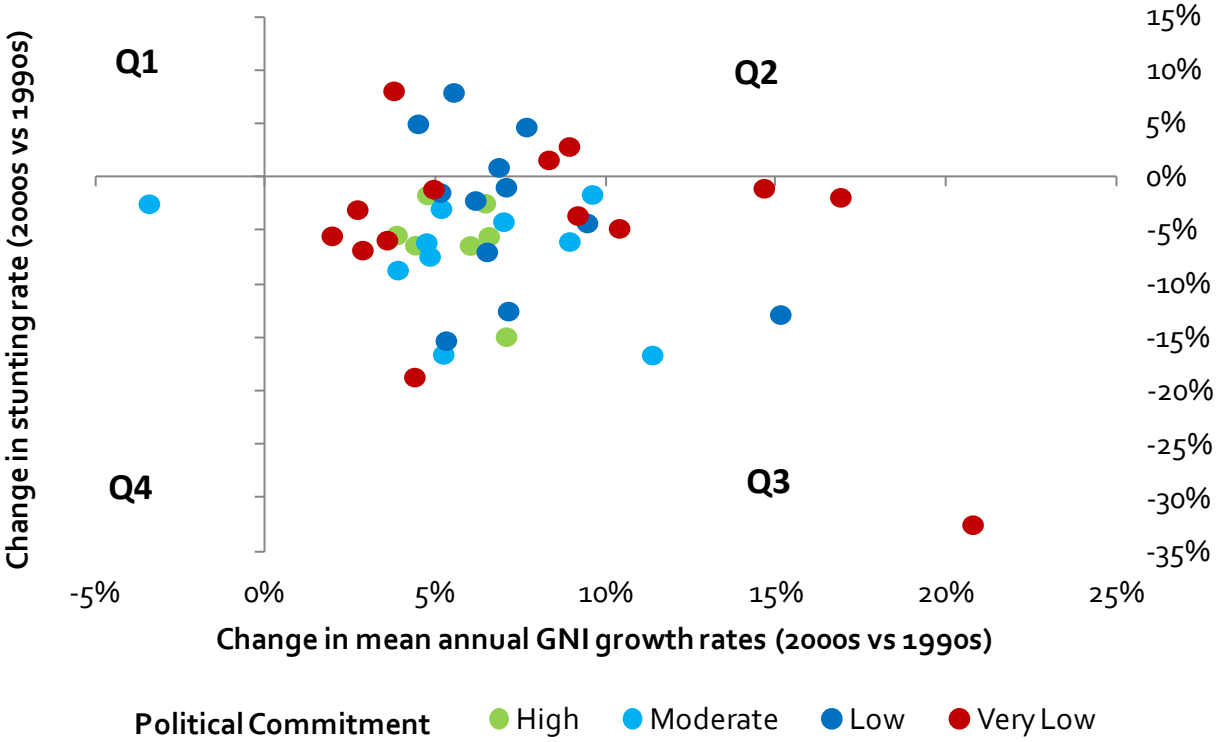
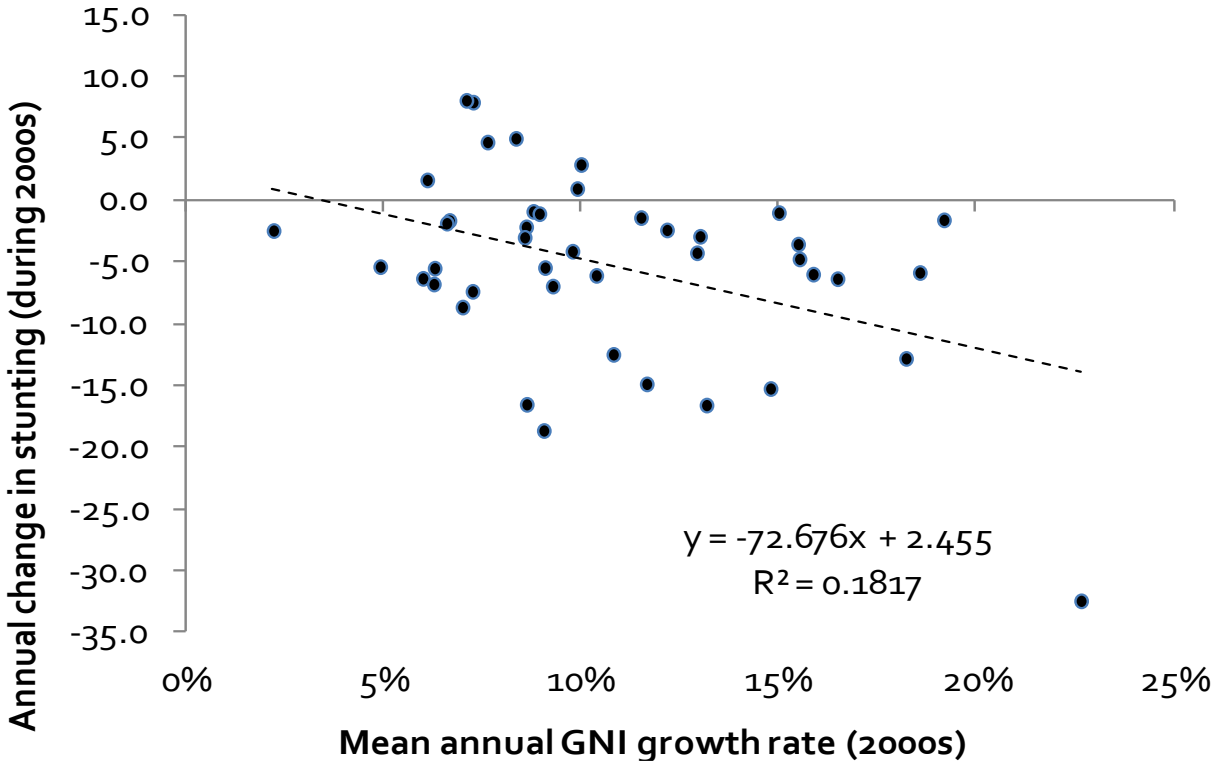


Figure C.3 HANCI political commitment levels, change in mean annual GNI growth vs mean annual change in stunting rates for 1990s vs 2000s



Finally, Figure C.4, using data for the decade 2003–2012, again suggests that there is a weak relation between levels of economic growth and deceleration in stunting rates. The reported R^2 value suggests that this relationship is also not statistically significant and does not explain the observed data patterns well.

Figure C.4 Annual change in stunting vs annual GNI growth rates, 2003–2012



Only very weak government effectiveness seems to bar the development of political commitment to reduce hunger and undernutrition.

Governments in our sample demonstrate that high levels of commitment to reduce hunger and undernutrition occur at all but the weakest levels of government effectiveness. Our data (Table C.5) suggest that low levels of political commitment may be partially caused by very low levels of government effectiveness. Governments of countries such as Afghanistan, Burundi, DR Congo, Guinea Bissau, Myanmar, Sudan, Togo and Yemen may feel stifled undertaking initiatives towards hunger and undernutrition reduction because of legitimate concerns regarding their capacity to deliver policies and programmes, put legal frameworks into practice and effectively use government spending.

Nevertheless, once a relatively low threshold of government effectiveness is passed (>10), governments seem able to be moderately to highly committed (e.g. Madagascar, Bangladesh, Mali, Guatemala, Malawi).

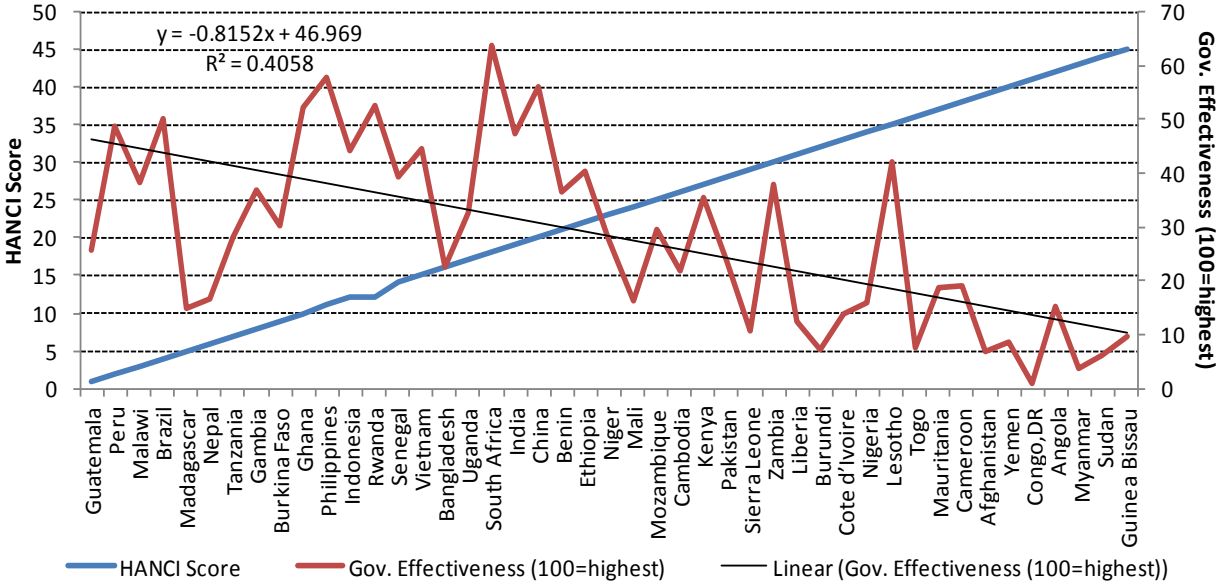
Figure C.5 further demonstrates that high HANCI rankings overall coincide with higher levels of high government effectiveness. The regression coefficient of -0.8152 is fairly strong.

Table C.5 HANCI political commitment and government effectiveness (World Governance Indicators 2013)

	Government effectiveness (2012)[a]				
	0–10	**10–25**	**25–50**	**50–75**	**75–100**
High commitment		Madagascar Nepal	Guatemala Peru Malawi Tanzania	Brazil	
Moderate commitment		Bangladesh	Gambia Burkina Faso Indonesia Senegal Vietnam Uganda	Ghana Philippines Rwanda	
Low commitment		Mali Cambodia Pakistan Sierra Leone	India Benin Ethiopia Niger Mozambique Kenya	South Africa China	
Very low commitment	Burundi Togo Afghanistan Yemen Congo,DR Myanmar Sudan Guinea Bissau	Liberia Côte d'Ivoire Nigeria Mauritania Cameroon Angola	Zambia Lesotho		

Source: [a]World Bank, Worldwide Governance Indicators.

Figure C.5 A linear regression of HANCI rankings and government effectiveness levels



Source: World Bank 2013e, World Governance Indicators.

Annex D Expert perceptions of commitment, by country and indicator

Table D.1 Expert perceptions of public policies and programmes addressing hunger and undernutrition, Bangladesh

Indicator[44]	2011: Hunger and Nutrition	2012		2013	
		Hunger	Nutrition	Hunger	Nutrition
Institutional coordination	2.37	2.75	3.10	2.84	3.12
Government intention and action	2.34	2.47	2.74	2.41	2.72
Locus of initiative	2.42	1.98		1.91	1.91
Analytical rigour	2.50	3.13	3.18	2.83	3.05
Learning and adaptation	3.05	2.97	3.09	2.40	2.71
Public commitment	3.06	2.43	2.61	2.25	2.55
Mobilisation of stakeholders	3.11	2.72	2.92	2.57	2.82
Continuity of effort	3.32	2.97	3.28	2.75	3.14
Credible incentives	3.90	3.99	4.02	3.58	3.71
Political leadership	–	2.79	2.90	2.74	2.74
Overall score (mean of means)	2.91	2.80	2.96	2.63	2.85

Note: Mean score: 1 = very strong commitment; 5 = very weak commitment.

Table D.2 Expert perceptions of public policies and programmes addressing hunger and undernutrition, India

	Bihar		Odisha		Uttar Pradesh	
	Hunger	Nutrition	Hunger	Nutrition	Hunger	Nutrition
Institutional coordination	2.47	2.80	3.91	3.92	4.60	4.61
Government intention and action	2.77	2.80	2.62	2.62	3.46	3.46
Locus of initiative	3.52		3.52		3.78	
Analytical rigour	4.00	3.97	3.25	3.25	3.73	3.73
Learning and adaptation	3.86	3.80	3.05	3.18	2.96	3.02
Public commitment	3.10	3.06	2.88	2.96	3.23	3.08
Mobilisation of key stakeholders	3.77	3.74	3.16	3.28	3.39	3.20
Continuity of effort	3.59	3.51	3.58	3.13	3.59	2.26
Credible incentives	4.35	4.28	4.22	4.23	4.04	3.99
Political leadership	3.33	3.36	3.13	3.17	3.43	3.43

Note: Mean score: 1 = very strong commitment; 5 = very weak commitment.

[44] Indicator definitions are presented in te Lintelo *et al*. (2013).

Table D.3 Expert perceptions of public policies and programmes addressing hunger and undernutrition, Nepal

Indicator	2013	
	Hunger	Nutrition
Institutional coordination	2.89	2.86
Government intention and action	2.78	2.63
Locus of initiative	2.10	2.10
Analytical rigour	3.30	3.21
Learning and adaptation	2.59	2.43
Public commitment	2.82	2.71
Mobilisation of stakeholders	2.84	2.70
Continuity of effort	3.18	3.11
Credible incentives	3.40	3.31
Political leadership	3.42	3.42
Overall score (mean of means)	**2.93**	**2.85**

Note: Mean score: 1 = very strong commitment; 5 = very weak commitment.

Table D.4 Expert perceptions of public policies and programmes addressing hunger and undernutrition, Malawi

	2012		2013	
	Hunger	Nutrition	Hunger	Nutrition
Institutional coordination	2.13	2.57	2.59	2.63
Government intention and action	2.13	2.55	2.28	2.47
Locus of initiative	1.66	1.66	1.75	1.75
Analytical rigour	2.15	2.69	2.60	2.72
Learning and adaptation	2.31	2.51	2.17	2.35
Public commitment	1.94	2.31	2.63	2.47
Mobilisation of key stakeholders	2.31	2.46	2.44	2.52
Continuity of effort	2.38	2.76	2.59	2.79
Credible incentives	3.66	3.76	3.32	3.41
Political leadership	2.74	2.74	2.66	2.66
Mean of means	2.34	2.60	2.50	2.57

Note: Mean score: 1 = very strong commitment; 5 = very weak commitment.

Table D.5 Expert perceptions of public policies and programmes addressing hunger and undernutrition, Tanzania

Indicator	2013	
	Hunger	Nutrition
Institutional coordination	2.79	3.22
Government intention & action	2.81	3.02
Locus of initiative	2.07	2.07
Analytical rigour	3.18	3.72
Learning and adaptation	3.02	3.23
Public commitment	3.14	3.28
Mobilisation of stakeholders	3.16	3.23
Continuity of effort	3.26	3.50
Credible incentives	4.26	4.13
Political leadership	3.08	3.08
Overall score (mean of means)	**3.08**	**3.25**

Note: Mean score: 1 = very strong commitment; 5 = very weak commitment.

Table D.6 Expert perceptions of public policies and programmes addressing hunger and undernutrition, Zambia

Indicator	2011: Hunger and nutrition	2012		2013	
		Hunger	Nutrition	Hunger	Nutrition
Institutional coordination	2.19	2.84	3.12	2.60	2.88
Government intention & action	2.01	2.66	2.91	2.69	3.14
Locus of initiative	1.79	1.65		1.62	1.62
Analytical rigour	3.10*	2.89	3.00	2.82	3.31
Learning and adaptation	2.96	2.93	3.08	2.53	2.74
Public commitment	2.49	2.44	2.65	2.29	2.80
Mobilisation of stakeholders	3.00	2.85	2.92	2.66	2.95
Continuity of effort	2.99	2.79	3.13	2.76	3.34
Credible incentives	4.45	4.01	4.07	4.44	4.47
Political leadership	-	2.86	3.23	2.81	2.99
Overall score (mean of means)	2.74	2.79	2.98	**2.72**	**3.02**

Note: Mean score: 1 = very strong commitment; 5 = very weak commitment.
*Recalculated from 2011 data to allow for comparability with 2012 data.

Table D.7 Expert perceptions on state government commitment towards addressing hunger and undernutrition, Bihar, Odisha, Uttar Pradesh (India) 2012

	Hunger				Nutrition			
	Bihar – Uttar Pradesh	**Odisha – Bihar**	**Uttar Pradesh – Odisha**	**Prob > F**	**Bihar – Uttar Pradesh**	**Odisha – Bihar**	**Uttar Pradesh – Odisha**	**Prob > F**
To what extent are government policy preferences reflected in budget expenditures?	0.127	0.176	0.997	0.087*	0.325	0.835	0.780	0.300
How strong or weak would you, in general, characterise the government's absolute (in money terms) budget expenditures on hunger and nutrition?	0.382	0.023**	0.504	0.028**	0.467	0.281	0.987	0.232
How sensitive are government budget expenditures on hunger and undernutrition to electoral cycles?	0.012**	0.003***	0.000***	0.000***	0.063*	0.893	0.008***	0.008***
How sensitive are government budget expenditures on hunger and undernutrition to emergencies/disasters?	0.941	0.015**	0.061*	0.010**	0.596	0.743	0.991	0.492
How well has the national government developed transparent financial mechanisms for earmarked funding?	0.901	0.596	0.942	0.529	0.844	0.635	0.983	0.552
What kind of a priority does the government give to hunger and nutrition?	0.880	0.006***	0.036**	0.004***	0.282	0.003***	0.236	0.005***
How well are the goals of improving hunger and nutrition outcomes expressed in government development strategies/policies?	1.000	0.528	0.587	0.385	0.988	0.760	0.914	0.665
What is the strength of (vertical) coordination efforts between national and subnational governments to improve hunger and nutrition outcomes?	0.160	0.884	0.029**	0.029**	0.019**	0.999	0.021**	0.008***
How developed are government systems that generate knowledge and evidence to inform policy?	0.005***	0.056*	0.788	0.005***	0.005***	0.053*	0.782	0.005***
To what extent does the government enhance administrative capacity to address hunger and nutrition?	1.000	0.515	0.543	0.358	0.975	0.889	0.649	0.566

Notes: Pair-wise mean comparison by State (*post hoc* testing) was done using Sidak multiple-comparison test. Statistical significance of the overall F-test and *post hoc* tests: * at 10% level; ** at 5% level; *** at 1% level.
(Cont'd.)

Table D.7 (cont'd.)

	Hunger				Nutrition			
	Bihar – Uttar Pradesh	**Odisha – Bihar**	**Uttar Pradesh – Odisha**	**Prob > F**	**Bihar – Uttar Pradesh**	**Odisha – Bihar**	**Uttar Pradesh – Odisha**	**Prob > F**
To what extent does the government enhance financial capacity to address hunger and nutrition?	0.975	0.498	0.749	0.419	1.000	0.676	0.689	0.503
How well are budget lines for hunger and nutrition developed?	0.935	1.000	0.934	0.829	0.962	0.907	0.672	0.595
How accessible is government policy on hunger and nutrition to public scrutiny?	0.050*	0.172	0.918	0.045**	0.159	0.653	0.730	0.160
What is the strength of credible incentives for individual policymakers and implementers, and their agencies, to perform well?	0.666	0.988	0.815	0.565	0.660	0.865	0.972	0.577
To what extent do senior political leaders speak out against hunger and undernutrition?	0.992	0.011**	0.005***	0.002***	0.874	1.000	0.889	0.744
How well do senior politicians understand the status of hunger, undernutrition in the country?	Hunger and Nutrition not separated				0.991	0.785	0.590	0.493
How well do senior politicians understand causal factors of hunger, undernutrition in the country?	Hunger and Nutrition not separated				0.868	1.000	0.852	0.718
How well do senior politicians understand solutions to hunger, undernutrition?	Hunger and Nutrition not separated				1.000	0.995	0.995	0.969
How developed is presidential/prime ministerial leadership in the country on hunger and nutrition?	0.914	0.998	0.839	0.740	0.998	0.999	0.989	0.962
How well are (improved) hunger and nutrition outcomes set out as goals in political party manifestoes?	0.970	0.575	0.312	0.262	0.973	0.612	0.350	0.294
Donors support the government	0.328	0.827	0.798	0.304	0.319	0.668	0.916	0.291
Media supports the government	0.075*	0.059*	1.000	0.034**	0.075*	0.153	0.974	0.057*
Civil society supports the government	0.976	0.746	0.467	0.401	0.977	0.608	0.332	0.281
The general public supports the government	0.988	0.265	0.401	0.197	0.952	0.413	0.706	0.355
Opposition political parties support the government	0.843	0.053*	0.004***	0.004***	0.889	0.148	0.021**	0.020**

Notes: Pair-wise mean comparison by State (*post hoc* testing) was done using Sidak multiple-comparison test. Statistical significance of the overall F-test and *post hoc* tests: * at 10% level; ** at 5% level; *** at 1% level.

Annex E Operationalisation of indicators

Indicator	Main source*	URL†	Operationalisation	Year	Variable name
Government spending on agriculture	IFPRI (SPEED database) and ReSAKSS calculations using IMF Government Statistics	www.resakss.org/ www.ifpri.org/	Government expenditures on agriculture as share of total government expenditures (percentage)	2005–11	agexpend
Government spending on health	WHO Nutrition Landscape Information System	http://apps.who.int/nutrition/landscape/report.aspx?rid=161&template=nutrition	Government expenditure on health as a share of total government expenditure (percentage)	2010	healthexpend
Nutrition budget	SUN country summary reports (not in public domain); SUN country fiche; IDS Nutrition Governance; Save the Children Nutrition Barometer; WHO Landscape Analysis	www.ids.ac.uk/nutritiongovernance	0 = no budgets or where no confirming information could be found; 0.5 = sectoral budgets for nutrition; 1 = separate budget line for nutrition	2011–12	nutribudget
Security of access to land	International Fund for Agricultural Development (IFAD)	http://info.worldbank.org/governance/wgi/pdf/IFD.xlsx	Assesses the existence of an institutional, legal and market framework for secure land tenure and the procedure for land acquisition and accessibility to all. The Ratings Scale goes from 6 (high) through 1 (low), as follows: 6 = Good for 3 years; 5 = Good; 4 = Moderately satisfactory; 3 = Moderately unsatisfactory; 2 = Unsatisfactory; 1 = Unsatisfactory for 3 years. For coding details see p. 6 of: www.ifad.org/gbdocs/eb/80/e/EB-2003-80-R-3.pdf	2012	landaccess

Note: *In addition to these main sources for some countries we sourced the data from specific country sources. These sources are highlighted in the online data base. †The URLs were last confirmed live on 4 April 2014 even though the data were extracted in 2013.
(Cont'd.)

Annex E (cont'd.)

Indicator	Main source*	URL†	Operationalisation	Year	Variable name
Access to agri. extension services	International Fund for Agricultural Development (IFAD)	http://info.worldbank.org/governance/wgi/pdf/IFD.xlsx	This indicator assesses to what extent the agricultural research and extension system is accessible to poor farmers, including women farmers, and is responsive to the needs and priorities of the poor farmers. Coding is done in the same manner as for the 'security of access to land' indicator. For coding details see p. 8 of: www.ifad.org/gbdocs/eb/80/e/EB-2003-80-R-3.pdf	2011	rdaccess
Civil registration of live births	UNICEF: DHS/MICS	www.childinfo.org/birth_registration_tables.php	Percentage of children under five years of age who were registered at the moment of the survey	2005–10	birthreg
Status of safety nets	Transformation Index of the Bertelsmann Stiftung (BTI)	www.bti-project.org/index/	10 = Social safety nets are comprehensive; 7 = Social safety nets are well developed, but do not cover all risks for all strata of the population; 4 = Social safety nets are rudimentary and cover only few risks for a limited number of beneficiaries; 1 = Social safety nets do not exist	2010	welfare_status
Vitamin A coverage	MICS4 Indicators, UNICEF field offices and WHO, Countdown to 2015 reports, author calculations based on country DHS data	www.unicef.org/statistics/index_countrystats.html	The percentage of children aged 6–59 months who received 2 high doses of vitamin A supplements within the last year	2007–10	vitamina
Governments promote complementary feeding	SUN Reports/world breast-feeding trends initiative	www.worldbreastfeedingtrends.org/report/51-country-report.pdf	Whether governments promote complementary feeding practices of children aged 6–9 months and continued breastfeeding of children at ages 12–15 and 20–23 months. 0 = no; 1= yes	2012	suppfood
Access to drinking water	WHO Nutrition Landscape Information System	http://apps.who.int/nutrition/landscape/report.aspx	The percentage of population with access to an improved drinking water source	2011	wateraccess
Access to sanitation	World Bank Database	http://data.worldbank.org/indicator/SH.STA.ACSN	The percentage of population with access to improved sanitation facilities	2011	sanitaccess

Note: *In addition to these main sources for some countries we sourced the data from specific country sources. These sources are highlighted in the online data base. †The URLs were last confirmed live on 4 April 2014 even though the data were extracted in 2013.
(Cont'd.)

Annex E (cont'd.)

Indicator	Main source*	URL†	Operationalisation	Year	Variable name
Skilled birth attendance	UNICEF: DHS/MICS	www.childinfo.org/antenatal_care_country.php	Percentage of women aged 15–49 years attended at least once during pregnancy by skilled health personnel (doctor, nurse or midwife)	2007–2012	preg
Extent of nutrition features in national dev. policies	Web-based searches	See Annex F in HANCI report for a list of documents consulted for each country	The total count of key search terms in a selected policy document divided by the number of pages in the document. Search terms: nutritio•.•; undernutrition/under-nutrition; malnutrition/mal-nutrition nutrient; diet•.•; stunt•.•; wasting/wasted; short-for-age; short for age; height-for-age; height for age; weight-for-age; weight for age; weight for height; weight-for-height; underweight; under-weight; low birth weight; thinness; micro-nutrient; micronutrient; 1000 days; one thousand days; breastfeed•.•; behaviour change; behaviour change; Iron deficiency anaemi/anemi; zinc; deworm; de-worm; vitamin A; supplementary feed; complementary feed	2013	npolicy
National nutrition policy, plan or strategy	EIU Global Food Security Index; Save the Children Nutrition barometer	http://foodsecurityindex.eiu.com/ www.savethechildren.org.uk/sites/default/files/docs/Data_for_Nutrition_Barometer_0.pdf	Whether a national nutrition policy, plan or strategy exists: 1 = yes; 0 = no	2013	nplan
Multi-sectoral and multi-stakeholder coord. mechanism	SUN fiches/Country docs		Whether a multi-sectoral and multi-stakeholder coordination mechanism exists: 0 = no; 1 = yes	2011–2012	stakecoord
Time-bound nutrition targets	SUN 2.2, 2.3, / Save the Children nutrition barometer	www.savethechildren.org.uk/sites/default/files/docs/Data_for_Nutrition_Barometer_0.pdf	Whether governments identify time-bound nutrition targets in public policy documents: 0= no; 1 = yes	2011–2013	ntarget

Note: *In addition to these main sources for some countries we sourced the data from specific country sources. These sources are highlighted in the online data base. †The URLs were last confirmed live on 4 April 2014 even though the data were extracted in 2013.

(Cont'd.)

Annex E (cont'd.)

Indicator	Main source*	URL†	Operationalisation	Year	Variable name
National nutrition survey	UNICEF	www.childinfo.org/mics4_surveys.html	Has there been a Demographic and Health Survey / Multiple Indicator Cluster Survey /comparable national nutrition survey in the past three years? 1 = Yes if the survey was dated 2010 or thereafter, or currently underway; 0 = No new survey undertaken after 2009	2010–2013	dhs_mics
Constitutional right to food	FAO information paper	www.fao.org/docrep/016/ap554e/ap554e.pdf www.fao.org/docrep/MEETING/007/J0574E.HTM	Strong =3 Constitutions explicitly recognise a Right to Food forall citizens, specific groups or incorporates the RTF under articles on living standards AND/OR Ratified international human rights law is automatically assigned equal status to constitutional law) Moderate =2 Right to Food is implicit as part of a broader right in constitutional law. Weak =1 RTF is included under Directive Principles OR Likely or ratified international human rights law is confirmed primacy over national law, but not equivalent to constitutional law	2011	rtf
Women's access to agricultural land	OECD's Gender, Institutions and Development Database (GID-DB)	http://stats.oecd.org/Index.aspx?datasetcode=GIDDB2012	Score based on women's legal rights and *de facto* rights to own and/or access agricultural land. Value based on the following scale: 0 = equal; 0.5 = Women have equal legal rights but there are discriminatory practices against women's access to and ownership of land in practice; 1 = Women have no/few legal rights to access or own land or access is severely restricted by discriminatory practices. (note: in HANCI calculation, this scoring is reversed for consistency)	2012	womenland

Note: *In addition to these main sources for some countries we sourced the data from specific country sources. These sources are highlighted in the online data base. †The URLs were last confirmed live on 4 April 2014 even though the data were extracted in 2013.
(Cont'd.)

Annex E (cont'd.)

Indicator	Main source*	URL†	Operationalisation	Year	Variable name
Constitutional right to social security	FAO information paper	www.fao.org/docrep/MEETING/007/J0574E.HTM	The Constitution clearly references a right to social security (see Annex II of the source document). 0= no; 1= yes	2006	rsocsec
Women's economic rights	The Cingranelli-Richards (CIRI) Human Rights Data Project	http://humanrightsdata.org/	The extent to which women have equal economic rights in law and in practice. 0: there were no economic rights for women in law and systematic discrimination based on sex may have been built into law; 1 = women had some economic rights under law, but these rights were not effectively enforced; 2 = women had some economic rights under law, and the government effectively enforced these rights in practice while still allowing a low level of discrimination against women in economic matters; 3 = all or nearly all of women's economic rights were guaranteed by law and the government fully and vigorously enforces these laws in practice	*2010*	wecon
Enshrine ICMBS in domestic law	Unicef	www.unicef.org/nutrition/files/State_of_the_Code_by_Country_April2011.pdf	The extent to which the International Code for Marketing of Breastmilk Substitutes is enshrined in law: 9 = ICMBS is fully in law; 8 = Many provisions of ICMBS are in law; 7 = Few provisions are in law; 6 = Voluntary adoption of all, or nearly all provisions of the ICMBS; 5 = Some provisions voluntary; 4 = Measure drafted awaiting final approval; 3 = Being studied; 2 = Action to end free breast milk substitutes; 1 = No action	2011	brstmlksub

Note: *In addition to these main sources for some countries we sourced the data from specific country sources. These sources are highlighted in the online data base. †The URLs were last confirmed live on 4 April 2014 even though the data were extracted in 2013.

Annex F Policy documents analysed for nutrition key words

Country	Searched document	Period
Afghanistan	Afghanistan National Development Strategy (ANDS)	2008–2013
Angola	MPLA Development Program	2012–2017
Bangladesh	6th Five year Plan	2011–2015
Benin	Growth and Poverty Reduction Strategy (GPRS)	2011–2015
Brazil	Plano Plurianual (PPA): Plano Mais Brasil	2012–2015
Burkina Faso	Strategy for Accelerated Growth and Sustainable Development (SCADD)	2011–2015
Burundi	PRSP II	2025
Cambodia	National Strategic Development Plan (NSDP)	2006–2010
Cameroon	Growth and Employment Strategy Paper (GESP)	2010–2020
China	12th Five Year Plan (FYP)	2011–2015
Côte d'Ivoire	PRSP	2009–2015
Congo, DR	Poverty Reduction and Growth Strategy Paper (PRGSP)	2006–2008
Ethiopia	Growth and Transformation Plan (GTP)	2011–2015
Gambia	PRSP	2007–2011
Ghana	Ghana Shared Growth and Development Agenda (GSGDA)	2010–2013
Guatemala	Plan estratégico SEGEPLAN	2008–2012
Guinea Bissau	PRSP II	2011–2015
India	11th Five Year Plan	2007–2012
Indonesia	National Medium-Term Development Plan (RPJMN)	2010–2014
Kenya	Kenya Vision 2030: First Medium Term Plan (MTP)	2008–2012
Lesotho	PRSP: National Strategic Development Plan	2013–2017
Liberia	Poverty Reduction Strategy (PRS)	2008–2011
Madagascar	Madagascar Action Plan (MAP)	2007–2012
Malawi	Malawi Growth and Development Strategy (MGDS)	2006–2011
Mali	PRSP II	2007–2011
Mauritania	PRSP III	2011–2015
Mozambique	Programa Quinquenal do Governo	2010–2014
Myanmar	Framework for Economic and Social Reforms (FESR)	2012–2015
Nepal	Three Year Intermin Plan	2007–2010
Niger	PRSP II: Accelerated Development and Poverty Reduction Strategy (ADPRS)	2008–2012
Nigeria	PRSP: National Economic Empowerment and Development Strategy (NEEDS)	2003–2007
Pakistan	Vision 2030	2007–2030
Peru	Plan Bicentenario: El Perú hacia el 2021	2011–2021
Philippines	Philippine Development Plan	2011–2016
Rwanda	PRSP	2008–2012
Senegal	PRSP II	2007–2015
Sierra Leone	PRSP II	2009–2012
South Africa	National Dev Plan: Vision for 2030	2012–2030
Sudan	The Five Year Plan	2007–2011
Tanzania	The Tanzania Development Vision 2025	2025
Togo	PRSP	2009–2011
Uganda	National Development Plan	2011–2015
Vietnam	Socio-Economic Development Plan	2006–2010
Yemen	Socio-Economic Development Plan for poverty reduction	2006–2010
Zambia	Vision 2030	2007–2030

References

ACF (2012) *Under the Sun: Tracking Progress of the Scaling Up Nutrition Movement in Bangladesh and Niger*, Paris: Action Contre la Faim International

Ahmed, T.; Mahfuz, M.; Ireen, S.; Ahmed, A.M.; Rahman, S.; Islam, M.M.; Alam, N.; Hossain, M.I.; Rahman, S.M.; Ali, M.M.; Choudhury, F.P. and Cravioto, A. (2012) 'Nutrition of Children and Women in Bangladesh: Trends and Directions for the Future', *Journal of Health, Population and Nutrition* 30.1: 1–11

Alkire, S.; Roche, J.M. and Seth, S. (2013) *Multidimensional Poverty Index 2013*, Oxford Poverty & Human Development Initiative (OPHI), www.ophi.org.uk/wp-content/uploads/Multidimensional-Poverty-Index-2013-Alkire-Roche-and-Seth.pdf (accessed 22 April 2014)

Benin, S. and Yu, B. (2013) *Complying with the Maputo Declaration Target: Trends in Public Agricultural Expenditures and Implications for Pursuit of Optimal Allocation of Public Agricultural Spending. ReSAKSS Annual Trends and Out Look Report 2012*, Washington DC: International Food Policy Research Institute

Black, R.E.; Alderman, H.; Bhutta, Z.A.; Gillespie, S.; Haddad, L.; Horton, S.; Lartey, A.; Mannar, V.; Ruel, M.; Victora, C.G. *et al.* (2013) 'Maternal and Child Nutrition: Building Momentum for Impact', *The Lancet* 382.9,890: 372–75

Central Statistical Office; MOH; TDRC; University of Zambia and Macro International (2009) *Zambia Demographic and Health Survey 2007*, Calverton MD: Central Statistical Office and Macro International Inc.

Chibuye, M. (2011) *Interrogating Urban Poverty Lines: The Case of Zambia*, Human Settlements Working Paper 30, London: International Institute for Environment and Development

Chinsinga, B. (2012a) *The Political Economy of Agricultural Policy Processes in Malawi: A Case Study of the Fertilizer Subsidy Programme*, FAC Working Paper 39, Brighton: Future Agricultures Consortium, IDS

___ (2012b) 'Can Subsidies Last in Malawi?' *The Africa Report*, 17 July 2012, www.theafricareport.com/Soapbox/can-subsidies-last-in-malawi.html. (accessed 22 May 2014)

Chirwa, E. and Dorward, A. (2013) *Agricultural Input Subsidies: The Recent Malawi Experience*, Oxford: Oxford University Press

CIRI (2010) 'Cingranelli-Richards Index', www.humanrightsdata.org/ (accessed18 December 2012)

Cortina, J.M. (1993) 'What is Coefficient Alpha? An Examination of Theory and Applications', *Journal of Applied Psychology* 78.1: 98–104

CPAN (2013) *Working out of Chronic Poverty: A Policy Guide*, London: Chronic Poverty Advisory Network

CSNSI (2012) *Global Lessons in Achieving Nutrition Security and Their Application to the Indian Context*, New Delhi: Coalition for Sustainable Nutrition Security in India

CSO-SUN (2013) ‘Nutrition in Zambia’s 2014 Budget: An Analysis of Zambia’s funding to Nutrition’

Curtis, M. (2013) *Improving African Agriculture Spending: Budget Analysis of Burundi, Ghana, Zambia, Kenya and Sierra Leone*, Oxford: Curtis Research.

EIU (2013) ‘Global Food Security Index 2013: An Annual Measure of the State of Global Food Security’, Economist Intelligence Unit, http://foodsecurityindex.eiu.com (accessed 18 May 2014)

Engel, J.; Glennie, J.; Adhikari, S.R.; Bhattarai, S.W.; Prasai, D.P. and Samuels, F. (2013) *Nepal’s Story: Understanding Improvements in Maternal Health*, Development Progress Case Study, London: Overseas Development Institute

FAO (2013) *The State of Food Insecurity in the World: The Multiple Dimensions of Food Security*, Rome: Food and Agriculture Organization

—— (2012) *The State of Food Insecurity in the World 2012*, Rome: Food and Agriculture Organization

FAOSTAT (2013) ‘Nepal’, http://faostat.fao.org/CountryProfiles/Country_Profile/Direct.aspx?lang=en&area=149 (accessed 10 March 2014)

Field, A. (2009) *Discovering Statistics Using SPSS*, 3rd edition, London: Sage Publications

Foresight Project (2011) *Foresight Project on Global Food and Farming Futures*, Synthesis Report C11: Ending Hunger, London: UK Foresight

Gillespie, S.; Haddad, L.; Mannar, V.; Menon, P. and Nisbett, N. (2013) ‘The Politics of Reducing Malnutrition: Building Commitment and Accelerating Impact’, *The Lancet* 382.9,891: 552–69

Gillespie, S.; Harris, J. and Kadiyala, S. (2012) *The Agriculture-Nutrition Disconnect in India. What Do We Know?*, IFPRI Discussion Paper 01187, Washington DC: International Food Policy Research Institute

GoB (2013) *National Food Policy Plan of Action and Country Investment Plan: Monitoring Report 2013*, Dhaka: Food Planning and Monitoring Unit, Ministry of Food and Disaster Management, Government of the Repulic of Bangladesh

GoM (2013) ‘Malawi Vulnerability Assessment Committee (MVAC) Report’, *Malawi Vulnerability Assessment Committee Bulletin* 1, September 2013, Government of Malawi

___ (2012) *Integrated Household Survey 2010–2011: Household Socio-Economic Charactersitics Report*, Zomba, Malawi: National Statistical Office, Government of Malawi

Harris, J. and Drimie, S. (2012) *Toward an Integrated Approach for Addressing Malnutrition in Zambia*, Washington, DC: International Food Policy Research Institute

Headey, D. (2011) ‘Turning Economic Growth into Nutrition-Sensitive Growth’, Conference paper 6 for Conference: Leveraging Agriculture for Improving Nutrition & Health, 2020, New Delhi, February 2011

Horton, S. (1999) ‘Opportunities for Investments in Nutrition in Low-income Asia’, *Asian Development Review* 17.1–2: 246–73

Hossain, N. (2013) 'The Long Shadow of Famine', *Participation, Power and Social Change Blog*, 10 March 2014, http://participationpower.wordpress.com/2013/11/12/the-long-shadow-of-famine/ (accessed 18 May 2014)

IAPRI 2014 'Analyzing Zambia's Agricultural Sector Budget 2013', Indaba Agricultural Policy Research Institute, http://fsg.afre.msu.edu/zambia/2013_Zambian_Agricultural_Sector_Budget_Analysis_Auckland.pdf (accessed 23 May 2014)

IFPRI/Concern/Welthungerhilfe/IDS (2013*) 2013 Global Hunger Index: The Challenge of Hunger*, Washington DC: International Food Policy Research Institute/Dublin: Concern Worldwide/Bonn: Welthungerhilfe

IIPS (2007) *National Family Health Surveys 2005–2006*, Mumbai: International Institute for Population Sciences

Knuth, L. and Vidar, M. (2011) *Constitutional and Legal Protection of the Right to Food around the World*, Right to Food Studies, Rome: Food and Agriculture Organization

___ (2006) *The Right to Food Guidelines: Information Papers and Case Studies*, Right to Food Studies, Rome: Food and Agriculture Organization

Menon, P. and Aguayo, V. (2011) 'The 1000 Day Window of Opportunity for Improving Child Nutrition in India: Insights from National-Level Data', *India Health Beat* 5.3: 1–4

Miah, M.M. and Haque, A.E. (2013) *Policy Options for Supporting Agricultural Diversification in Bangladesh*, Dhaka: National Food Policy Capacity Strengthening Programme (NFPCSP)

Mohmand, S.K. (2012) *Policies Without Politics: Analysing Nutrition Governance in India*, Brighton: IDS

MOHP (Ministry of Health and Population)/New ERA/ICF International (2012) *Nepal Demographic and Health Survey 2011*, Kathmandu: New ERA/MOHP/Calverton MD: ICF International

Naandi Foundation (2011) *The HUNGaMA Survey Report 2011*, Hyderabad: Naandi Foundation

NBS and ICF Macro (2011) *Tanzania Demographic and Health Survey 2010*, Dar es Salaam: National Bureau of Statistics and ICF Macro

NSO and ICF Macro (2011) *Malawi Demographic and Health Survey 2010*, Zomba, Malawi: National Statistical Office/Calverton MD: ICF Macro

OECD (undated) *Coding of the Social Institutions Variables*, Paris: Organisation for Economic Co-operation and Development

SADC (2012a) 'Food Security Update', *Food Security Early Warning System*, July 2012, Southern African Development Community www.sadc.int/documents-publications/show/1968 (accessed 18 May 2014)

___ (2012b) *SADC Annual Report 2011–2012*, Gaborone: Southern African Development Community www.sadc.int/documents-publications/show/2108 (accessed 18 May 2014)

Save the Children/Sokoine University of Agriculture/PANITA (2012) *Nutrition Policy Mapping For Tanzania*, http://tanzania.savethechildren.net/sites/tanzania.savethechildren.net/files/library/Policy%20Mapping%20Consultancy%20%20Report%20%20final.pdf (accessed 22 May 2014)

Schmitt, N. (1996) 'Uses and Abuses of Coefficient Alpha', *Psychological Assessment* 8.4: 350–53

SUN (2013a) 'Compendium of SUN Country Fiches.' Retrieved February, 2014, from http://scalingupnutrition.org/wp-content/uploads/2013/09/130916Compendium2013-Dublin: English.pdf

___ (2013b) 'SUN countries.' Retrieved 10th March 2014, from http://scalingupnutrition.org/sun-countries

___ (2012a) *Scaling Up Nutrition: SUN Movement Progress Report 2011–2012*, New York: Scaling Up Nutrition

___ (2012b) *SUN Country Summaries*, New York: Scaling Up Nutrition

___ (2011) *Compendium of Country Fiches*, New York: Scaling Up Nutrition, http://scalingupnutrition.org/wp-content/uploads/2012/09/archived/compendiurm-of-country-fiches-ROME-VERSION.pdf (accessed 18 May 2014)

te Lintelo, D.J.; Haddad, L.J.; Lakshman, R. and Gatellier, K. (2013) *The Hunger And Nutrition Commitment Index (HANCI 2012): Measuring the Political Commitment to Reduce Hunger and Undernutrition in Developing Countries*, Evidence Report 25, Brighton: IDS

UNDP (2013a) *Millennium Development Goals: Progress Report: Zambia 2013*, Lusaka: United Nations Development Programme

___ (2013b) *The Rise of the South: Human Progress in a Diverse World, Human Development Report 2013*, New York: United Nations Development Programme

UNICEF (2014) *The State of the World's Children 2014 in Numbers: Every Child Counts*, New York: United Nations Children's Fund

___ (2013) *Improving Child Nutrition: The Achievable Imperative for Global Progress*, New York: United Nations Children's Fund

___ (2012) 'Country Statistics', www.unicef.org/statistics/index_countrystats.html (accessed18 May 2014)

United Republic of Tanzania (2013) 'Presidential Call to the Nation for increased accountability in improving nutrition situation in the country', Press release Directorate of Presidential Communications, 9 May 2013

___ (2011) National Nutrition Strategy JULY 2011/12 –JUNE 2015/16, Ministry of Health and Social Welfare

Ved, R. and Menon, P. (2012) *Analyzing Intersectoral Convergence to Improve Child Undernutrition in India*, IFPRI Discussion Paper 01208, Washington DC: International Food Policy Research Institute

WHO (2013) 'Landscape Analysis on Countries' Readiness to Accelerate Action in Nutrition', www.who.int/nutrition/landscape_analysis/en/ (accessed 22 May 2014)

World Bank (2013a) ‘Bangladesh: World Development Indicators’, http://data.worldbank.org/country/bangladesh (accessed 2 January 2014)

___ (2013b) ‘Nepal: World Development Indicators’, http://data.worldbank.org/country/nepal (accessed 2 January 2014)

___ (2013c) ‘South Asia’, http://data.worldbank.org/region/south-asia (accessed 10 March 2014)

___ (2013d) ‘Tanzania: World Development Indicators’, http://data.worldbank.org/country/tanzania (accessed 2 January 2014)

___ (2013e) ‘Worldwide Governance Indicators’, www.govindicators.org (accessed 22 May 2014)

___ (2013f) ‘Zambia: World Development Indicators’, http://data.worldbank.org/country/zambia (accessed 22 May 2014)

___ (2013g) *World Development Report 2013: Jobs*, Washington DC: World Bank, http://go.worldbank.org/TM7GTEB8U0 (accessed 22 May 2014)

___ (2012) *World Development Report 2012: Gender Equality and Development*, Washington DC:World Bank, http://go.worldbank.org/CQCTMSFI40 (accessed 22 May 2014)

___ (2010) ‘Nutrition at a glance: Guatemala’, http://siteresources.worldbank.org/INTLACREGTOPNUT/Resources/Guatemala4-20-10.pdf (accessed 18 May 2014)

Institute of Development Studies

Brighton BN1 9RE

T +44 (0)1273 606261
F +44 (0)1273 621202
E ids@ids.ac.uk
www.ids.ac.uk

UKaid from the British people

Irish Aid
Government of Ireland
Rialtas na hÉireann

transform nutrition