



COMPLETE RESEARCH REPORT

FRAGILE BUT NOT HELPLESS Scaling Up Nutrition in Fragile and Conflict-Affected States

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Cover photo: A refugee child from eastern Democratic Republic of Congo. © 2012 Kari Costanza/World Vision

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Definitions

Fragility (following definitions used by various institutions including DFID, USAID and the World Bank) can be construed as a continuum of conditions including, as common elements: effectiveness (how well state functions are performed); authority (understood as the enforcement of a monopoly on the legitimate use of force); & legitimacy (public, non-coercive acceptance of the state).¹

Fragile state is the term used for countries facing 'particularly severe development challenges: weak institutional capacity, poor governance, and political instability. Often these countries experience ongoing violence as the residue of past severe conflict. Ongoing armed conflicts affect three out of four fragile states.'²

Fragile contexts are those where a government cannot or will not act on its responsibility to protect and fulfil the rights of the majority of the population, particularly the poor. These responsibilities include: territorial control, security, public resource management, service delivery and livelihoods support. Ultimately, basic accountability relationships between governments and citizens are weak or broken

Armed conflict may be defined as a 'political conflict in which armed combat involves the armed forces of at least one state or one or more armed factions seeking to gain control of all or part of the state, and in which at least 1,000 people have been killed by the fighting during the course of the conflict'.³

Conflict-affected country is used by some institutions to describe countries with major or minor levels of conflict fatalities. The Peace Research Institute of Oslo (PRIO) and Uppsala University define minor conflict as that incurring more than 25 battle-deaths per year; conditions associated with at or above 1,000 battle-deaths per year are defined as major conflicts.⁴

Post-conflict country includes countries that have undergone severe and long-lasting conflict, with substantial declines in domestic infrastructure, capacity and or economic activity, as well as significant decline in levels of external assistance from e.g. the World Bank's IDA; countries that have undergone shorter but highly intensive conflict; newly-formed sovereign states emerging out of violent break-up or reformation of a prior sovereign state or entity. In all cases, present conditions reflect a recovery trajectory relative to the worst period of conflict.⁵

Hunger: 'the uneasy or painful sensation caused by want of food; craving appetite; the exhausted condition caused by want of food; want or scarcity of food in a country'.⁶

Malnutrition: 'cellular imbalance between the supply of nutrients and energy and the body's demand for them to ensure growth, maintenance, and specific functions';⁷ 'lack of some nutritional elements necessary for human health'⁸ (or over-supply of nutritional elements in a manner deleterious to human health; under- and over-nutrition);

Undernourishment: insufficient access to dietary requisites;

Undernutrition: inadequate food intake and infectious disease recurrence (wasting, stunting, micronutrient malnutrition (MNM)).

Underweight: weight-for-age of -2 z scores or more below the median of the WHO child growth standards.

¹ Mata & Ziaja, 2009.

² <http://web.worldbank.org/WBSITE/EXTERNAL/PROJECTS/STRATEGIES/EXTLICUS/0,,contentMDK:22230573~pagePK:64171531~menuPK:4448982~piPK:64171507~theSitePK:511778,00.html>

³ Guha-Sapir et al., 2005.

⁴ http://www.pcr.uu.se/research/ucdp/datasets/ucdp_prio_armed_conflict_dataset/. It should be noted that such definitions may omit contexts in which relatively high levels of violent mortality or morbidity are incurred but in non-battle, or disorganised forms of conflict.

⁵ International Development Association, 2012.

⁶ Oxford English Dictionary, 1971.

⁷ WHO, 1993.

⁸ Medline Plus [accessed: 8th January, 2013].

Moderate/severe (global) acute malnutrition: weight-for-height of -2/-3 z scores or more below the median of the WHO child growth standards ('wasting') or nutritional oedema ('kwashiorkor')

Chronic malnutrition ('stunting'): height-for-age of -2 z scores or more below the median of the WHO child growth standards.

Intrauterine growth restriction (IUGR): 'poor growth of a baby while in the mother's womb during pregnancy [...] the developing baby weighs less than 90% of other babies at the same gestational age'⁹.

Micronutrient malnutrition (MNM): often focused on vitamin A, iodine and iron deficiencies, but also including zinc, folate and multiple micronutrient malnutrition (MMM).¹⁰

Protein-energy malnutrition: a group of related disorders that include marasmus, kwashiorkor, and intermediate states of marasmus-kwashiorkor.¹¹

Vitamin A Deficiency (VAD): clinical signs of xerophthalmia and very low serum levels of vitamin A <0.35 µmol/dL (severe); tissue concentrations of vitamin A low enough to have adverse health consequences (mild/moderate).¹² Associated with preventable blindness and night blindness, as well as elevated risk of morbidity and mortality for other causes.

Iodine Deficiency Disorders (IDD): median urinary iodine values of <20, 20-49, 50-99 (severe, moderate, mild, respectively); at the population level, IDD elimination occurs if 50% of samples have a median value 100 g/dL and not more than 20% have a median value 50 g/dL.¹³ Associated with intellectual and behavioural deficits.

Iron Deficiency Anaemia (IDA): proportion of the population that has iron-deficient erythropoiesis.¹⁴ Iron deficiency is defined as a condition in which there are no mobilizable iron stores and in which signs of a compromised supply of iron to tissues, including the erythron, are noted. The more severe stages of iron deficiency are associated with anaemia. Cut-offs may be dependent on specific population measures.

Zinc Deficiency: Based on plasma zinc values and prevalence of inadequate zinc intake, especially in young children.¹⁵ Associated with prevalence and severity of diarrhoeal disease.

⁹ <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002469/>

¹⁰ Ramakrishnan, 2002.

¹¹ <http://emedicine.medscape.com/article/1104623-overview>

¹² Ibid.

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Ibid.

Acronyms & Abbreviations

AFANSA	Afghan Food and Nutrition Security Strategy	MAIL	Ministry of Agriculture, Irrigation and Livestock (Afghanistan)
AfDB	African Development Bank	MAP	Multi-country HIV/AIDS Program (World Bank)
ANC	Antenatal care	MDG	Millennium Development Goal
ANSO	Afghan National Security Office	MDTF	Multi-donor trust fund
AoA	Agreement on Agriculture (Doha round)	MMM	Multiple micronutrient malnutrition
APC	All People's Congress (Sierra Leone)	MNM	Micronutrient malnutrition
ARTF	Afghan Reconstruction Trust Fund	MoFED	Ministry of Finance and Economic Development (Sierra Leone)
BPHS	Basic package of health services (Afghanistan)	MoHS	Ministry of Health and Sanitation (Sierra Leone)
CAADP	Comprehensive Africa Agricultural Development Programme	MoLG	Ministry of Local Government (Sierra Leone)
CIDA	Canadian International Development Agency	MoPH	Ministry of Public Health (Afghanistan)
CMAM	Community management of acute malnutrition	MRRD	Ministry of Rural Rehabilitation and Development (Afghanistan)
CPIA	Country Policy and Institutional Assessment (World Bank)	NEPAD	New Partnership for Africa's Development
CRS	Creditor Reporting System (OECD-DAC)	NGO	Non-government organisation
DALY	Disability-adjusted life year	NNAF	National Nutrition Action Framework (Afghanistan)
D/GBS	Direct/General Budget Support	NNMR	Neonatal mortality rate
DDRR	Demobilisation, Disarmament, Reintegration & Resettlement	NPIA	National Plan for Investment in Agriculture (DRC)
DFID	Department for International Development (UK)	NPP	National Priority Programmes (Afghanistan)
DPC/LIC	Difficult partner country/low-income country	NRVA	National risk and vulnerability assessment (Afghanistan)
DPT	Diphtheria, Pertussis, Tetanus (vaccination)	NSP	National Solidarity Program (Afghanistan)
DRC	Democratic Republic of Congo	NWGW	National Working Group (Sierra Leone)
ECOWAS	Economic Community of West African States	ODA	Official Development Assistance
EU/C	European Union/Commission	ODI	Overseas Development Institute
FAO	Food and Agriculture Organisation	OECD-DAC	Organisation for Economic Cooperation and Development – Development Assistance Committee
FCAS ¹⁶	Fragile and conflict-affected state	OOP	Out of pocket (expenditure)
FDI	Foreign direct investment	ORS/T	Oral rehydration solution/therapy
FFP	Food for Peace	PHU	Peripheral Health Unit (Sierra Leone)
FFW	Food for Work	PND	Public Nutrition Department (Afghanistan/ MoPH)
G7/8	Group of Seven/Eight (major donor countries)	PPRD	People's Party for Reconstruction and Development (DRC)
G7+	Group of fragile and conflict-affected states (see OECD International Dialogue on Peacebuilding and Statebuilding)	PRIO	Peace and Research Institute, Oslo
GAM	Global acute malnutrition	PRONANUT	Programme National de la Nutrition (DRC)
GAVI	Global Alliance for Vaccines and Immunisation	REACH	Renewed Efforts Against Child Hunger
GCMU	Grants and Contracts Management Unit (Afghanistan)	SAM	Severe acute malnutrition
GDP	Gross Domestic Product	SCP	Smallholder Commercialisation Programme (Sierra Leone)
GFATM	Global Fund for AIDS, TB and Malaria	SEHAT	Systems Enhancement for Health Action in Transition (Afghanistan)
GHA	Global Humanitarian Assistance report (Development Initiatives)	SLPP	Sierra Leone Peoples Party
GMP	Growth monitoring and promotion (Afghanistan)		
MAFFS	Ministry of Agriculture, Forestry and Food Security (Sierra Leone)		

¹⁶ Countries are defined as FCAS by various institutions, including the World Bank, the OECD, and DFID. FCAS implies both overt crisis (organised conflict and violent disruption of socio-political processes), and latent fragmentation (contested political settlement, state predation, and failure to ensure basic rights and services). Net effects include potential loss of regime legitimacy, control of the use of force and provision of security, and inability or unwillingness to provide for basic livelihood conditions. Most FCAS manifest some combination of these problems.

GNI	Gross National Income	M&E	Monitoring and evaluation
GoA	Government of Afghanistan	SME	Small and medium-sized enterprise
GoDRC	Government of the Democratic Republic of the Congo	STAREC	Programme de Stabilisation et Reconstruction (DRC)
GoSL	Government of Sierra Leone	SUN	Scaling Up Nutrition
HDI	Human Development Index	TFU/C	Therapeutic feeding unit/centre
IDA	Iron Deficiency Anaemia	UDSP	Union for Democracy and Social Progress (DRC)
IDA	International Development Association	UK	United Kingdom
IDD	Iodine Deficiency Disorders	UN	United Nations
IDS	Institute for Development Studies (University of Sussex)	UNDP	United Nations Development Program
IFI	International Finance Institutions	Unicef	United Nations Children's Fund
IFPRI	International Food Policy Research Institute	UNOPS	United Nations Office for Project Services
IMF	International Monetary Fund	US	United States
ISAF	International Security Assistance Force (Afghanistan)	USAID	United States Agency for International Development
IUGR	Intrauterine growth restriction	VAD	Vitamin A Deficiency
IYCF	Infant and Young Child Feeding	WASH	Water, sanitation and hygiene
KP/FATA	Khyber Pakhtunkhwa (formerly NWFP)/ Federally Administered Tribal Areas (Pakistan)	WFP	World Food Programme
LBW	Low birthweight	WGI	Worldwide Governance Indicators
LNS	Lancet Nutrition Series (2008)	WHO	World Health Organisation
		WV	World Vision



A woman cycling past an election campaign poster in Bagbo, Sierra Leone
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Foreword

Over the last decade the Millennium Development Goals have driven unprecedented success in reaching many of the world's poor, including significant reductions in child and maternal mortality. But the reality is that this progress has not been felt by the most poor and vulnerable, particularly those living in fragile and conflict affected states.

Efforts to improve nutrition have lagged behind gains in health and education worldwide but this has started to change and global momentum has been building, not least through the Scaling Up Nutrition movement launched by the UN Secretary General in 2010.

Undernutrition has a negative impact on almost every aspect of a child's life – and on his or her nation. It contributes to poor educational outcomes, lower lifetime earnings, weakened economies and reduced opportunities to escape poverty. In a world with more food than it can use, we are starving children of their dreams.

Tackling undernutrition is a key priority for World Vision and much of our programming and advocacy around the world is dedicated to this goal. So while we join in the celebration of the global progress that has been made towards the MDGs and throw our own efforts behind accelerating this in the last 1,000 days before the 2015 deadline we must also take a critical look at the places being bypassed by this progress.

This new report provides an in-depth analysis of countries with particularly high levels of chronic undernutrition that have not had the targeted attention that we know to be effective. Many of these countries with the highest burdens have not expressed nutrition to be a priority issue or joined the Scaling Up Nutrition movement. The reasons for this are complex and governance is a central concern, but the report provides clear recommendations for governments and donors to strengthen coordinated action.

I've seen for myself that good nutrition is not just about having food, but about enabling children to get the right food, health support and care at home. Even in the most difficult circumstances families who are properly supported can protect children from the negative impacts of undernutrition.

By better addressing nutrition, particularly in these difficult places, we can rise to our generation's challenge of providing health, hope and a brighter future to every child in the world.



Charles Badenoch
Vice President, Advocacy and Justice for Children, World Vision International

Background

Undernutrition is an underlying cause of a third of child deaths globally.¹⁷ Acute undernutrition (wasting) directly contributes to child mortality primarily through increased vulnerability to infectious diseases. Chronic undernutrition (stunting) increases mortality, but impacts more widely through irreversible, lifelong physical and cognitive impairment. Chronic undernutrition undermines a country's productive population and its chances for economic growth, as well as storing up potentially catastrophic costs in health care.¹⁸ In the 36 high-burden countries in the Lancet Nutrition Series (LNS, 2008), undernutrition costs an estimated USD\$260bn per year.¹⁹ By contrast, a dollar investment in nutrition intervention can yield up to USD\$30 in return.²⁰

The prevalence of child undernutrition is comparatively high in fragile and conflict-affected states (FCAS).²¹ Disruption of food production and supply, destruction of household assets and livelihoods, mass displacement of population, and degradation of vital services including health are all associated with rapidly escalating levels of acute undernutrition.²² But the causal relationship is two-way. It is increasingly recognised that food and nutrition insecurity are associated with heightened risk of violent social unrest and conflict.²³ Despite this, the international community has neglected investment in nutrition in FCAS, a trend this report aims to address.

After several decades of progress, global reduction in undernutrition has stalled – partly undermined by the recent interlinked global food, fuel and economic crises from 2007-08, but partly also by stagnant or worsening conditions in global regions characterised by non-transient factors, in particular state fragility. While Latin America and east/southeast Asia continue to make strong headway, parts of sub-Saharan Africa and south Asia are seeing slow-down and reversal of earlier gains, with increase in absolute numbers of the chronically malnourished. Without action, years of progress and generations of children risk being left behind.

For the future, macro-level factors – climate change, population growth, competition for land and water, rising energy costs and falling yields – look set to maintain upward pressure on food prices. At the same time, fiscal space to enlarge social protection, health and nutrition programmes will continue to be constrained in fragile and conflict-affected countries through the global economic slow-down, falling aid receipts, loss of export earnings, and weak domestic GDP growth and revenue.²⁴ Being less equipped to cushion adverse effects, fragile countries are liable to see progress on nutrition halted, unless additional, properly targeted support is forthcoming.

G8 donors have shown increasing interest in the problems of hunger and nutrition in recent years. They have also committed a substantial proportion of their aid budgets to addressing conflict and security in fragile countries and regions.²⁵ All major arguments – moral, equitable, efficient – suggest that they should look closely at maximising the complementarity of their spending in these two areas.

¹⁷ Lancet, 2008.

¹⁸ IFPRI, 2012; SUN, 2010; Unicef, 2009; de Onis et al., 2000; Kikafunda et al., 1998; Yoon et al., 1997; Victora et al., 2008; Czernichow et al., 2006; Alderman et al., 2006; Kar et al., 2005; Kim, 2004; Alvarez et al., 2003; Robinson, 2001; Osmond & Barker, 2000.

¹⁹ Sarma, 2011; this amounts to approximately twice the total global aid spend by all donors in 2011-12.

²⁰ Horton et al., 2010.

²¹ AfDB, 2012; SUN, 2012; IFPRI, 2012; Whitehall & Kandasamy, 2012; Kandala et al., 2011; Horton et al., 2010; Megeily, 2010; Guha-Sapir et al., 2005; Brennan & Nandy, 2001; Hussein & Herens, 1997.

²² Acute and chronic undernutrition overlap in many instances but also occur independently and in highly varying ratios.

²³ Lautze, 2012; Hendrix & Brinkman, 2012; IFPRI, 2012; Brinkman & Hendrix, 2011; World Bank, 2010; Diaz-Bonilla & Ron, 2010; Bakrania & Lucas, 2009; Wodon & Zaman, 2008; Messer et al., 2001; Ogden, 2000; Cohen & Pinstrup-Andersen, 1999; Hendrickson & Armon, 1998.

²⁴ Addison et al., 2011.

²⁵ In total, G8 commitments to undernutrition and conflict/security in recent years amount to around USD\$66 billion.

Executive Summary

Fragile and conflict-affected states (referred to as 'FCAS' throughout the report) suffer some of the worst rates of acute and chronic undernutrition in the world. Yet, of 42 FCAS, a minority (16) have, so far, joined the Scaling Up Nutrition (SUN) movement. Moreover, this research report shows that those FCAS remaining outside SUN have systematically weaker economic indicators and poorer governance capacity than those now within the movement.

The weight of financial, policy and programmatic attention – particularly in more severely-affected FCAS – is directed at acute undernutrition. Chronic undernutrition, by contrast, remains poorly understood and widely under-addressed.²⁶ Many fragile states and conflict situations, donors focus funding on short-run measures that visibly reduce acute suffering and hunger. FCAS governments, meanwhile, prefer to support food measures that mitigate immediate (often urban) threats to social stability. Civil society efforts are hampered by short-term thinking in the policy and financing environment, and the limits to scale within which they operate. These circumstances conspire to undermine the development of a more sustained and sustainable, systemic, nationally-owned and government-led approach to the problem of hunger – what one might call 'governance for nutrition' – in many FCAS contexts.

Scaling Up Nutrition (SUN)²⁷

'Scaling Up Nutrition' (SUN) is a global movement launched in 2010 by the UN Secretary General, to enhance action on undernutrition. It builds on the findings of the Lancet Nutrition Series, advocating a package of interventions which includes both 'direct' nutrition (largely through the health system), and 'nutrition-sensitive' programming (including agricultural production and food security, as well as education, water and sanitation amongst others). It advocates a stronger focus on undernutrition in general, in particular maximising the 'window of opportunity' (associated with preventing irreversible damage to the child) through pregnancy to 2 years of age. SUN is founded on the principle of member state sovereignty – insofar as joining SUN is a decision taken by the country concerned. In principle, all countries are eligible to join SUN, without selection.

As of 30 January 2013, 33 countries had signed up to SUN. We use the term 'signed up' to denote the act of submitting the demarche-style letter from a country's head of state or mandated ministry or agency to the Geneva SUN Secretariat. Clearly, signing up is a relatively simple procedure. This research takes signing up (or not) as a marker of political and policy discussions and processes – regarding the importance attached to key human welfare matters like nutrition – going on within government in fragile and conflict-affected states.²⁸ In this sense, signing or not signing up to SUN constitutes a useful starting point for investigating those discussions and process which, collectively, constitute an important dimension of governance.

There is little active opposition among non-SUN FCAS to signing up. Instead, commitment appears obstructed by uncertainty and inertia. Absence of clear signals from donors that new resources may be available for nutrition reduces political interest in an area conventionally given quite low priority anyway. Institutional uncertainty about the financial, political and security environment in many FCAS locks partners into a perpetual humanitarian mode of intervention. Developing the model of intervention beyond known and relatively reliable emergency and short-term funding and implementation relationships is perceived as risky, not only for line ministries but for partners too. This increases the difficulty in achieving cross-government, intersectoral coordination (in particular between core nutrition ministries of health and agriculture) on which a more sustainable, integrated approach to nutrition is founded.

Approaches to undernutrition in FCAS, viewed in this light, are inefficient (especially where 'fragility' is poorly defined and the problem of 'insecurity' overstated), and liable to render state building and peace building objectives less effective. Though short term food aid and feeding programmes may drive down the immediate problem of hunger, failure to mitigate the chronic, socially-embedded drivers of childhood undernutrition – drivers which frequently mimic broader

²⁶ FAO, 2010; Harvey et al., 2010; Sumner et al., 2007.

²⁷ <http://scalingupnutrition.org/>

²⁸ 'Welfare' in this research report, is used to describe socially productive and protective investments, including health, education, WASH and agriculture, amongst others. It is constituted as a distinct category from investments whose primary aim is military, defence or security in nature.

horizontal socioeconomic and ethno-political cleavages in society – will result in new generations of young people, biologically disadvantaged from before birth, disadvantaged at school, disadvantaged in the labour market and poorly paid. As such, the systematic exclusion that fosters chronic undernutrition in the most vulnerable and marginalised groups simultaneously builds a cohort of disaffected and often desperate young men and women, who collectively constitute one of the most significant risk factors for a renewed cycle of instability, violence and conflict.

Using quantitative analysis covering 42 SUN and non-SUN FCAS, and qualitative field-based studies of a small selection from within that group, this research project aims to answer three central questions:

- How is SUN working in fragile and conflict-affected countries?
- What are the factors that appear to support or obstruct FCAS engagement with SUN?
- What may be needed to strengthen FCAS engagement with SUN and with undernutrition more generally?

The research does not evaluate the impact of joining SUN – that remains to be done in years to come. But it starts from the premise that the approach and package of interventions promoted by SUN are derived from best available evidence, and that it is political commitment and institutional capacity that determine progress.

The research was designed to understand SUN and the problem of nutrition in the context of state fragility and conflict. It quickly became apparent, however, that how FCAS governments respond to the problem of undernutrition and the SUN agenda offers an insight into how governance works in such countries, when confronted with a particular problem and corresponding opportunity.

In particular it highlights some of the tensions generated by undernutrition in FCAS, within government and with international partners, over the appropriate balance between humanitarian and development modes of policy thinking and intervention design. It highlights the distinct variation in FCAS government functionality and the nature of conflict in these countries, encouraging a closer look at what we mean by fragility and insecurity context by context, and how far these two core concepts should be allowed to determine strategy in FCAS, especially where strategy unnecessarily perpetuates a short-term emergency model that bypasses and undermines government leadership. And it highlights the political and policy struggles in many FCAS over how to adequately prioritise productive sector spending (such as health and agriculture) under heavy competition from dominant security and macroeconomic policy agendas.

Recommendations are directed first and foremost at donors, but include action that can – and should – be taken complementarily by other partners working on nutrition in FCAS. The central propositions – increasing the resource incentive to take action on undernutrition, and constructing resource mechanisms that encourage government ownership and cross-sectoral working – are closely interconnected.

The overarching observation is that undernutrition in FCAS continues to be seen, fundamentally, as a problem of acute undernutrition, whose solution lies in an increase in the provision of food. Donors and technical agencies partnering government in FCAS should be more consistent in adopting and promoting the SUN model of integrated action – action which addresses both acute and chronic undernutrition, by incorporating interdependent interventions in health, food security and agriculture.

Finding

1a There is major variation in awareness and understanding of SUN between FCAS

1b Prevalence of undernutrition does not drive government action in FCAS

2 FCAS with poor economic indicators are less likely to join SUN. Weak confidence in additional resources dilutes political interest in/ commitment to the nutrition agenda

3 FCAS with weaker governance are less likely to join SUN. Emphasis on sector-specific humanitarian treatment of mainly acute undernutrition inhibits intersectoral and inter-ministerial incentives to collaborate

4 Prevailing insecurity in an FCAS does not preclude effective government. Partners should proactively seek ways to build government and governance from early stages of intervention even in conditions of instability and ongoing conflict

Recommendation

1.1 SUN should secure more coherent endorsement of its model with strategic donor and UN partners

1.2 Donors and partners should promote the SUN model more strongly and consistently throughout FCAS

1.3 Donors and partners should agree additional stimulus for FCAS to adopt SUN model (whether or not joining SUN)

2.1 Donors should collectively signal new funding for integrated nutrition in FCAS

2.2 Donors should design an appropriate mix of mechanisms by which to provide new nutrition resources and support, to build government ownership and governance capacity (including, inter alia, general budget support, pooled funding, programme support, and pragmatic technical support to ministries)

2.3 Donors, UN agencies and NGOs should use their networks to promote nutrition as a core strategy in FCAS with multiple dividends in peacebuilding and long-term conflict risk reduction, economic recovery (livelihood security) and economic development (productivity and growth)

3.1 Donors, UN agencies and NGOs should promote nutrition as a strategy for economic development, institutionally endorsed by the relevant finance ministry with power to broker coordination of line ministries, with emphasis on building the bilateral relationship between health and agriculture

3.2 Partners should support domestic non-state actors (CSOs, business) to lobby for nutrition investment, emphasising accountability (governance) and efficiency (growth)

4.1 Partners should identify and invest in key areas which support SUN viability, fitted to FCAS country context, including e.g. role of agriculture in peacebuilding; political commitment to equitable basic healthcare; presence of REACH or similar technical alignment mechanism; quality of public finance management; sympathy of finance institutions to nutrition agenda etc. in order to build national capacity to lead nutrition strategy

4.2 Partners should establish a long-term strategy coordination mechanism from the earliest phase of intervention in FCAS, separate from emergency fora

4.3 Operational partners (UN and I/NGOs) should design and lobby for longer-term integrated nutrition projects, with government and donors in FCAS, as part of a combined short/long-term post-conflict strategy

Introduction

The Scaling Up Nutrition (SUN) initiative was launched in 2010, reflecting concern that nutrition, in particular from pregnancy through the first 24 months of life, was under-addressed in international and national policy priority and resource allocation. It built on research into the scale and costs of undernutrition in its various forms, and the potential effectiveness of selected interventions, published as a series in the Lancet in 2008.²⁹

The 'Scaling Up Nutrition' (SUN) movement and 'fragile and conflict-affected states'

Scaling Up Nutrition comprises three distinct forms: an 'organisation',³⁰ a 'movement', and a 'network' (or set of interlocking networks) (SUN, 2012). In organisational terms, SUN is supported by a secretariat based in Geneva, Switzerland. As a movement, SUN may be understood as a self-organising group of states whose participation is elective and progressive. States can become formal partners or participants by submitting a letter of intent, with high-level political endorsement (by the Office of the President or equivalent, or by lead line ministry in some cases). As a set of country-based networks, SUN operates partnerships in addition to participating governments which include donors, the UN agencies, civil society, academic and research institutions, and the private sector.

SUN's vision – and, as it were, model for action – draws on the Lancet Nutrition Series (2008) assessment of evidence-based and costed interventions which could, collectively, bring down undernutrition in the world's high burden countries. The LNS projected a total cost of USD\$11.8bn (over 36 countries), with USD\$10.3bn expected to come from non-domestic sources. A more recent cost analysis suggests that operationalisation of 10 'high-impact' direct nutrition interventions in the 33 countries participating in SUN as of January 2013, would be in the region of USD\$5.7bn.³¹

FCAS countries have some of the worst indicators for undernutrition globally, yet the majority remain for the present outside the SUN movement. SUN is, according to its own literature and leading exponents, a 'country-led' global movement – membership in the movement is driven by domestic decision-making and commitment from within the participating countries and their governments. This presents a potential problem insofar as, being by axiomatic presumption weaker, FCAS countries may be finding it hard to galvanise or organise themselves to join SUN.

Analysis of international initiatives suggests that those, like SUN, which are narrow (focused on a specific issue) and shallow (requiring limited legal compliance) are relatively easy for states to sign (O'Brien & Gowan, 2012). In this sense, SUN should be straightforward for states to endorse. The slowness of FCAS countries to join SUN, even where it is an 'easy win', suggests that these countries (or a significant number of them) may need additional stimulus, probably provided by external partners, to help them engage. Such stimulus does not, necessarily, compromise the idea of SUN being country-led. It simply reflects the reality that external partners influence policy in most countries in which they have a presence, and that the key is to ensure that such influence is coherent, consistent and positive with regard to core global norms such as the need to reduce hunger and undernutrition.

Yet the country case studies conducted for this research show a remarkable variation in the level of external partner activity in promoting SUN in different FCAS contexts. Yemen and Sierra Leone received both high-level political encouragement from donor countries, and highly-aligned technical support across the major UN agencies. Pakistan has received considerable encouragement, though with less clear outcomes given the current governmental lacuna in Islamabad.³² By contrast, promotion and awareness of SUN in both DR Congo and Afghanistan were in some quarters ambivalent, and in others barely perceptible.

It would be helpful to understand these differences since, whilst they may reflect legitimate policy on the part, for example, of donors, they may also reflect a new version of familiar preferential behaviour towards some FCAS to the exclusion of others.³³ It may be that partners assume that some FCAS are simply too difficult for SUN to work in – and that in those

²⁹ Hereafter, the Lancet Nutrition Series (LNS).

³⁰ SUN 'was designed to be a different kind of organisation' (SUN, 2012).

³¹ Both costings, notably, omit assessment of a range of indirect or nutrition-sensitive interventions, partly since these are, methodologically, more complex to measure.

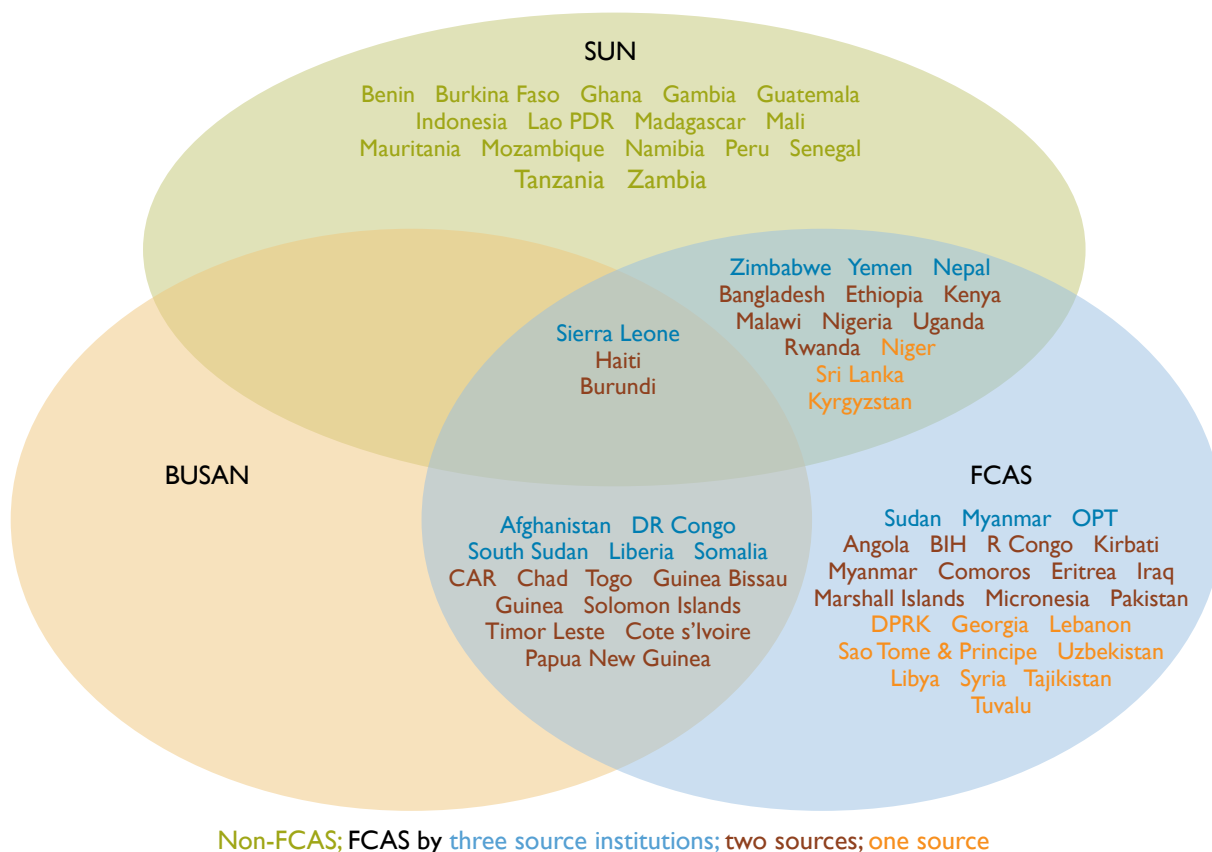
³² Following completion of this research report, Pakistan announced its intention formally to join SUN. Interestingly, quantitative analysis conducted as background for this research, assessing positive and negative deviance among FCAS predicted that Pakistan and Guinea were the two non-SUN FCAS (at that time) most likely to join SUN.

³³ See, e.g. OECD, 2011. Aid allocations – and donor engagement – across FCAS continues to reflect geopolitical interests rather than proportional response to objective need.

FCAS contexts, a self-perpetuating humanitarian model of intervention is the result. This research challenges these assumptions. Failure to support SUN's vision of nutrition action equitably across FCAS could result in a two-tier global picture in which some fragile states improve quickly whilst others stagnate or fall backward. Strong engagement with government around SUN in some FCAS, but relegation of others to emergency modes of action that marginalise government ownership appears to create a double standard in international FCAS policy.

SUN's emphasis on the leadership of affected countries in taking action on undernutrition resonates with the G7+ group of fragile states, and the Busan Principles, set out in November 2011.³⁴ Following Paris and Accra, Busan restated the fundamental responsibility of external partners to work with, and support, government leadership and national systems and structures in their aid strategies for countries affected by fragility and conflict. Given this shared foundation, it is therefore striking that very few FCAS currently belong to both SUN and Busan (3 as of 31 March 2013, see illustration 1).³⁵

Illustration 1: Intersection of SUN, FCAS and G7+ (Busan) States (as of March 2013)



The absence of commonality between the two movements is, perhaps, less surprising when one observes that most international attention to nutrition continues to flow to the emergency finance for food, often more closely associated with the treatment of acute undernutrition in crisis situations hence to aid modalities that are largely short-term and provided directly to implementing agencies, often bypassing core government.³⁶

Viewed as short-term crisis management, the prevailing approach to undernutrition may, in fact, actively undermine the government-systems and country-led principles of Busan, Accra and Paris. Shaping global and country-specific nutrition strategies to fit the Busan principles in FCAS could significantly improve these countries' adoption of SUN's model. And adoption of a nutrition model that enhances government ownership and governance quality in FCAS is a good in itself, whether or not individual FCAS countries end up formally joining the movement or not.

³⁴ In particular; Articles 19, 26 and 29.

³⁵ Recognising that SUN is an organic process, such that non-participants in 2012 are by no means assumed to remain non-participants in the foreseeable future.

³⁶ See, e.g. WFP, 2012; Horton et al., 2010; Shoham J, Dolan C & Gostelow L ENN (2013). The management of acute malnutrition at scale: A review of donor and government financing arrangements; Clay E (2006). Food aid and food security in a globalised world: building on the contribution of Hans Singer, IIED/IDS/ODI, 30 November, 2006.



Children in Afghanistan face some of the most difficult conditions in the world. This school started in 2005 and educates 2,700 students a day in two shifts in only 10 classrooms. Children learn computer skills, hygiene and family awareness.
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Methodology

The research comprises three interlinked approaches – a selective (non-systematic) review of relevant literature; a quantitative analysis of factors hypothesised to be relevant to FCAS signing up to SUN; and more in-depth qualitative case studies of a small selection of SUN-participating and non-SUN countries to investigate epidemiological, programmatic, policy and political dimensions of SUN in FCAS on the ground.

The literature review started with core documentation relating to SUN, as well as peer-reviewed nutrition literature, including centrally the 2008 Lancet Nutrition Series. It drew on global datasets and reports from agencies and institutions relevant to nutrition, in particular: the World Development Report (2012), the Human Development Report (2011), the State of the World's Children (2012), the State of Food Insecurity in the World (2012 and 2010), the Global Hunger Index (2012), as well as recent World Health Reports. Other key documents were sourced from the World Food Programme and from the REACH initiative, as well as a range of papers produced by the Overseas Development Institute. Peer-reviewed papers and grey literature were accessed relating both to the epidemiology of undernutrition, as well as health and socio-economic effects, and social, economic, political, cultural and environmental determinants. Official (governmental) and UN/NGO documents covering global conditions and generalised analysis of undernutrition, as well as conditions specific to FCAS contexts, and surveys, analyses and strategic plans for individual countries were also included. Given the substantial bodies of literature on nutrition, fragility and conflict, there are, without doubt, gaps in the documents reviewed for this research. We are confident, however, that the core literature has been included.

The quantitative analysis took as its unit of analysis states considered 'fragile and conflict-affected' by two or more of three prominent source institutions defining and using the category: the World Bank, the OECD and DFID (UK/HMG).³⁷ Variation among these sources with respect to states classified as FCAS was taken into account. Given the inclusion in different source lists of a range of countries (crossing human development, income status and nutrition statistics), a range of cut-offs were considered to limit and rationalise the set of countries for analysis. Low human development and low-income status cut-offs were rejected since they eventuated the exclusion of countries considered significant to the investigation of FCAS and nutrition. Rate of undernutrition was rejected as a cut-off since it would, in some cases, be based on incomplete data. The resulting analysis includes, therefore, a relatively broad spectrum of countries which fall under the FCAS nomenclature but which include outliers with respect to economic status and HDI.³⁸

Country case studies use semi-structured interviews with a range of in-country informants to explore factors that may affect the country's likelihood of signing up to SUN in three areas: first, the political context of food and nutrition, policy orientations to food and nutrition, and the presence and function of institutions, individually and collectively, mandated to address food/nutrition; second, the condition of systems and infrastructure to support the kinds of scaled-up action promoted by SUN; third, the economic, fiscal and financial landscape in which resources for food and nutrition intervention are determined. These are framed in the case study sections under: political factors; institutional factors; policy factors; programme factors; and financing factors. Case study narratives reflect areas in which there is strong consensus among informants, as well as areas in which there is evidence of continuing contestation in political discourse, policy orientation or intervention practice. Study countries were selected partly with regard to accessibility and local contacts to support relatively quick turn-around field visits. The selection was reviewed and expanded somewhat after discussion with the research project's External Reference Group. Informants were identified by institution, not by name. Informants were asked to respond to the extent of their knowledge on behalf of the political, policy and practice orientation of the institution or organisation for which they work.

³⁷ 'State' being based on multilateral recognition of sovereignty, hence including e.g. 'Somalia' but excluding e.g. 'Kosovo'.

³⁸ The means or proportions of each variable were estimated and compared between the two groups (signing up to SUN/not signing up to SUN) using ttest or χ^2 . The distribution of the variables was also assessed. All continuous variables were transformed to binary using the median as cut-off point except for Increase/Decrease in % Undernourished, 1992-94 to 2004-06, GDP per capita annual growth, and Political Stability and Absence of Violence Trend 2000-2011 (WGI), where the cut-off point was zero, and Ratio of Defence to Services Expenditure where the cut-off point was one. Logistic regressions were run for each of the binary variables as explanatory variables with outcome signing up to SUN or not.

Caveat

'Fragile and conflict-affected states' is a deeply problematic taxonomy. It embraces a spectrum of countries in very different circumstances – from Kenya to Afghanistan. Intuitively, there is a question about the extent to which commonalities can be asserted across this spectrum. FCAS implies both overt crisis (organised conflict and violent disruption of socio-political processes), and latent fragmentation (contested political settlement, state predation, and failure to ensure basic rights and services). Net effects include loss of regime legitimacy, control of the use of force and provision of security, and inability or unwillingness to provide for basic livelihood conditions. Most FCAS manifest some, often quite nuanced, combination of these problems.

So, rather than starting from an a priori assumption of 'fragility', this research attempts to understand FCAS countries through the prism of their responses to an objective problem (undernutrition), and to a globally available policy opportunity (SUN). At a given moment in time (March 2013), this allows us to compare two groups of FCAS ('SUN' and 'non-SUN'), looking at systematic differences between them. The systematic nature of such differences allows us to generalise some factors that appear to determine whether – and how – FCAS governments choose to act on an issue key to social stability, economic growth, and human welfare – nutrition.

Clearly SUN is a dynamic process. The dividing line between 'SUN' and 'non-SUN' FCAS countries will shift over time. This research was not designed to explore 'killer' conditions that rule out certain countries from SUN, but rather to explore in quantifiable detail backed by qualitative observation how governments in fragile circumstances can move towards SUN and better action on nutrition.

SUN accession may reflect political value (domestically or internationally) but not practical capability (or political will). Accession to SUN does not necessarily tell us how effective the country will be at addressing undernutrition. For that, further assessment is needed in 3-5 years.

Section I: Literature Review

The first section of the research is a selective review of literature covering types, impacts and trends in undernutrition globally and in fragile and conflict-affected contexts. It sets out the epidemiological and policy environment in which SUN has been launched, with a view to asking whether SUN is likely to work well in fragile states, and to what extent it may require amplification or modification.

Undernutrition is a major cause of child deaths

Nutritional status (including both chronic and acute forms of undernutrition) is a decisive factor in mortality and morbidity at all ages, and a key factor in the survival and development of infants and children. Undernourished children have substantially lower chances of survival (Unicef, 2009). They manifest compromised immune systems, and are more susceptible to, and likely to die from major childhood infectious diseases including diarrhoea, measles, malaria, meningitis, acute lower respiratory infection (ALRI), cough/influenza and pneumonia (ibid.; de Onis et al., 2000; Yoon et al., 1997; Kikafunda et al., 1998).

Chronic and acute undernutrition are associated causally with a third of under-five mortality globally each year. Together, intrauterine growth restriction (IUGR), stunting and severe wasting contribute to 2.2 million deaths each year, and 91 million DALYs (or 21% of the total for children under 5), and account for 7% of the total global disease burden for any age (Lancet, 2008). Poor nutrition among pregnant women contributes substantially to high and entrenched levels of maternal mortality in many affected countries (including many fragile and conflict-affected countries at the highest levels), while low birth-weight (LBW) alone causes an estimated 3.3% of overall child deaths (Unicef, 2009).

Micronutrient deficiencies continue to have a negative impact on the lives of at least one third of the world's population (FAO, 2012). Prevalence of iron deficiency anaemia (IDA) has not changed substantially in recent decades, in spite of progress in other areas of undernutrition, and is actually increasing in some countries (ibid.). A quarter of the world's population is affected by IDA, primarily children and women. Pre-school anaemia is highest in Africa at 68%. IDA adds over 100,000 deaths annually to the global burden of maternal mortality 33% of pre-school children, and 15% of pregnant women are vitamin A deficient (VAD). VAD prevalence is highest, again, in Africa, followed by Asia. Together, VAD and zinc deficiency account for around half a million deaths each, and 9% of childhood DALYs globally. Sub-optimal breastfeeding is estimated to result in 1.4 million child deaths annually and 44 million DALYs (constituting one tenth of global DALYs in children under 5) (Black et al., 2008). Fewer than 40% of infants in the developing world receive immediate breastfeeding; around one third of infants under 6 months are exclusively breastfed; global breastfeeding has seen only modest growth in the last two decades, from 33% in 1990 to 37% in 2008 (Unicef, 2009).

But long-term undernutrition also undermines population productivity and economic growth

The effects of undernutrition start at pregnancy and lead to permanent and irreversible losses – to individuals, families, communities and entire economies. Poor nutrition during gestation and through the first two years of life causes structural changes in fetal and infant metabolism and development (Victora et al., 2008; Osmond & Barker, 2000).³⁹ IUGR, LBW and sub-optimal post-natal growth are causally linked to a range of chronic health conditions in later life, including cardiovascular disease, diabetes, stroke, hypertension and renal disease (Czernichow et al., 2006; Kim, 2004; Alvarez et al., 2003; Robinson, 2001).⁴⁰ As well as losses to individual health and family and community well-being, early undernutrition stores up potentially catastrophic healthcare costs – whether borne by households or states – across the life course.

Undernutrition undermines human capital formation. Chronic fetal and infant undernutrition can result in lifelong impairment of cognitive function, with poorer performance in 'attention, working memory, learning and memory and visuospatial ability' (Alderman et al., 2006; Kar et al., 2005). IUGR and stunting are associated with children completing fewer years of school and earning less as adults (FAO, 2012; IFPRI, 2012; Lancet, 2008; de Onis et al., 2000). The impacts

³⁹ In some contexts – notably countries undergoing the 'nutrition transition' – early nutrition deficit combined with subsequent rapidly accelerated feeding, can contribute to child and adult obesity, the other side of the malnutrition coin.

⁴⁰ Research has also looked at the possibility of an association between nutrition and neurodegenerative disorders such as Parkinson's and Alzheimer's diseases (Landrigan et al., 2005).

of undernutrition extend beyond one generation's loss of schooling, reduced economic productivity and adult income-earning potential. It can take three generations to recover from the impact of undernutrition (IFPRI, 2012; Victora et al., 2008; Robinson, 2001). Investment in nutrition is, it is now generally recognised, an indispensable strategy for long-term socioeconomic development and growth (Linnemayr et al., 2008; Victora et al., 2008). Moreover, investment in nutrition (at least in certain interventions, perhaps more easily assessed with respect to direct cost-benefit relationships), can be unusually productive. A dollar investment in nutrition intervention can yield up to USD\$30 in return.⁴¹

The cost of undernutrition in the 36 LNS high-burden countries is estimated at USD\$260bn (Sarma, 2011).⁴² In Asia, undernutrition is estimated to cost a minimum 3% of GDP (Hunt, 2005). Poor nutrition, directly and via educational deficits, can incur productivity losses estimated at up to 10% of an individual's lifetime earnings (Horton et al., 2010; World Bank, 2006). Productivity losses in India resulting from stunting and iodine deficiency are equivalent to 2.95% of GDP annually. Over a five year period, iron deficiency anaemia in Sierra Leone was estimated to cost USD\$94.5m to women's productivity in the agricultural sector; while productivity losses resulting from intrauterine iodine deficiency and consequent cognitive impairment cost in excess of USD\$42.5m (FAO, 2012; Darnton-Hill et al., 2005). Undernutrition in Bangladesh is estimated to cost USD\$1bn in lost economic productivity. Protein-energy malnutrition, iron and iodine deficiency are estimated to result in 3-4% GDP loss in Pakistan and 2-3% loss in Vietnam (Darnton-Hill et al., 2005).

Regional inequality in undernutrition is re-emerging

The majority of undernourished people live in low- and middle-income developing countries (Black et al., 2008), with around 13% of children under-5 classed as wasted, and 5% classed as severely wasted (around 25 million children) (Unicef, 2009). Stunting affects approximately 165m children under 5 in the developing world, 90% in Asia and Africa (Unicef, 2013; Unicef, 2009). Economic poverty, however, is not the sole cause of undernutrition. While poverty has reduced globally, hunger has not, suggesting that growth and rising per capita income in the aggregate do not, necessarily or automatically, translate into improved nutrition (World Bank, 2013).⁴³

Over the last forty years, considerable progress has been made globally. Between 1970 and 2000, the world total of undernourished children was reduced by 20% (Wagstaff & Watanabe, 1999). From 1990 to 2006, prevalence of under-5 undernutrition decreased from 33% to 26%. Between 1990 and 2010, the proportion of underweight children fell from 25% to 16%, while global stunting fell from 40% to 26% of under-5s between 1990 and 2011 (Unicef, 2013; FAO, 2012).⁴⁴ Global progress, though, conceals distinct regional differences (Unicef, 2009; de Onis et al., 2000). While the Latin America/Caribbean and East and Southeast Asian regions show notable improvements, sub-Saharan Africa and South Asia have performed relatively poorly (with increases in undernourished population of 17% to 27% and 32.7% to 35% respectively), and a more recent downturn in performance in West Asia (FAO, 2012; IFPRI, 2012). Net trend over the last two decades not only shows global progress on undernutrition slowing, with a clear effect of the food, fuel and banking crises after 2007-08, but an effective shift from global convergence to increasing inter-regional inequality (see graph 1).⁴⁵

⁴¹ Horton et al., 2010.

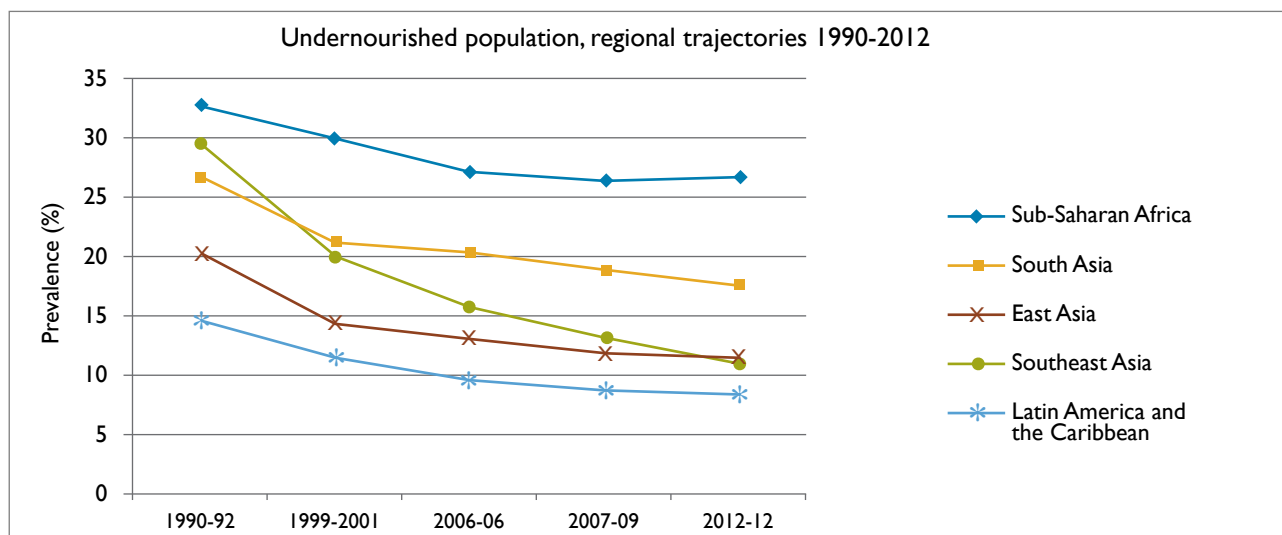
⁴² Almost exactly double the total global flow of aid to all countries for 2011 (OECD-DAC, 2012) <http://www.oecd.org/newsroom/developmentaidtodevelopingcountriesfallsbecauseofglobalrecession.htm> [accessed 11th January 2012]

⁴³ That said, just as China accounts for a substantial amount of global poverty reduction, it accounts for a significant proportion of falling undernutrition worldwide (Webb & Lapping, 2002).

⁴⁴ The 2012 Global Hunger Index recorded a fall in total hunger of 26% from 1990 (IFPRI, 2012). These proportional reductions can mask rising headcount undernutrition (FAO, 2012; Unicef, 2009; Levine & Chastre, 2011; Brinkman & Hendrix, 2011). The absolute number of stunted children rose between 1990 and 2008 from 43 million to 52 million (Unicef, 2009; Lapping & Webb, 2002).

⁴⁵ The World Bank estimates that the financial, economic and price crises added 44 million to the ranks of the undernourished (Horton et al., 2010).

Graph 1: Regional trends in undernourished population



There is some evidence that the rate of global – and regional – progress on undernutrition made between the 1970s and 1990s has not continued in the last decade. Part of this can be accounted for by reversals in nutrition following the global economic crisis and 2007-08 global food prices spike. But progress has been slowing down over a longer period, and certain regions – arguably those showing sustained weaknesses in governance as well as disproportionate vulnerability to conflict – have not only fallen behind but have seen increase in absolute levels of undernutrition in general and stunting in particular:

Fragile and conflict-affected states are among the worst affected countries

Fragile states are among the highest-burden countries for undernutrition in the world (Guha-Sapir et al., 2005; Brennan & Nandy, 2001).⁴⁶ It is estimated that undernutrition is 50% higher in fragile and conflict-affected states in Africa than in non-FCAS countries (AfDB, 2012). Almost 60% of countries at the bottom of the Global Hunger Index (IFPRI, 2011) are FCAS. Half of the 36 countries included in the Lancet Nutrition Series (Lancet, 2008) are FCAS (Horton et al., 2010). Just under half of the countries included in the LNS and World Bank extended 40-country group are FCAS (Sarma, 2011). And almost half of the 32 smaller countries with rates of child stunting and/or underweight above 20% are FCAS (Horton et al., 2010). The majority of SUN countries have stunting over 30%, 13 of 33 have stunting over 40% (SUN, 2012). Half of SUN countries with the highest levels of stunting (>40%) are classified as FCAS. 60% of SUN countries with stunting between 30% and 40% are classified as FCAS, while only 10% of SUN countries with stunting below 30% are so classified (SUN, 2012). Eight of the 14 countries which, together, contain 80% of the world's stunted children are defined as fragile and conflict-affected (Unicef, 2013).

Global action is focused primarily on humanitarian treatment of acute undernutrition

Most political, policy and programme attention in fragile countries goes to acute undernutrition (through direct food aid and distribution or emergency and project food aid and assistance). Although food security and nutrition are distinct issues, they are frequently composited as elements of primarily humanitarian action to alleviate immediate hunger and reduce mortality associated with severe wasting. Aid allocations for 2000 to 2005 to 'basic nutrition' made up 15% of spending on emergency food aid, and just 3% of total spending on health over the period. Emergency and project-based food aid have increased dramatically their share of spending within the food and nutrition sector in recent years (SUN, 2010; Oniang'o, 2009; Bryce et al., 2008; Flores, 2004).⁴⁷ The political and economic influences of donor countries on food aid flows further

⁴⁶ See also, e.g. Whitehall & Kandasamy, 2012; Kandala et al., 2011; Meleigy, 2010; Brennan & Nandy, 2001.

⁴⁷ Acknowledging that clear demarcations are in some instances hard to make between spending for nutrition and spending for food consumption and security objectives.

problematise the extent to which aid for food and nutrition responds properly to the global distribution of need, with responses that go beyond the 'sticking plaster' (Harper et al., 2010).⁴⁸

In any case, prevalence of undernutrition does not always map onto the epicentres of conflict or insecurity. Acute undernutrition is quite mobile, and is often lower (or falling) in hot zones where most humanitarian aid is delivered, and rising in non-conflict areas. Chronic undernutrition appears to be more rooted in certain areas and, similarly, independent of short-term shifts in insecurity and risk of violence. This appears to be the case in Sierra Leone, DRC and Afghanistan. In Pakistan, undernutrition is highest in northern Sindh, not in Balochistan or KP/FATA where insecurity are concentrated. The result is that a humanitarian focus on acute undernutrition in FCAS can end up dealing with only one dimension of the problem, and in a relatively transient manner.

Reducing undernutrition requires both immediate (short-run) and sustained (long-run) interventions, integrated with one another (FAO, 2012; Butta et al., 2008). Although aetiologically distinct, a more balanced and integrated approach to the associated problems of wasting and stunting is required (Sarma, 2011; Unicef, 2009; Black et al., 2008; Victora et al., 2008; Grantham-McGregor et al., 1989).⁴⁹ The attractiveness of acute undernutrition as a focus for action lies both in its responsiveness to short-term intervention (providing credibility both to donor and recipient governments), and in its potential contribution to better performance on under-5 child mortality (a widely prioritised MDG target among some FCAS). Over-emphasis on the MDG mortality target can undermine longer-term strategies for nutrition. It will be important that this is clearly recognised in the high-level planning for new development targets and indicators post-2015.

But stunting is a better indicator of equity, and a potential predictor of social stability

In the context of FCAS, there are two further inter-connected reasons for rebalancing strategy on undernutrition to address stunting better (in addition to, rather than at the expense of, action on wasting). First, stunting is relatively strongly associated with wider socioeconomic (and arguably ethno-political) inequity (Unicef, 2009; Brentlinger et al., 1999; Wagstaff & Watanabe, 1999; Aldoori et al., 1994).⁵⁰ As such, stunting may not only be a better indicator of underlying, structural deficits in a wide range of markers of wealth and social inclusion – illuminating non-transient forms of deprivation – but also a marker of the kinds of structural, horizontal inequity that increase the risk of social unrest, violence and conflict. Second, while immediate food insecurity and acute household hunger may increase short-term risks of social unrest,⁵¹ high rates of stunting in a population increase the long-term likelihood of cognitively impaired, poorly educated, un- or under-employed, low-paid youth – a dangerous constituency with regard to social instability.

There are a range of factors driving undernutrition in FCAS, and hence a number of entry points for action, ranging from the macro- through the meso- to the micro-level.

Greater coherence on nutrition is needed in global policy-making

Coherent global attention to undernutrition is undermined by three problems – the lack of a commonly-shared, holistic concept of the problem (resulting in striking under-investment in chronic undernutrition); significant gaps in global data to identify the problem and monitor effective interventions; and a complex international system of institutions and actors dedicated to undernutrition, with overlapping mandates and a tendency to be dominated by emergencies (in terms of technical expertise, mandate and financing).

⁴⁸ The predominance of six countries (Afghanistan, Angola, North Korea, Iraq, Sudan, Ethiopia) in current emergency food aid allocations – whilst admirably focused on some of the worst affected FCAS – clearly responds to international political priorities more than to epidemiological evidence of relative need.

⁴⁹ Stunting is generally acknowledged to be a stronger predictor of long-term disadvantage; logic suggests that it should therefore be used more strongly as a key indicator of spending and implementation effectiveness.

⁵⁰ In Honduras, children in the poorest households or whose mothers were uneducated had a 50% greater chance of being stunted. In Iraq, stunting was found to be significantly higher for children of low socio-economic households. In Bolivia, children in poorest household are six times more likely to be stunted as children from the richest households. Other studies have shown that stunting is associated with unequal income distribution, and is significantly higher in families with lower levels of assets (cultivating less land, lacking piped water) (Brentlinger et al., 1999; Wagstaff & Watanabe, 1999).

⁵¹ Governments, especially in situations of political fragility, often prefer to address quick-onset, high-visibility (and higher risk) urban food crises, with less incentive to address chronic underlying food and nutrition insecurity in the rural sector (Brinkman & Hendrix, 2012; Compton et al., 2011).

The language of food and nutrition is over-populated with overlapping and often confusing terminology (IFPRI, 2012; Morris et al., 2008). Whilst this may seem to be an abstruse point, clarity and simplicity of language around a phenomenon are key to its chances of achieving concentrated political attention and coherent policy formulation – especially among constituencies who compete for resources and visibility with other urgent issues, as we see in FCAS. Technical specialists in undernutrition, often trained and field-experienced predominantly in management of acute undernutrition, can limit and skew the discourse.

Policy on nutrition continues to be hampered by lack or lapses in reliable data (FAO, 2012; SUN, 2010; Morris et al. 2008; Wagstaff & Watanabe, 1999). It is not that there is a lack of global and sub-global monitoring systems – rather it is that there is limited amalgamation of different datasets, in particular between agricultural production, food insecurity and vulnerability and nutrition (Morris et al., 2008). Reliable, integrated data-gathering and analysis is persistently poor (FAO, 2012; SUN, 2010; Morris et al. 2008; Wagstaff & Watanabe, 1999). One result of this is a tendency to set nutritional objectives around available data – for example the choice of ‘underweight’ as key target within the MDGs (World Bank, 2013). Looking beyond 2015, setting nutrition goals by most valued (or valuable) outcomes – for example, rate of stunting – rather than most readily available measure should be the standard of the high-level panel and dialogue.

If there is an international system for addressing undernutrition, it has evolved in unhelpfully complex ways. There are distinct cleavages between ‘food’ (aid, security, assistance) and ‘nutrition’; between humanitarian and developmental models; between technical effectiveness and political responsiveness (Brinkman & Hendrix, 2011). These contesting modes of thinking and action compound institutional tension between international partners negotiating overlapping and cross-cutting mandates in-country (Morris et al., 2008) – including two global clusters, and a raft of strategies from NEPAD, ECOWAS, the EC, the Gates Foundation, the World Bank, the UN and individual donors (SUN, 2010).⁵² In a sense, a truly integrated approach to nutrition almost inevitably falls between the current system’s two broad beams of humanitarianism and development – competing agendas of short-term survival and long-term flourishing. The SUN movement should maintain pressure to rationalise a common nutrition vision among partners, overcoming this artificial competition.

Climate change is projected to pose one of the greatest risks to nutrition, with costs estimated at between USD\$4-12bn (World Bank, 2010; Ebi, 2008). According to the FAO, by 2085, climate change could reduce available arable land by 11% developing countries, with considerably higher losses for Africa (IFPRI, 2012). The profound effects of global economic crisis and resulting recession on undernutrition are now impossible to ignore. Progress on undernutrition – already stalling – is projected to worsen ‘as the global economy tightens its belt in the aftermath of the most severe downturn since the Great Depression’ (Horton et al., 2010). Contraction in fiscal space available to governments will adversely affect the kinds of service delivery on which many interventions advocated by SUN depend (Harper et al., 2009). It has been estimated that the 390 million poorest Africans will see their income fall by 20% as a result of the recession (Ibid.).⁵³

International trade systems continue to impact negatively on nutrition policy and financing options in poor and fragile countries. Weak access to industrialised country markets is considered one of the most significant barriers to expansion of agriculture in developing countries, itself an important factor in ensuring long-run investment in production.⁵⁴ Global demand for food is projected to increase by 60% to 2050 (FAO, 2012). This creates inflationary pressure on food prices,⁵⁵ compounded by: increasing input costs of energy and fertilisers; increasing pressure on land and water with population growth; global warming-related yield reduction and competition for water; increased transnational commodification of arable land and competition from biofuels and livestock;⁵⁶ and increasing incorporation of agricultural products into commodity and futures markets.

⁵² As well as UN High-Level Task Force on Global Food Security, the International Health Partnership, the High Level Task Force on Innovative International Financing for Health Systems, and the US Global Health Initiative.

⁵³ Shocks in the global economy, disproportionately affecting low-income countries, have been shown to be associated with increased incidence of conflict. An analysis of 152 countries between 1950 and 1992 suggests that recession plays an important role in internal conflicts, in particular in Africa (Bloomberg & Hess, 2002).

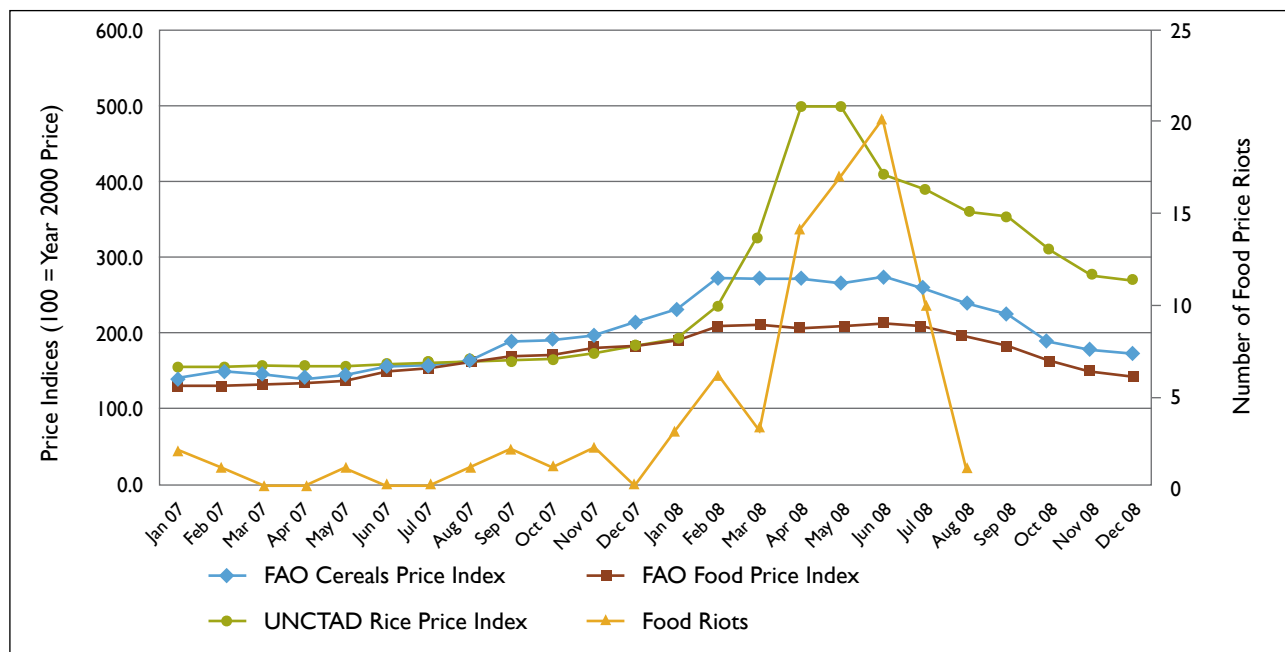
⁵⁴ The largest negative impact on agriculture in developing countries comes from the agricultural policies of the European Union followed by the US. (Diaz-Bonilla & Ron, 2011). This has clear implications for negotiation of the Doha round and specifically the Agreement on Agriculture (AoA).

⁵⁵ If left unaddressed, it is estimated that the recent food prices crisis would increase the rate of maternal mortality by between 10% and 20%, and prevalence of low birth-weight by 5-10%. Rates of stunting would be projected to rise 3-7%, and wasting to increase by 8-16%. In most highly-affected countries, mortality amongst under-5 children would be expected to rise by between 3% and 11% (Compton et al., 2011).

⁵⁶ In recent years, transnational land deals absorbed 57 million hectares or 1.2% of global agricultural area (IFPRI, 2012). According to the World Bank, deals for 45 million hectares of land took place in 2009, with investors particularly targeting countries with “weak land governance and often in conflict or post-conflict situations” (Smaller, 2011).

Food prices are expected to remain high and volatile for the foreseeable future (IFPRI, 2012; Brinkman & Hendrix, 2010; Harper et al., 2010; ODI, 2009).⁵⁷ There is good evidence that the impact of the global food price spike fell hardest on poor rural households, as net consumers of food. Instead of extending poverty across the headcount, the price spike appears to have deepened the existing poverty of poor households. That kind of immiseration presents distinct risks to social stability and violent conflict (Compton et al., 2011; Diaz-Bonilla & Ron, 2010; ODI, 2009; Wodon & Zaman, 2008). Conflict and violence impact heavily and adversely on food and nutrition security (IFPRI, 2012; World Bank, 2010; FAO, 2005).⁵⁸ And it is now increasingly recognised that causality runs the other way too, from food and nutrition insecurity to increased risk of conflict and violence (Lautze, 2012; Hendrix & Brinkman, 2012; IFPRI, 2012; Brinkman & Hendrix, 2011; World Bank, 2010; Diaz-Bonilla & Ron, 2010; Bakrania & Lucas, 2009; Wodon & Zaman, 2008; Messer et al., 2001; Ogden, 2000; Cohen & Pinstrip-Andersen, 1999; Hendrickson & Armon, 1998) (see graph 2).

Graph 2: Food prices and social unrest, 2007-08



Source: von Braun, 2008

The linkages between food, nutrition and security – globally, nationally and locally are now well established. Donors are investing something in the region of USD\$66bn collectively in the fields of nutrition and fragility/conflict. Global interests in improving stability and security in countries affected by violence and conflict should look much more closely at integrating SUN's food and nutrition agenda in statebuilding and peacebuilding strategy. The potential of the SUN model to contribute to reducing hunger and building peace represents a real opportunity to multiply the dollar utility of aid in two core areas of current global concern.

Many of the macro-level factors set out above lie outside the direct purview of the SUN initiative. Yet there are sound reasons to wonder whether SUN could extend its macro-level advocacy. Recent G8 commitment of an additional USD\$20bn over three years for food security, as well as interest in moving the discourse from food to 'food and nutrition security', offer opportunities for further G8 summits to take nutrition further and more deeply into its policy thinking and resource provision (Horton et al., 2010). A global advocacy agenda for SUN (whether operationalised by the secretariat or by others on behalf of the movement) should focus on international trade and aid fora in which to lobby for more intelligent engagement with the global problem of food production and exchange.

Of course, what mediates between the global and local level in shaping the determinants and effects of undernutrition, is the quality of a country's governance (FAO, 2012; IFPRI, 2012; Diaz-Bonilla & Ron, 2010; Wodon & Zaman, 2008). Weaknesses in governance – lack of systematic attention to the structural conditions underpinning chronic undernutrition,

⁵⁷ Allocations of aid to agriculture have fallen sharply over the last two decades, from around 17% in the 1980s to 5% in 2006-08 (World Bank, 2010). IFPRI estimates that USD\$14bn annually is needed in agricultural investment to reach MDG 1.

⁵⁸ Between 1990 and 1997, an estimated USD\$53bn in agricultural output was lost in sub-Saharan Africa as a result of conflict – equivalent to roughly three quarters of all aid received by conflict-affected countries (World Bank, 2010).

poor intervention design and monitoring, and weak capacity to utilise a full range of policy instruments, including through social protection programmes – have been identified as key factors undermining nutrition action in South Asia and sub-Saharan Africa – where we see both slow-down in progress on undernutrition, and concentrations of fragility and conflict (IFPRI, 2012; Wodon & Zaman, 2008). It is within countries – inside central government and in affected localities – that the viability of SUN's model will be determined.

But strengthening government and governance is key to improving conditions on the ground in FCAS

The SUN model of integrated action on nutrition – addressing both acute and chronic forms, and doing so with and through sustainable government structures and systems – implies absolutely increased support to governance capacity in affected countries, in particular building coordinated interventions across sectors of government (FAO, 2012; SUN, 2012; Sarma, 2011; DFID, 2011; Levine & Chastre, 2011; Harper et al., 2010; Linnemayr et al., 2008; Black et al., 2008; Hunt, 2005; Zere & McIntyre, 2003; Webb & Lapping, 2002; Latham & Beaudry, 2001; de Onis et al., 2000; Delpuech et al., 2000; Kikafunda et al., 1998; Bouvier et al., 1995; Mora et al., 1992).

Yet, while the problem of governance is, axiomatically, worse in FCAS, dominant approaches to undernutrition frequently fail to support governance, or actively undermine it. This is partly because in fragile and conflict-affected settings there is often a generalised assumption of government dysfunction (Mlamboa et al., 2009). Health systems are frequently substituted by parallel humanitarian or out-sourced models of service delivery. Getting donor and partner support behind a national agenda for sustainable health system reconstruction can be crowded out for years into a country's post-conflict period by shorter-term mechanisms designed to improve direct delivery of key basic services as quickly as possible (Brinkerhoff, 2008). And on the other side of the nutrition equation, donor and aid-recipient government attitudes to agriculture as an investment for development, growth and/or conflict recovery manifest a remarkable level of ambivalence at best and negligence at worst.⁵⁹

We know that support to government and governance capacity can be quite severely limited in FCAS, and skewed in favour of certain objectives. The role of 'governance' is frequently – and increasingly – focused on formal state legitimacy and security objectives (in particular statebuilding, elite settlement, political legitimacy and electoral process, citizen security and justice).⁶⁰ Support to longer-term development governance capacity in FCAS – including in areas key to SUN's integrated model of nutrition action – remains worryingly weak. In some FCAS cases, the general view appears to be that working with government is simply too difficult, and that nutrition interventions may need to bypass government to a greater or lesser degree.⁶¹ Even where action on nutrition is being enhanced, that action tends to be more successful in terms of 'direct' interventions (largely through the health system), and less successful in non-health sectors, such as agriculture.⁶²

The sometimes overwhelming scepticism regarding government capacity in FCAS to provide the kinds of governance that SUN's nutrition agenda will depend on is as unwise as it is poorly-informed. One thing we know from the current classification of 'fragile and conflict-affected states' is that the category includes a broad spectrum of conditions – from states with relatively robust systems but political or regime instability, to states with extreme limits on sovereignty or capacity. Rarely, however, can a fragile state do nothing. If donors and partners are serious about the Busan commitments (and everything that predates them), they are obligated to seek out and nurture those aspects of state in which FCAS governments show themselves willing and able in spite of social, economic, political and military challenges.⁶³

An integrated model of nutrition action implies greater resources, both domestic and externally-supplied. In general, and acutely in many FCAS, domestic sources of revenue are historically low and under added pressure with the global

⁵⁹ Conversion of pledges to commitments, and disbursement of commitments in actual financing have proceeded at varying speeds among the participating (e.g. AFSI) donors. In 2011, an estimated 22% of the funding pledges made at and following the L'Aquila Joint Statement on Global Food Security in 2009 had materialised (Fan & Breisinger, 2011). By 2013, other sources suggest that provision of commitments is on track (<http://www.state.gov/s/globalfoodsecurity/rls/rpt/laquila/202837.htm>)

⁶⁰ See, e.g.: OECD, 2010; <http://www.dfid.gov.uk/documents/Publications/Managing-Results-Conflict-Affected-Fragile-States.pdf>

⁶¹ Some of the search methodology used in the original Lancet Nutrition Series is presented, admirably transparently, as excluding a range of 'important interventions that might have broad and long-term benefits', as well as focusing discussion on population measures outside of the 'special circumstances of crisis' (Bhutta et al., 2008). The inclusion of these important interventions, in particular in circumstances of crisis – in other words, FCAS – is likely to imply significantly higher costs in order to achieve the kinds of outcomes envisaged by the series as a whole.

⁶² 'To date, there is more clarity on investment in nutrition-specific interventions; less progress has been made on efforts to track funding for nutrition-sensitive interventions' (SUN, 2012).

⁶³ See, e.g. Unsworth S (2009). What's politics got to do with it?: Why donors find it so hard to come to terms with politics, and why this matters. Volume 21, Issue 6, pages 883–894, August 2009.

economic downturn after 2008. Relying on FCAS governments to finance a new model of action on undernutrition using their own resources, under these circumstances, lacks a certain amount of credibility. While FCAS governments should, without doubt, be able to re-allocate additional resources from within national budgeting, to support nutrition intervention, greater external assistance is likely to be key to galvanising greater action on nutrition across the FCAS category.

Donors and Official Development Assistance

Overall, evidence suggests that major donors are tightening their belts in the aftermath of the global downturn. Commitment to the Pearson Commission's 0.7% GNI as ODA are being reconsidered by OECD countries; and even where the commitment is honoured, contraction in high-income economies will mean a reduction in what the percentage actually entails.⁶⁴ Donor commitments are frequently considerably in excess of what is actually disbursed, leading to a deficit of confidence in planning (especially for more complex and longer-term interventions) in aid-recipient FCAS governments. Aid to fragile and conflict-affected countries has been especially uneven and volatile for decades.⁶⁵ Moreover, some of the major OECD donors are currently showing signs of seeking to revisit ODA rules on finance for military and security interventions that can be classified as aid.⁶⁶ Whilst on one hand this may reassure recipient governments of continuing revenue in some form, it should worry institutions within those governments whose mandate is to build stabilisation and recovery on the back of productive sector investments and welfare services.

Reductions in existing aid – in some cases dramatic in scale – are expected in a number of FCAS cases. In Afghanistan, for example, USAID reports expecting a very substantial fall in country allocation from 2014 on with the draw-down of military presence.⁶⁷ In 2009, following the start of the global economic crisis, African FCAS were predicted a real-terms decline of USD\$368m in aid receipts.⁶⁸ It is estimated that over half (58%) of the expected downturn in aid will fall on FCAS countries,⁶⁹ with countries of lesser geopolitical interest falling further behind in terms of donor attention.⁷⁰ At the same time, FCAS countries will see domestic resource conditions deteriorate sharply. African economies are expected to see national growth fall from 5% to 1.7% as a result of the global crisis.⁷¹ In these circumstances, governments operating under heightened stress are unlikely to view potentially costly but unsupported commitments to areas like nutrition as a good deal – especially where they are expected to take the lead on the undefined promise of subsequent donor consideration. That makes the future of SUN in FCAS much less certain, absent some significant change in the resource environment.

Whilst this report recognises the legitimate concern for security in FCAS contexts, investments (including aid and FCAS governments' own spending) should demonstrate an appropriately balanced approach to spending on security relative to spending on basic services, as complementary aspects of governance-building. Investment in 'hard' security measures (security sector; defence, justice and penal systems reform etc.) is unlikely to be efficient in the long-run in the absence of parallel investments in systemic improvement in the lives of communities in FCAS.⁷² As such, security and welfare (basic and productive services investments) should be seen as complementary aspects of conflict mitigation, recovery and peacebuilding from the outset of humanitarian crisis. Over time, as active conflict declines, partners in FCAS countries

⁶⁴ UK aid, for example, is expected to be 4-5% lower than forecast prior to the period of recession (OECD, 2010).

⁶⁵ See, e.g. OECD, 2011; McGillivray, 2006. Volatility is estimated to reduce the value of aid by up to 15%.

⁶⁶ Reuters, February 13, 2013 <http://uk.reuters.com/article/2013/02/21/uk-britain-economy-budget-idUKBRE91K00G20130221>. The UK is by no means alone in this thinking. The US, the Netherlands and Germany are among major OECD donor countries producing similar ODA policy positions (OECD, 2010; Camack et al., 2006; Macrae & Harmer, 2004). For further discussion of this, see Finding 4, p. 21ff, below.

⁶⁷ One estimate was a reduction overall of up to 80% of the current aid spend over the next 2-3 years. Contrast this with planning for a US-Afghanistan strategic partnership from 2014 to 2024 which forecasts allocations of USD\$82 billion to military assistance for the country, and USD\$9.7 billion for 'economic development' annually in the period from 2013 to 2017 (Katzman, 2013).

⁶⁸ OECD, 2010.

⁶⁹ Ibid.

⁷⁰ OECD, 2011.

⁷¹ IMF, 2009 in Bekrania et al., 2009. Although more recent IMF assessments of Africa's regional economic prospects are somewhat brighter (see, e.g. Economist, March 2 2013, <http://www.economist.com/news/special-report/21572377-african-lives-have-already-greatly-improved-over-past-decade-says-oliver-august>), major questions remain as to whether such return to growth will be sustainable or indeed equitably shared among African populations (ODI, 2013).

⁷² See e.g. Stiglitz, 2012

should expect to see a shift in the ratio of government spending on defence and basic services in favour of the latter; and to plan for this in the early post-conflict period.⁷³

Overall, worsening nutrition conditions in regions characterised by fragility and conflict suggest that additional strategies are required to address SUN in FCAS. Those strategies should aim to strengthen governance capacity in FCAS, in particular through: setting a global policy environment that helps FCAS governments to protect citizens from external shocks (climatic or economic); shaping aid policy that improves the predictability of resources flowing to FCAS countries, through aid instruments that encourage rather than discourage government ownership and leadership; and planning earlier transition from humanitarian to development mode of intervention.

Literature review: key points

1. The long-run nutritional status of children represents a marker not just of individual anatomical and physical health, but of the quality of a country's socioeconomic and developmental governance. Given that a child's human capital is largely prospective, this index is a unique opportunity to monitor and plan for population health – and economic development – two, three and even four decades into the future.
2. In 2013, global trends in undernutrition show solid progress, but also areas of weakness, decelerating progress, reversal and rising inequity, indicating the need for more targeted support in challenging country contexts. While there are clearly a number of countries in which real commitment and progress can be built upon, there are countries (often fragile and conflict-affected) in which commitment and capacity to drive down undernutrition may need greater incentives and support.
 - 2.1 FCAS account for some of the world's highest rates of undernutrition. In many cases they are getting worse. The underlying trend of regional and sub-regional divergence in undernutrition reduction points to more entrenched, non-transient factors related to the issue of governance.⁷⁴
3. Most multilateral, political and public attention in FCAS goes to acute undernutrition. Stunting is a 'quiet crisis' (SUN, 2012). Acute and chronic undernutrition are often seen as separate or competing agendas (Compton et al., 2011; Unicef, 2009). But the focus on humanitarian responses to GAM addresses only part of the problem, and only for the short-term. Repeating vulnerability to acute crisis constitutes a chronic problem in its own right, so that the distinction between acute and chronic is both unhelpful and artificial.
 - 3.1 A more balanced understanding of, and more integrated response to the related problems of wasting and stunting is more likely, especially in FCAS, to maximise the efficiency of food and nutrition investments. An emphasis on mortality has pushed attention towards acute undernutrition (at the expense in many FCAS of attention to chronic nutrition problems). It will be important to see a better balance recognised in new development goals and indicators planned for post-2015.
4. At the macro-level, SUN and its supporters should consider ways to foster a nutrition-supportive global policy environment, including increased aid but also focusing on, inter alia, shaping trade negotiations to support small-holder farmers and protect the productive assets of poor rural communities; encouraging transnational agrotech and food companies to support market development of and equitable access to, nutrition-relevant goods; and building regional food stocks to smooth global pricing.
5. Within countries (at the meso and micro levels), the principal drivers of action on nutrition are technical capacity and political will (IFPRI, 2012; Lancet, 2008; Bryce et al., 2008). But surveys suggest that nutrition remains a relatively low priority in many heavily-affected states (Bryce et al., 2008). Government attention to nutrition in FCAS is often fragmented and without a clear institutional base, split between various ministries, departments and agencies, as well as across political parties, government bureaucracy, and civil society groups (O'Brien & Gowan, 2012; Unicef, 2009). Supporting governments to achieve cohesive political commitment and governance capacity for nutrition is a key task for SUN and its supporters – especially in fragile contexts. Clearly, working with government in some FCAS presents distinct challenges. But there is, nonetheless, a strong argument for seeking ways to strengthen government rather than side-stepping it.

⁷³ In many FCAS contexts, spending on defence and security remains relatively high, often outstripping spending on basic services. Non-SUN FCAS spend a larger amount on defence and security, relative to basic services, than SUN FCAS. This either indicates that SUN FCAS governments feel more confident in their chances of avoiding return to conflict (and hence the need for larger defence budgets), or that, notwithstanding those concerns, they view basic services as, in themselves, a legitimate area of expenditure in the peace- and statebuilding process.

⁷⁴ For example, weakness among some sub-Saharan African countries in policy instruments to protect against shocks.



Women at a community discussion led by World Vision in Sierra Leone
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Section II: Quantitative Analysis of SUN and non-SUN Fragile States

The second and third sections of the research present, respectively, a quantitative analysis of factors associated with fragile states' signing or not signing up to SUN (at 30 March 2013),⁷⁵ and qualitative analysis, using remote and field-based interviews, of a small group of country case studies (including both SUN and non-SUN FCAS). This design was intended to identify statistically-verifiable factors that differentiate SUN from non-SUN states in a generalisable fashion, and then to explore them in more detail in real-time country cases.

The combined quantitative and qualitative analysis is structured to answer two interconnected questions about fragile states' engagement with SUN and the issue of nutrition. First, what factors appear to support signing up to SUN? Second, how can we understand the influence of factors on political and policy processes within government in individual FCAS contexts, as government considers whether and how to engage? What links these two questions is the concept of 'governance' – the intensely political process of picking policy priorities, both within government, and between government and its international partners, in the often fraught context of conflict and insecurity.

This section, therefore, explores the statistical association between various factors (including health, social, economic, political dimensions) and likelihood of an FCAS country being a SUN signatory.⁷⁶ In so doing, it does not assert causality. Exploration of causal relationships is developed, where plausible, in the in-depth country case studies in Section III.

Quantitative analysis methodology

Country-level factors were selected as hypothesised to be relevant to an FCAS country's likelihood of engaging with the problem of undernutrition and signing up to SUN. Factors (using indicators taken from multilateral data-sets) were bundled into five fields: 'need' (reflecting primarily nutrition-related maternal and child health outcomes); 'capacity' (in particular with regard to function of and access to health services); 'voice and accountability' (reflecting density of public connectivity and civil society organisation); 'economic conditions' (including GDP growth, debt, aid and inflation, amongst others); and 'governance' (using international indices of fiscal management, public spending, rule of law and quality of administrative systems amongst others).

Principal component analysis was used to determine statistical association between factors within bundles and SUN accession. Analysis focused on a comparison of two groups: fragile states that had signed up to SUN at 30 March 2013, and those that had not. Secondary analysis included a third group of non-fragile countries that have signed up to SUN. On the whole, the addition of this group simply strengthened the findings of the SUN/non-SUN FCAS comparison. A secondary set of indicators measuring conflict, violence and instability was assessed to capture the current state of recovery of SUN and non-SUN fragile states relative to past conflict or significant social breakdown – the hypothesis being that countries further advanced on the recovery trajectory might be more inclined or able to join SUN.

⁷⁵ Recognising that SUN accession is a dynamic process and that fragile states currently not signed may be in the process of considering or progressing accession as this research is carried out, we set a cut-off date, to create two comparison groups for analysis of 'SUN FCAS' and 'non-SUN FCAS', of 30th March 2013.

⁷⁶ Factors were identified using data from three principle sources: the World Bank Development Report 2012; the UNDP's Human Development Index 2011; and Unicef's State of the World's Children 2012.

For each bundle of factors, a positive or negative hypothesis was established on the basis of which association could be interpreted:⁷⁷

- **Need:** Greater need, reflected in higher levels of undernutrition-related mortality and morbidity, should predict SUN accession, on the grounds that SUN would be perceived as a new source of support to address a significant population welfare problem.
- **Capacity:** Weaker capacity, reflected in relatively low levels of health service provision and access, should predict SUN accession, on the grounds that SUN would be perceived as additional support to building systems and services capacity to deliver change for a significant population welfare problem.
- **Voice & Accountability:** Greater density of public/civil society connection or organisation should predict SUN accession, on the grounds that popular ability to build collective recognition of a significant population welfare problem would translate into pressure for the state to be (or be seen to be) responsive and accountable.
- **Economic Conditions:** Poorer economic circumstances should predict SUN accession, on the grounds that SUN would be seen as (at least in theory) a new opportunity to win additional financial resources to support investment and action in a significant population welfare problem.
- **Governance:** Weaker government function should predict non-accession to SUN, on the grounds that poor performance in terms of governance could indicate lack of engagement by government, either administratively or as political elites, in popular welfare problems and/or inability to achieve the technical, sectoral and political coherence within and across government necessary to achieve collective agreement to sign up to the nutrition movement.

Chart I: Analytical Categories, types of indicator, hypotheses and strength of statistical association

Category ('bundle')	Indicators	Hypothesis
'Need' (undernutrition, health outcomes)	NNMR, % >5 underweight, % wasting, % stunted, trend in >5MR	Countries with greater nutrition-related need will sign up to SUN
'Capacity' (health system/services)	Vit A, iodized salt, DPT1, I + ANC visit, % institutional delivery	Countries with greater capacity needs will sign up to SUN
'Voice & accountability' (social connectivity, civil society)	Female lit., % urban, natural resource depletion, phones per 100	Countries with more active civil society will sign up to SUN
'Economic conditions' (revenue/income, expenditure)	GNI p/c, GDP growth, inflation, poverty rate, FDI, ODA, debt, social expenditures	Countries with fewer economic resources will sign up to SUN
'Governance' (fiscal management, administrative effectiveness etc)	CPIA/IRAI, WGI, Failed State Index, DPC/LIC, Busan	Countries with weaker governance will be less likely to sign up to SUN

The quantitative analysis focuses on the fact (or not) of a state's accession to SUN. This reflects a relatively simple international administrative transaction between the government in question and the SUN secretariat (involving the submission of a letter of intent, supported by evidence of clear nutrition policy or strategy).⁷⁸ It might, then, be argued that the research focuses on a rather narrow empirical condition (signing or not signing). However, it is possible to counter-argue that signing up – in a literal sense – to SUN reflects more than a simple signature. Comparatively speaking, SUN is a light-touch form of international commitment – highly oriented to national leadership, with no legally-binding

⁷⁷ Each hypothesis has a mirror version. For example, the hypothesis that greater need (higher rates of undernutrition) would correlate with higher likelihood of a state signing up to SUN (on the basis that signing up might unlock new or better support to act on the problem) could be replaced by the mirror hypothesis that greater need would correlate with lower likelihood of signing up (on the basis that states might prefer to avoid public or peer embarrassment consequent on the exposure an initiative like SUN might entail, or on inability to achieve the reductions to which the SUN movement aspires).

⁷⁸ The research does not, directly, measure how likely SUN signatories (or indeed non-signatories) are to take effective action on undernutrition – whether through SUN-endorsed interventions or otherwise. Measurement of changes to nutritional status post-SUN accession is an important research task for the future over perhaps the coming 3-5 years.

obligations, and focused on a relatively narrow set of ultimate outcomes. It is hard to imagine that many countries could raise principled objections to SUN; we might assume that most would see more benefit in endorsing such a palpable commitment to human welfare than risk associated with imposed cost or failed compliance. Yet, as we see in 2013, a significant number of countries in general, and FCAS in particular, remain outside the movement.

There is a spectrum of reasons potentially responsible for this: a basic lack of awareness of SUN (as we see in the DR Congo case country case study); a lack of information or understanding of how SUN accession works (which we see in both SUN and non-SUN case studies to some degree); a lack of high political leadership within the government in question (where we see a distinct difference between Sierra Leone and Yemen on one hand, and DRC and Afghanistan on the other); a lack of political, policy or technical leadership and coordination among and between ministers, senior bureaucrats, senior technical staff within sector (seen distinctly in DR Congo and Afghanistan and to a degree in Yemen). The view of this analysis is that non-accession can be interpreted as a marker of wider administrative barriers inside government and in government relations with external partners – key aspects of governance in the FCAS context.

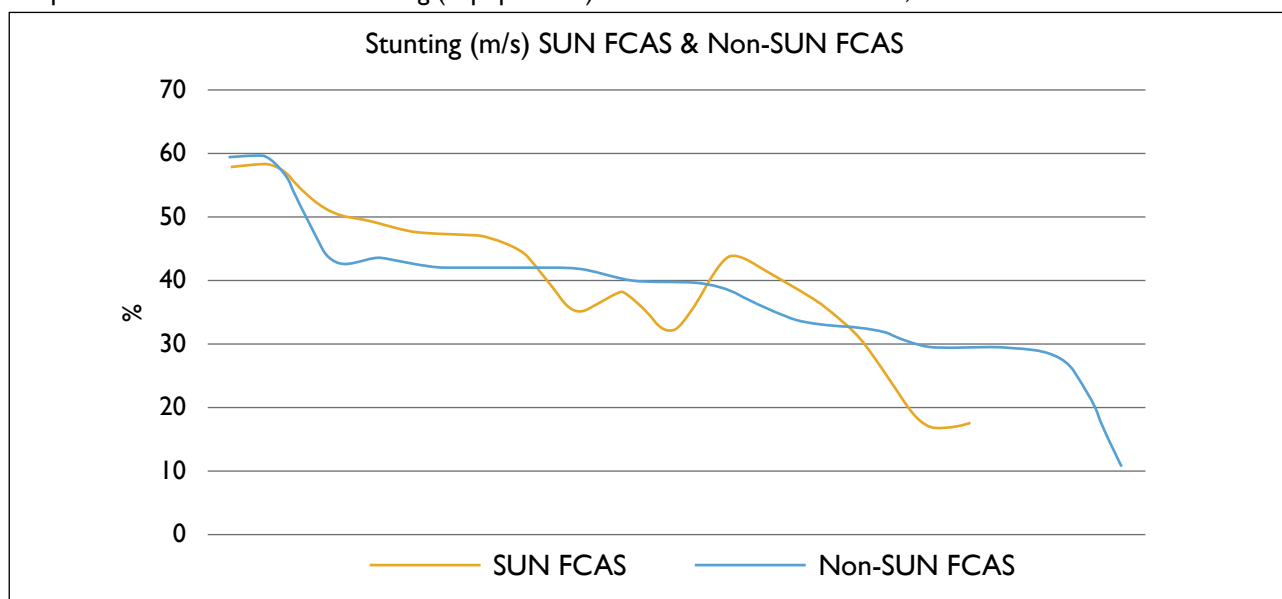
Findings⁷⁹

1. There was no systematic difference between SUN and non-SUN fragile states in terms of the scale of undernutrition (graph 3).

Regarding our initial hypothesis, this is a negative finding: scale of need (prevalence of undernutrition) does not predict a fragile state's willingness to take action on the problem (measured by accession to SUN).

This might indicate that government attention to undernutrition is not being driven by a sense of popular crisis or responsiveness to population need. Or, perhaps, that government in some FCAS does not see itself as the primary responder with regard to the problem of undernutrition, especially where external partners finance and operationalise largely humanitarian programmes (more or less) independently of central government.

Graph 3: Moderate and severe stunting (% population) in SUN and non-SUN FCAS, 2010



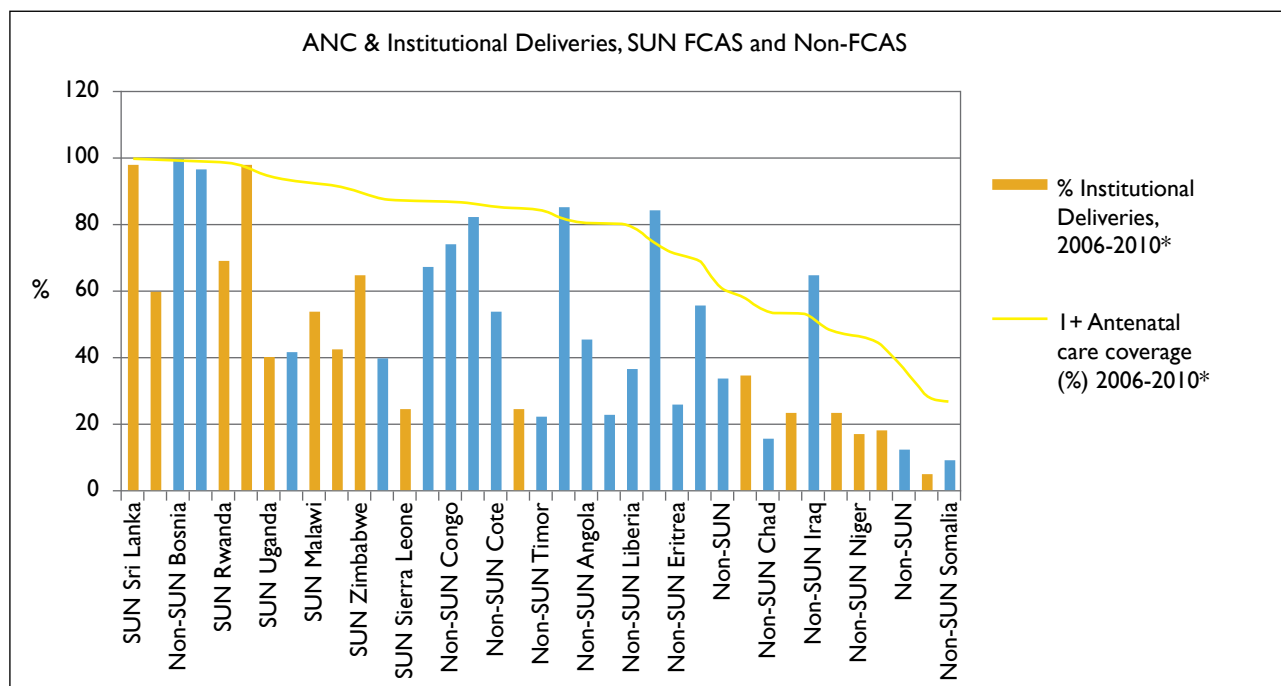
Expecting to leverage greater government action on undernutrition in FCAS on the basis of the scale of the problem may not be as effective as some advocacy specialists might like. The wider issue of child mortality, though, may have a stronger galvanising effect. FCAS governments joining SUN are characterised by better performance on reducing under-5 child mortality.

2. There was no systematic difference between SUN and non-SUN fragile states in terms of health system functionality (measured in terms of antenatal services, rates of institutional delivery, vaccination and treatment for diarrhoea amongst others, graphs 4 & 5).

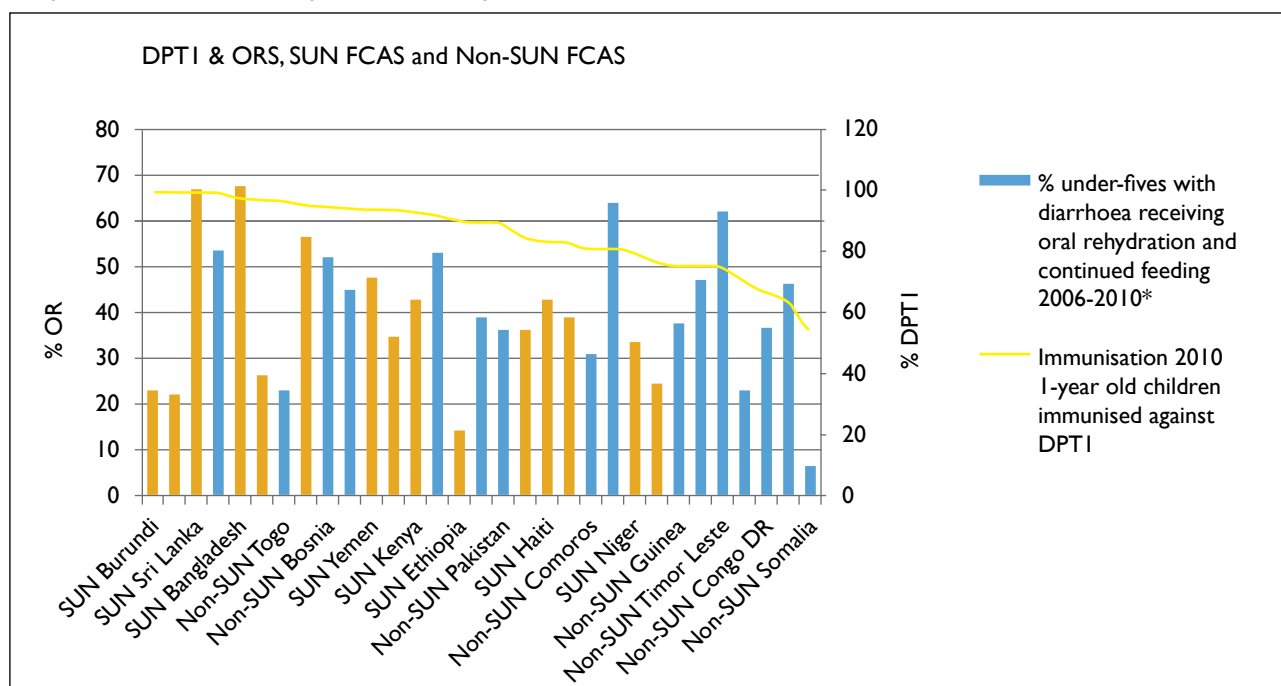
⁷⁹ The significance of associations found in the statistical analysis requires interpretation which by its nature is, to some extent, speculative. Interpretation is triangulated by reference country case study field observations.

Again, this is a negative finding relative to the initial hypothesis –fragile states with weaker health systems are not more likely to sign up to SUN.

Graph 4: Institutional deliveries and <I>I antenatal care visit, 2006-10



Graph 5: DPT1 and oral rehydration coverage, 2006-10



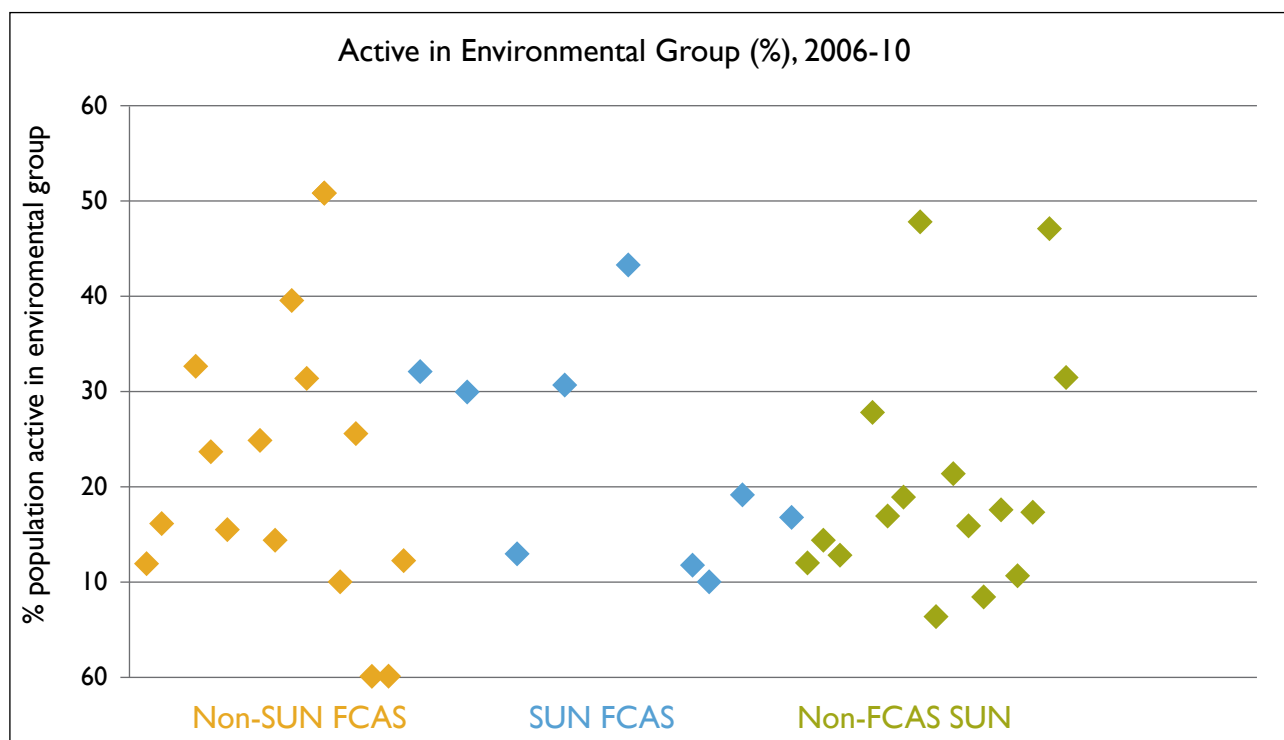
This finding suggests that the strength of the health system does not influence an FCAS government's decision with regard to signing up to SUN. This is curious, since many of the direct nutrition interventions are delivered through health care, and the health sector is largely seen as the natural lead within government on nutrition. One interpretation of the finding is that FCAS governments considering SUN do not, directly, perceive signing up as a way of securing additional resources for health system strengthening, and that the existing condition of national health system function is therefore irrelevant to the

political choice to engage or not.⁸⁰ We know from field observation that signals regarding additional resources to support implementation of SUN-recommended interventions remain surprisingly vague. It may also be that buy-in to the SUN concept among technical cadres within ministries of health do not reliably convert into political leadership at the top of the ministry in the absence of perceived opportunities to leverage greater resource flows.

Taking findings 1 and 2 together, we see that SUN-signatory FCAS achieve better rates of under-5 mortality reduction without having systematically better-functioning health systems. One interpretation of this is that improving child survival in those countries is the result of action on a broader set of determinants including, but not limited to health services. Such commitment to a more holistic approach to child survival would certainly be consistent with endorsement of SUN's integrated model of action on undernutrition.

3. There was no clear association – either positive or negative – between the level of 'voice and accountability' and a country's likelihood of signing up to SUN (graph 6).

Graph 6: % population active in environmental group in SUN and non-SUN FCAS, and non-FCAS SUN, 2006-10



On the face of it, this is a troubling finding for those who anticipate that a more active civil society – representing vital public health and livelihood issues like nutrition – should generate pressure on government to take action. However, the selection of indicators for this domain was somewhat arbitrary,⁸¹ and there may be other indicators better able to show the true level of civil society activism. To the extent that NGO voices are weak in relation to undernutrition, this may suggest the need to invest more heavily in civil society capacity – not simply in local service provision terms, but in terms of collecting evidence at the grassroots and delivering it effectively at the level of sub-national and national political policy-making and coordination.⁸²

One of the key observations coming out of the country case studies (both SUN and non-SUN) was the absence of knowledge about SUN outside of capital cities. In practice, strengthening sub-national administrative levels – principally

⁸⁰ For fragile states with strongly-performing health systems, the value of SUN's model may be limited without new finance. For fragile states with weak health systems – especially those considered in crisis – the working assumption within government may be that both interventions and the finance to support them will, if available at all, bypass central government and flow directly to implementing partners on the ground within their sectors, thus reducing interest in SUN in higher government echelons.

⁸¹ Based on availability across all relevant countries.

⁸² This may have a particular resonance in countries like DR Congo, where processes of decentralisation are – in principle – transferring power and resources to provincial and sub-provincial levels. Without a counter-flow of evidence on welfare conditions from the very local level of communities upwards to the key level of decentred decision-making (with support to institutional capacity for coordination, planning, delivery and oversight at this level), decentralisation could simply exacerbate the disjuncture between local needs and state responses.

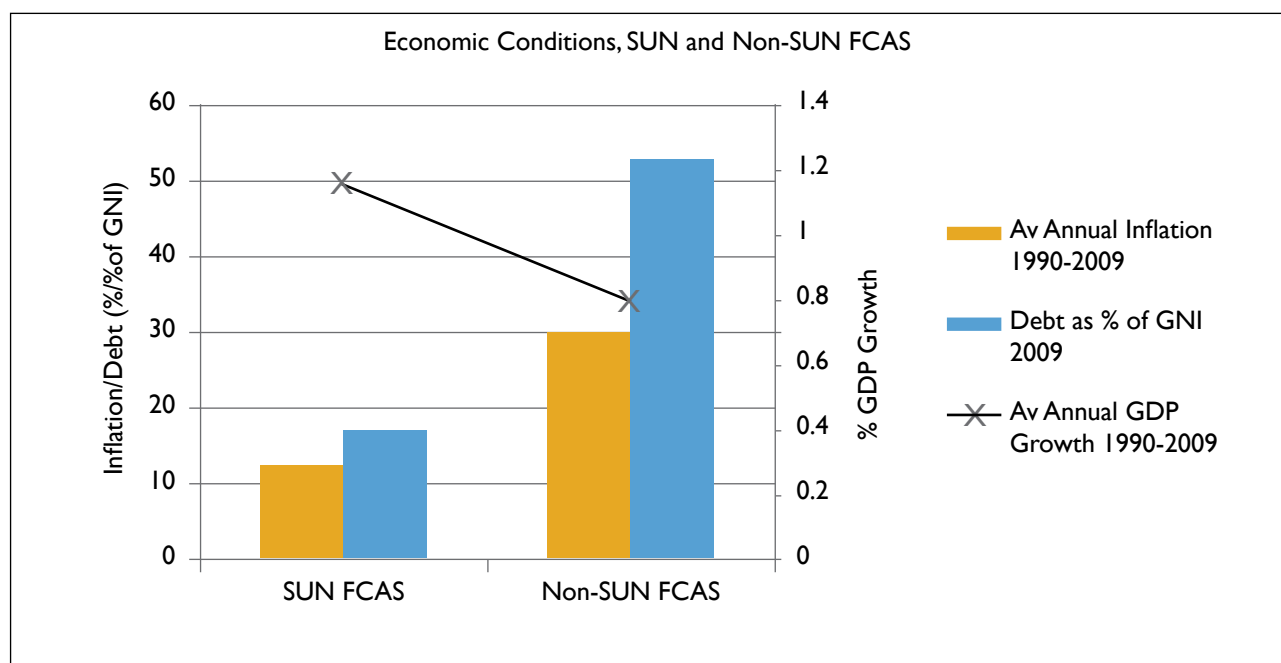
what is normally called the 'district' – will be critical to implementing what SUN commits to on paper. Civil society has a key role to play as interlocutor between communities affected by undernutrition and the administrative authorities mandated to govern corresponding services and programmes.

Together, findings 1 to 3 appear to suggest that something other than the objective rate of affliction in a fragile state's population, the pressure of civil society demand for action, and the country's systemic capacity to respond via the health sector, drives government's response to undernutrition in FCAS (gauged as accession to SUN).⁸³ Or perhaps more accurately, other factors mediate states' appreciation of or attitude to the problem. In order to advance SUN and global action on undernutrition in fragile countries, it is important to understand in more detail what those mediating factors may be.

4. Economic performance was positively associated with FCAS likelihood of signing up to SUN (graph 7).

Stronger long-run growth trend in per capita GDP was associated with a fragile state engaging with SUN, while higher levels of debt predicted non-accession.

Graph 7: Average inflation, debt and GDP growth in SUN and non-SUN FCAS, 1990-2009



There is an intuitive rationale for this finding. On one hand, fragile states with better rates of income growth may feel more able to engage in an initiative like SUN with its implications for the need for increased spending in nutrition-related sectors and activities. On the other, fragile states continuing to wrestle with high levels of debt may feel less able to commit to an initiative that requires, amongst other things, increased levels of public spending (where paying down debt is perceived to be a priority). It may also suggest, however, that countries – especially fragile states juggling hard political and fiscal choices in the context of perceived threats to stability and heavily reduced capacity to generate income – gauge their ability to take on undernutrition carefully against likely resource implications. Making sources of additional (e.g. aid) revenue clear may be an important strategy in promoting accession to SUN, as well substantiating the credibility of implementation plans.

In country case studies, almost all interviewed respondents (including senior government, technical nutrition departments, donors, technical agencies and NGOs) expressed uncertainty about new resources likely to become available as a result of a country signing up to SUN. The SUN secretariat is clear that it does not see the global nutrition movement as a new mechanism for resource mobilisation, but acknowledges that increased support (both domestic and international)

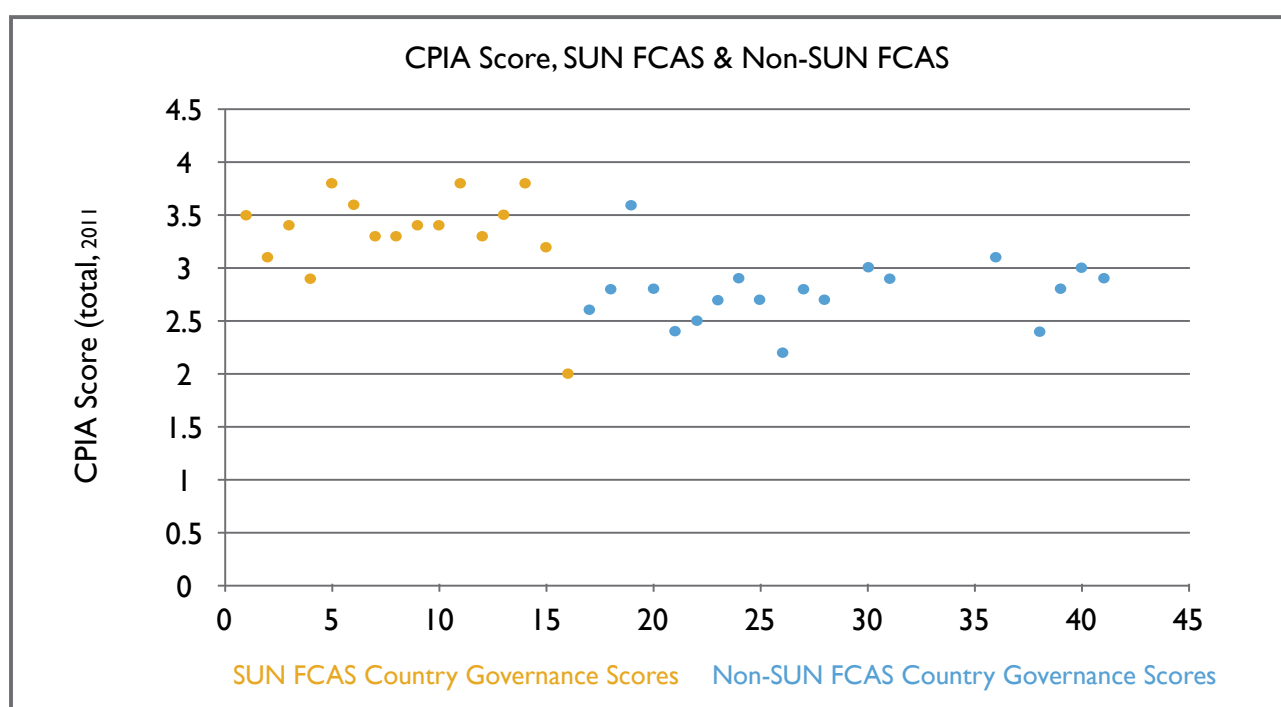
⁸³ We might assume that fragile states are interested in undernutrition, not least because they have some of the world's worst rates. The apparent ambivalence with respect to SUN in the domain of need is therefore perplexing. It is possible that many fragile and conflict-affected states are mainly interested in acute undernutrition – as we find in the field studies – and that governments assume that acute undernutrition is already being addressed through humanitarian action. In this context, the additional value of SUN might be associated more strongly with chronic undernutrition, an issue of distinctly secondary importance in some fragile states. Indeed, it may be that SUN is better understood and valued in fragile states which have gone beyond the artificial, but still powerful, disconnect between acute and chronic undernutrition.

will be critical to putting SUN's model into practice. In a context of squeezed aid budgets and continuing volatility in aid dedicated to FCAS (including some significant increases but also some very substantial planned reductions⁸⁴), uncertainty about potential resource flows for new nutrition action is likely to have a substantial deadening effect on government willingness to engage with SUN in countries with other priorities whose urgency is perceived to be greater than that of undernutrition.

This finding (supported by country case study analysis) points strongly to the need among many FCAS for clear signals of new, additional resources for greater action on undernutrition. Beyond the simple quantum of finance, the way new support is designed and packaged is important – reducing the propensity to finance nutrition through short-term humanitarian modalities which disincentivise FCAS government ownership and leadership, and increasing forms of support that engage with and work through government, building a national vision of and capacity in governance for nutrition. Because that kind of governance – political prioritisation of nutrition as a core good and a strategy that goes beyond child mortality to support long-term peacebuilding, livelihood recovery and economic growth – is key to FCAS engagement with SUN.

5. The most powerful predictor of FCAS signing up to SUN was the quality of its governance (graph 8).

Graph 8: CPIA aggregate score, SUN and non-SUN FCAS, 2011

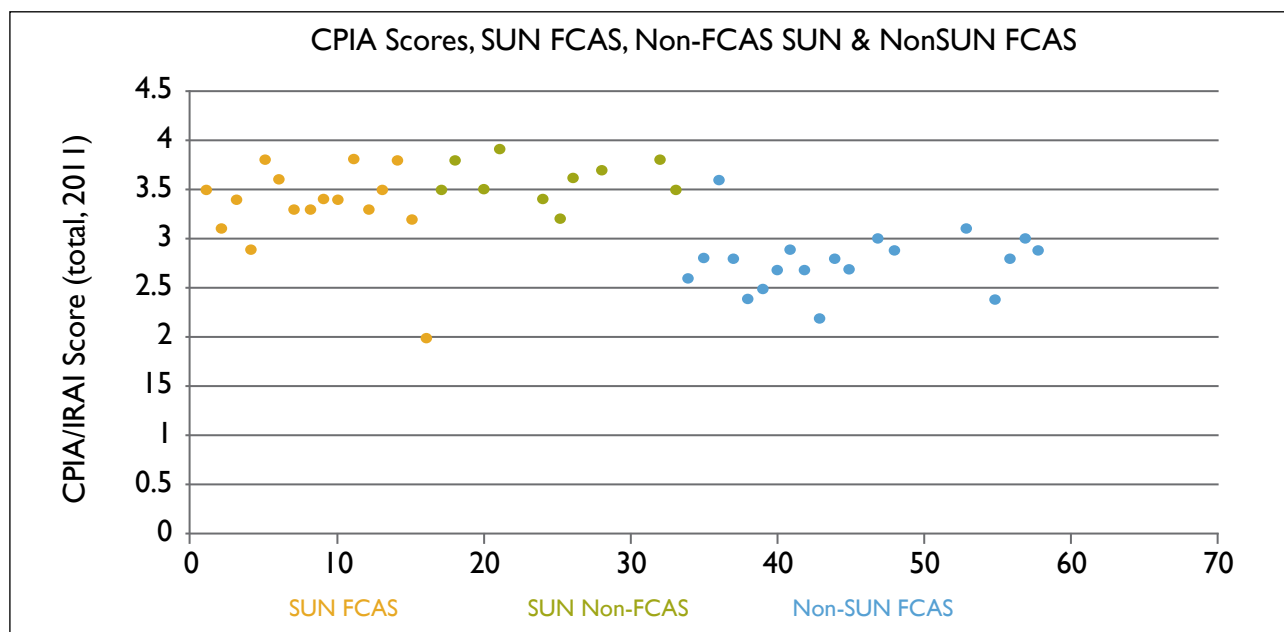


Interestingly, when we add non-FCAS SUN signatory countries into this graph, we see that both SUN country groups (fragile and non-fragile) score roughly the same, both significantly higher than the aggregate score for non-SUN FCAS (graph 9).⁸⁵

⁸⁴ E.g. Afghanistan post-2014.

⁸⁵ While graph 8 suggests that the World Bank's CPIA index successfully predicts differential quality of governance between FCAS countries, as it is manifested in their orientation to the issue of nutrition, graph 9 suggests that there are discrepancies between the classificatory systems used by the Bank, OECD and DFID. Such discrepancies can introduce doubt as to the objective validity, and hence utility of the FCAS nomenclature.

Graph 9: CPIA aggregate score, SUN and non-SUN FCAS and non-FCAS SUN, 2011



Taking findings 1 to 5 together, we see that, overall, fragile states doing better in economic and governance terms are more likely to be SUN signatories, whilst levels of need, capacity and public voice/accountability do not appear to drive accession to SUN. The net effect of these findings is that, in fragile contexts, using the numerical scale of the problem (need), or the availability of technical solutions (capacity), or the strength of public concern (voice and accountability) as ways of appealing to states to take action on undernutrition may work better when accompanied by clear signals relating to availability of additional resources, and mediated by stronger attention to key aspects of governance. Generally speaking, it is not that this is unknown, but it is that governance and clear resource signalling are less well coordinated across donor policy and behaviour.⁸⁶

Understanding what ‘governance for nutrition’ requires

Increasing availability of resources is a reasonably clear proposition, as a way of generating greater engagement with nutrition in FCAS. Strengthening support to ‘governance’, meanwhile, is less immediately obvious. We need to be more detailed in the analysis of what governance deficits appear to be associated with current non-accession to SUN, to identify where additional support could best be targeted.⁸⁷

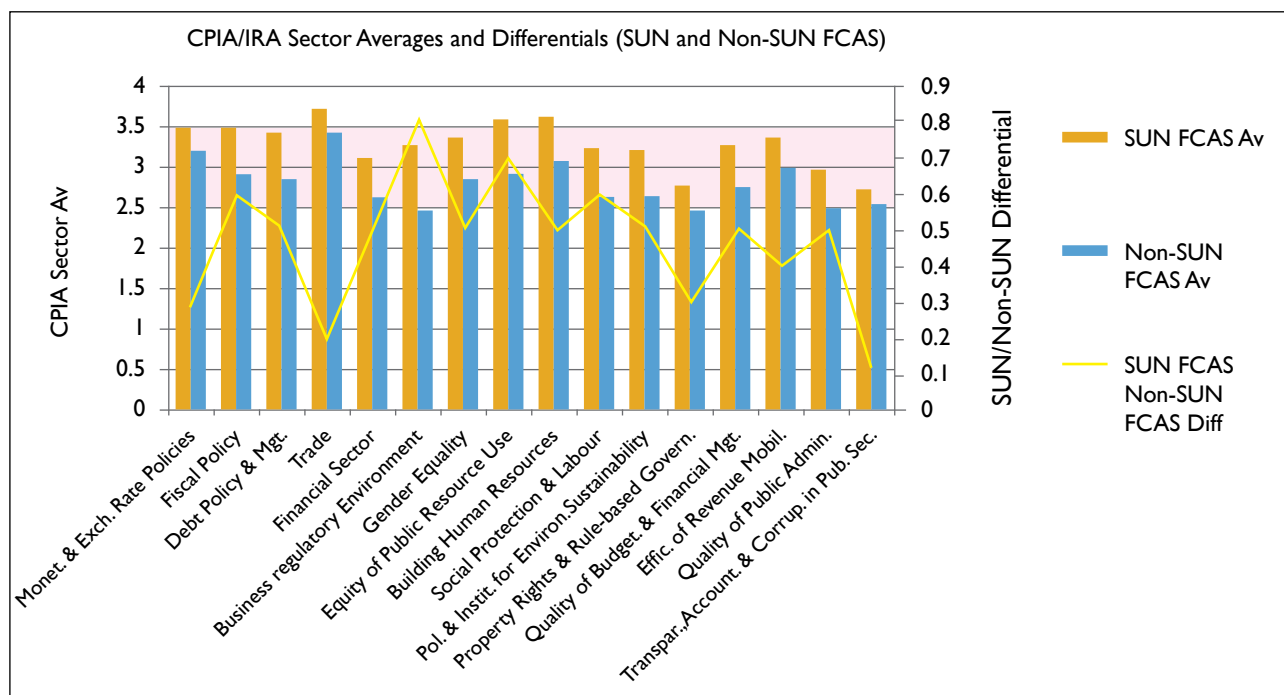
In order to do this, we looked in more detail at the CPIA index, breaking down the aggregate score for each FCAS into the 16 sub-categories of specific governance performance. Four of those sub-categories showed a distinct performance gap between SUN and non-SUN FCAS (graph 10): fiscal policy, equity of public resource use, social protection and labour, and business regulatory environment. Three of these were strongly borne out in the country case studies.⁸⁸

⁸⁶ Likely to be an increasing problem, as donors push further towards results-based aid and management protocols – a results focus that can marginalise hard-to-demonstrate but critical governance interventions and outcomes. Donors are entitled to ask for demonstrable results, but they are obligated to an intelligent view of the timeframe in which these are deliverable, and to provide support to governance where its instrumental importance to benefits they seek through other investments can be shown.

⁸⁷ ‘Governance’ is often cited but poorly defined. For this research, we adopted key characteristics either directly provided or enabled by the state, including: ‘ensuring political transparency and voice for all citizens; providing efficient and effective public services; promoting the health and well-being of citizens, & creating a favourable climate for stable economic growth’ (World Bank, 1992). We used the World Bank’s Country Policy and Institutional Assessment (CPIA) dataset as a key measure of governance in assessing SUN and non-SUN fragile states. Acknowledging that this is only one system of governance assessment, we also drew on the Worldwide Governance Indicators (WGI) dataset as a comparator.

⁸⁸ It is not immediately clear how this relates to SUN and non-SUN states. Given the role of markets in the SUN package of intervention (including for example increasing the control of fortified foods in commercial circulation), it is possible to see how confidence in regulatory capacity, as well as tax and subsidy regimes relating to the import of e.g. iodized salt and fortified flour, may affect a state’s willingness to engage with SUN.

Graph 10: CPIA disaggregated score, SUN and non-SUN FCAS, and SUN/non-SUN differential, 2011



Fiscal policy – promoting nutrition in the politics of priority-setting

The core index of fiscal policy is debt-to-GDP ratio. But a wider interpretation includes the quality of allocation of public finance to productive sectors.⁸⁹ The process by which budgetary allocation is arrived at is, itself, rooted in political and policy priorities determined through often intense institutional contest within government. Understanding how government coordinates its competing interests – critically in states classified as fragile and in which ‘security’ is often assumed to dominate the agenda – is key to understanding how this area of governance supports (or marginalises) SUN’s nutrition agenda.⁹⁰ We know that coordinated allocation of responsibilities and resources across a range of ministries and sectors (intersectoral coordination, multisectoral action) is critical to the SUN model of incorporating direct and nutrition-sensitive interventions.⁹¹ Across the case study countries, the issue of intersectoral coordination was raised as a key challenge in taking forward SUN’s model of nutrition action.

Intersectoral coordination is central both to nutrition and FCAS governance

Sierra Leone appears to have achieved a relatively strong level of cross-sectoral/inter-ministerial coordination on the issue of nutrition. Inter-ministerial coordination is facilitated both by high-level political mandate (flowing through into a shared policy agenda among ministries led by members of the majority governing party), and by simultaneous coordination among partners (including technical agencies through REACH).

At the same time, there has been substantial evidence of strengthening budget management, accountability and the central imposition of sanctions, concentrated through the relative institutional power and technical capacity of the Ministry of

⁸⁹ This is, of course, linked to ‘quality of budget and financial management’, another of the CPIA governance sub-categories. However, this sub-category is oriented, to a degree, to ex post assessment of the existence of ‘comprehensive and credible budget linked to policy priorities, effective financial management systems, and timely and accurate accounting and fiscal reporting, including timely and audited public accounts’ (see, e.g. <http://www.worldbank.org/ida>). This section is more interested in the high level and prospective processes by which fiscal priorities are negotiated among government actors.

⁹⁰ In this research, ‘welfare’ is used to describe investments directly aimed at supporting productive sectors contributory to health, education, employment and livelihoods. These are seen as distinct from investments, often prominently in FCAS, in defence, security and macroeconomic policies and sectors.

⁹¹ See, e.g. World Bank, 2013.

Living in Afghanistan, Fattema is 30 years old and her husband is a farmer who brings in about a dollar a day by working on other people's land as a labourer. They have had 6 children but 2 of them have died. She is joined here by her 2 year old daughter and 3 year old son. Fattema says, "I did not breast feed properly, I used a formula of some kind. I have learned that babies need other food." She says, "My dream is to have my children healthy, and to have shoes."

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Finance and Economic Development.⁹² In 2012-13, MoFED oversaw cross-ministerial budget preparation, with a focus on contributions to an integrated plan for food and nutrition security, and has convened multi-ministerial meetings to agree a longer-term mechanism for allocating individual ministry budget contributions to that nutrition plan.

By contrast, coordination among ministries in DR Congo in relation to the integrated requirements of food and nutrition security are considerably weaker.⁹³ Political settlement of ministerial posts to a range of coalition partner parties following the 2011-12 election has resulted in weak communication among sector ministries, arguably reinforced by donors and technical agencies maintaining predominantly emergency/humanitarian direct service provision modes, through patron relations with individual ministries, and through a continuing preference for sector-level aid finance on the basis that DRC is unready for more structural forms of budget support. Meanwhile, coordination through the national budget process has been weakened by an institutional split between Ministries of Planning, Budget and Finance.⁹⁴

In Afghanistan, we see similar weaknesses in the coordination between key nutrition sectors, in particular health and nutrition, not least because sector strategies are still heavily swayed by defence and security models of investment and intervention. In Pakistan, coordination is compromised at the federal level by the recent, somewhat sweeping approach to decentralisation (or devolution), including the removal of the central level of the health ministry. External partners report difficulties in identifying national level counterparts with whom discussion of SUN in policy and practical respects can be coherently pursued.

Most case study respondents support the importance of intersectoral coordination as key to nutrition – and in many cases identify weakness in such coordination as a primary barrier to engaging with SUN. But intersectoral coordination, let alone true integration of multiple ministry budget processes and domains of authority, is perhaps one of the most challenging aspects of governance. Within government, sectoral and ministerial boundaries are often protected by formal and informal, legal, constitutional, political and territorial institutions, which can be exceptionally difficult to overcome.

High-level political endorsement of an integrated nutrition agenda is sometimes posited as key to achieving cross-government coherence. Technical alignment (for example through the REACH project approach) has also been cited as a key mediator of FCAS engagement with SUN. This research suggests that, while both are useful, they are not necessarily decisive. High-level support in Yemen has secured the country's membership of the movement, but has not (at the time of this report) resolved inter-ministerial contest over leadership of the initiative in-country. In Sierra Leone, high-level and technical alignment among supporting agencies have not wholly resolved continuing competition between the health and agriculture ministries regarding proportional allocations of funding and responsibility to 'nutrition' and 'food security', constituted as competing elements within the national plan of action. In DRC and Afghanistan, high-level adoption of food and/or nutrition strategy is currently slow to translate into concrete coordinated action (partly as a result of resource shortages, but also partly as a result of inability to reconcile ministerial roles). Technical support to SUN's nutrition agenda in both DRC and Afghanistan does not appear to have been wholly able to translate 'upwards' into high-level ministerial ownership.

Given the fact the sector line ministries are predisposed to behave territorially, they are unlikely to coordinate spontaneously. Rather, super-ministerial discipline is likely to be required. That disciplinary authority comes, in the main, from the national institution(s) responsible for setting fiscal policy, national development priorities and hence the consolidated domestic budget (normally incorporating aid as well as in-country revenues). Given the well-evidenced role of nutrition in improving long-run population productivity and economic growth potential, and the role of finance ministries in overseeing and coordinating investments and activities across different national sectors, advancing SUN's nutrition agenda with national budget-making bodies in FCAS should be a core strategy for building nutrition as an investment priority and coordinated engagement across line ministries.

The core of intersectoral coordination for nutrition is the relationship between health and agriculture. While conventional attempts at intersectoral action try to engage as many ministries as possible (assuming that numbers equal effectiveness), the better strategy for SUN may be to concentrate on the bilateral health/agriculture relationship, with arbitrating support from the finance (or equivalent) ministry, and to build outward from this institutional platform.

⁹² See, e.g. Tavakoli, 2012.

⁹³ Perhaps the best example is the National Plan for Investment in Agriculture, part of the CAADP regional programme supported by NEPAD.

⁹⁴ Although corruption is likely to be a major threat to fiscal policy (as efficient allocation and effective application of public finance), it is, perhaps unexpectedly, one of the areas of least difference between SUN and non-SUN fragile states.

FCAS government – especially taken as a set of self-interested ministerial institutions – is much less likely to engage in the complex, politically arduous and institutionally risky business of intersectoral coordination if its external partners manifest ambivalence about the necessity or value of this approach to undernutrition. Yet, across the country case studies, we see distinctly different levels of partner engagement with and promotion of SUN. If partners have, at head office level, bought into the SUN vision, then they need to export it to their FCAS offices as a coherent, shared and uniform priority as they discuss strategy with their FCAS counterparts.

Equity of public resource use – building health governance

We know that undernutrition follows the contours of wider social and economic inequality.⁹⁵ Hence action on nutrition needs to pay special attention to poorer groups in the population. This may require some targeting of programmes, but it also requires investment in the provision of some public goods and services to which entitlement – and access – is constitutionally and practically universal. This implies a central role for the state (whether as provider itself or regulatory arbiter of provision). In fragile contexts, it implies the need for major strengthening and scaling up of key systems, including health.⁹⁶

Building equitable healthcare supports the efficiency of nutrition interventions

SUN implies significant growth in the functionality of the health sector in participating countries.⁹⁷ In some instances, service delivery and access needs to increase from lows of 2-10%, reaching 70-80%.⁹⁸ In many FCAS countries, we know that health systems are damaged or simply underinvested. Yet the recurrent and sizable costs of building a sustainable system of healthcare create major barriers for both donors and government.⁹⁹ Health aid remains uneven and often inadequate. Ranges run from 15% of total aid receipts in Sierra Leone through 10% in Yemen (almost entirely multilateral), to 6% in DR Congo, and 3.4% in Afghanistan.¹⁰⁰ Individual donor commitments are in some cases worryingly small. USAID's budget for health in Afghanistan constitutes less than 1% of its total country allocation. Alternatives for financing health care include outsourcing service provision to non-state providers and instituting cost recovery on some health goods and services.¹⁰¹

The response of both donors and government to weak health services is to finance a somewhat unwieldy compromise of state and non-state service providers, at least in the short-term humanitarian phase.¹⁰² But 'short-term' as often as not morphs into a long-term model, persistently bypassing government, and failing to strengthen health systemically.¹⁰³ Health funding may be coordinated through the ministry of health, but often it remains heavily controlled by donors with regard to where it is spent, on what and by whom.¹⁰⁴

There is no necessary objection – aside from ideological ones – to the use of non-state (NGO, private, faith-based) actors in providing health services in FCAS.¹⁰⁵ So long as these actors, collectively, are able to provide an agreed and consistent package of services equitably accessible and acceptable across a population, there should be no necessary distinction between non-state and state.¹⁰⁶ The problem is that this is not reliably happening in FCAS. Whilst NGO and other contract-based service providers are increasingly managed under a standardised package of healthcare interventions, coverage remains in many cases extremely patchy, tied to short-term humanitarian funding arrangements, and subject to weak or negligible government oversight.

⁹⁵ See, e.g. World Bank, 2013.

⁹⁶ Security and justice are frequently posited as sine qua non for recovery and development and, as non-excludable (at least in principle), as core public goods. Basic health – and hence healthcare – must surely constitute a similar good, and hence enjoy parity status with security and justice.

⁹⁷ See e.g. Lutter et al., 2012. The SUN Strategy Paper 2012-15 cites 'universal access' to services including health as key.

⁹⁸ See e.g. Sierra Leone's National Food and Nutrition Security Strategy, 2012-15.

⁹⁹ Look, for example, at the size of DR Congo.

¹⁰⁰ Creditor Reporting System, OECD-DAC [accessed 19 March 2013].

¹⁰¹ Cost recovery presents a problem for equity and for efficiency in nutrition, since low demand (for example for some micronutrients) will likely limit the extent to which poor households are willing to pay.

¹⁰² See e.g. Spiegel et al., 2010.

¹⁰³ Of country crises recorded in the last decade, half have lasted more than 8 years (GHA, 2012).

¹⁰⁴ Influence of MDG and disease-specific targets on health sector spending was notable in both DRC and Afghanistan.

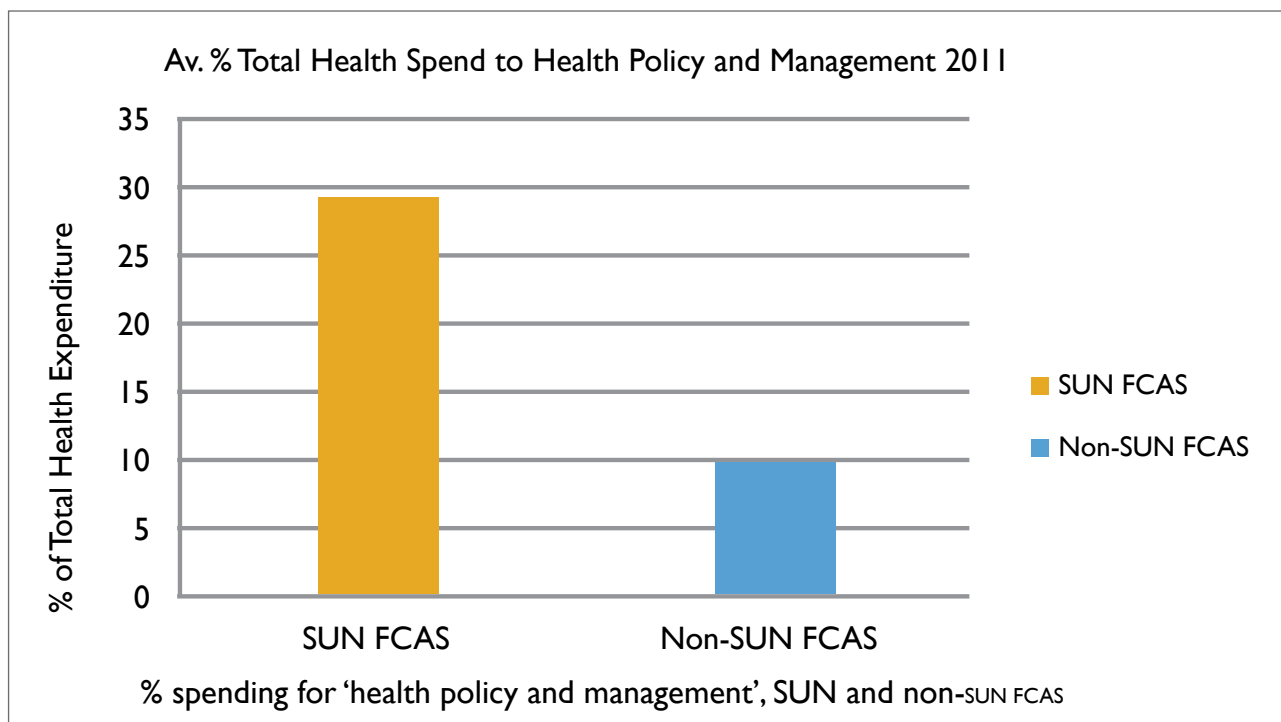
¹⁰⁵ Except insofar as 'state legitimacy' depends on popular perception of service provision, distinguishing state employees from non-state contractors. See e.g. Carpenter et al., 2012.

¹⁰⁶ Major problems associated with delivery of health services by non-state parties (civil society, NGOs, private sector actors) – e.g. coverage and equity, coordination and quality regulation, sustainability and local ownership (Kharas & Rogerson, 2012) – should, in principle, be managed by strong government stewardship.

What is missing, in both instances, is an adequate proportion of health funding allocated to supporting government to build and steward the health system. Between 1.9 and 2.8% of total health aid in FCAS goes to investment in 'basic health infrastructure'; between 1.5 and 2.7% goes to 'health personnel development'.¹⁰⁷

Whoever the service provider turns out to be, building government capacity to oversee the progressive quality and equity of the system is key.¹⁰⁸ For this, governance capacity is needed – both centrally and sub-nationally – to understand, plan, monitor and assess service provision, including the package of direct nutrition interventions. When we look at allocation of aid to 'health policy and administrative management', however, we find that while in SUN FCAS, one in every three health aid dollars is spent building policy and management capacity, in non-SUN FCAS countries, the ratio is one in ten (graph 11).

Graph 11: % of Total Health allocated to 'policy and administrative management', SUN and non-SUN FCAS



Improving nutrition will necessarily involve increasing support to the health system. This research does not propose to address the wider issues of universalising healthcare and the tensions of sustainability and equity in health financing options. But it suggests that more support could be provided, in FCAS contexts, to building government capacity to govern the health system. Beyond this, given the sheer scale of health care system strengthening in many FCAS, it may be worth considering a sub-national start for SUN in some contexts.¹⁰⁹

While some fragile and post-conflict states have shown considerable commitment to investing in health system strengthening, with notable improvements in, for example, child health outcomes, many FCAS appear to prefer continuing reliance (on a humanitarian basis) on external agencies to fund and provide healthcare at the grassroots, leaving domestic revenue for other perceived priorities.

Sierra Leone's investment programme in health human resources, with some emphasis on formalising the role of community healthworkers as a key link between the supply side (primary health centres) and the demand side (communities), shows potentially valuable commitment to real decentralisation and building human resources at the point of greatest allocative efficiency. DRC (and Afghanistan) by contrast, continue to rely heavily on parallel service provision

¹⁰⁷ CRS, OECD-DAC, 2011.

¹⁰⁸ Focusing on the equity aspects of policy and planning functions with regard to the health system in FCAS should be seen as a priority in conflict recovery and peacebuilding. See e.g. Bornemisza et al., 2010.

¹⁰⁹ For example, DR Congo and Pakistan; see e.g. Van de Walle & Scott, 2009.

by humanitarian agencies funded directly by donors. Sierra Leone's strong political commitment to the national Free Healthcare Programme could be taken as an indication of commitment to equity in public resource use, relating both to general health and welfare, and to the removal of barriers that could reduce poorer households' access to nutrition-related services. The political and policy commitment to free services was presented as an important counterpart to, and indeed foundation for, Sierra Leone's commitment to SUN.

In DR Congo and (to a slightly different degree Afghanistan), donor emphasis remains on supporting out-sourced direct delivery interventions (often through relatively short-term funding arrangements), with much less interest in the structural development of systems. In part this may be defended by the view that FCAS countries like DRC and Afghanistan remain in such flux with regard to security, that it is too early for structural investments. That is, though, clearly not the view of the government itself, which in both cases is able to flow significant amounts of national income into large-scale infrastructural projects (with some growing external support). Moreover, as we will suggest in the last part of this section, 'insecurity' should not be used as a cover-all justification for prioritising military and defence investments while restricting planning, spending and implementation in key productive and social sectors.

Social protection and labour – protecting smallholder farmers in agricultural policy

The population in many fragile and conflict-affected countries is predominantly rural, dependent on small-scale farming, and poor. Finding ways to support this majority, often underrepresented in policy priorities internationally and domestically, should be a key element of governance, and is clearly an important part of the nutrition agenda.¹¹⁰ The way social settlement has engaged the rural and agricultural sectors in conflict resolution and peacebuilding can tell us much about how a government views the rural majority – in terms of food security and social stability, in terms of productivity and contributory capacity to national income, and in terms of needs and rights, including nutrition. Extending basic livelihood protection to rural communities, and building up their productive capacities, are seen as key strategies for post-conflict stabilisation and economic recovery in some FCAS, but not in others. Given the substantial co-contribution of agriculture in improving food security, supplying the livelihood basis for large parts of post-conflict populations, and sustainably mitigating undernutrition, we might expect to see greater and more consistent interest in agriculture as a key area for investment in FCAS.

Agriculture is key to improving nutrition and building peace

Health remains the centrepiece of most national nutrition strategies, both in terms of the emphasis on direct interventions, and assumed institutional responsibility within government. The danger of a continuing health-centrality is that necessary counterpart sectors are demoted to a second tier of policy.¹¹¹ In particular, the role of agriculture, food and food security can and should be much more strongly integrated in the global standard of a comprehensive nutrition strategy.

The role of agriculture and food has a particular resonance in FCAS, where conflict results in often sharp rises in food insecurity, and where smallholder farming can, in the right circumstances, form the basis of peacebuilding and economic recovery.¹¹² In many FCAS, food security remains a poor cousin to the nutrition agenda in terms of policy priority and investment.¹¹³ While direct interventions on food aid and assistance are critical to survival in many FCAS situations, such interventions have been designed primarily to address short-term emergency situations, with less success in building longer-term support food security.¹¹⁴ Evidence suggests that voluminous food aid and distribution programmes, whilst effective in reducing mortality, do not on their own mitigate the underlying problems of undernutrition.¹¹⁵

¹¹⁰See, e.g. SUN, 2010, 2012; World Bank, 2013.

¹¹¹The SUN Update (2012) notes more progress in direct interventions, with challenges to progress on nutrition-sensitive work. This imbalance is rooted in the original LNS research method, see e.g. Bhutta et al., 2008: 'We excluded several important interventions that might have broad and long-term benefits, such as education, untargeted economic strategies or those for poverty alleviation, agricultural modifications, farming subsidies, structural adjustments, social and political changes, and land reform'.

¹¹²The emphasis in the latter case being on recovery of economic viability at household and community levels.

¹¹³It is interesting that there is no code for 'food security' under 'agriculture' in the OECD-DAC Creditor Reporting System (<http://stats.oecd.org/Index.aspx?DatasetCode=CRSNEW>). 'Food security' is listed as a co-element of 'food aid' under 'Commodity Aid and General Programme Assistance'.

¹¹⁴Productive safety net programmes such as in Ethiopia are examples of more sustained, integrated food assistance and security strategy. The problem for many FCAS is that they have limited capacity to fund this kind of social protection.

¹¹⁵See, e.g. Pantuliano, 2007. Large-scale food distribution in Afghanistan over an extended period has not translated into sustained improvement in undernutrition or reduction in chronic food insecurity among especially poor rural households.

Although it is not clear that Sierra Leone has achieved the kind of small-scale agricultural recovery and productive rehabilitation envisaged in its Demobilisation, Disarmament, Reintegration and Resettlement (DDRR) programmes – and, later, in the raft of policies and projects under its Smallholder Commercialisation Programme – it does seem clear that the government and partners have engaged in a serious attempt to enhance small-holder production with the distinct aims of peacebuilding and food and nutrition security. The DDRR programme in DRC, by contrast, was considerably more heavily focused on security sector reform (primarily in the reinsertion of around half of all fighters in the national Congolese army). Stabilisation and reconstruction programming in the east of DRC remains quite strongly focused on security (which it struggles to provide) and less effectively focused on socioeconomic recovery and rehabilitation among rural communities (whose productivity is doubly impacted by continuing insecurity and lack of technical support and guided investment).¹¹⁶

Investment in sustainable agricultural livelihoods programmes in Yemen remain relatively small, with perceptions of prevailing insecurity deterring local and inward investment at meaningful scale (even where relatively secure areas could constitute viable investment opportunities). In Pakistan, informed partners in-country suggest that nutrition action is best confined within the health sector; insofar as interventions in agriculture, particular ones promoting labour conditions and livelihoods, are likely to stir up unmanageable political resistance to necessary agrarian reforms. In Afghanistan, whilst there is clearly planning for post-conflict agricultural investment, there is little explicit planning for support to the mass majority of small-holders who, even if not combatants, often owe the continued viability of their communities under conditions of conflict to the protection of local Taliban or traditional/tribal protectors.

Across the FCAS covered in this research, the attitude of donors, technical partners and government counterparts to agriculture as an area for social policy investment appears remarkably ambivalent. There is, surely, enough evidence now of the potentially productive role of agricultural investments, not just in macroeconomic terms but in terms of livelihood stability, poverty reduction, peacebuilding and improving nutrition, to suggest that donors and other partners should take it more seriously and advocate harder for its priority in FCAS. Of course, once having accepted that proposition, the next question is, what form agricultural investment should take.

Sierra Leone has a substantial national agricultural programme in place (the SCP). DRC is currently finalising its national agricultural investment plan. In both cases, there is a substantial question mark over how much investment will focus on export-oriented production, and how much it will support local circuits of production and consumption.¹¹⁷ At the moment, this balance is somewhat unclear. There appears to be a risk in both programmes of government pursuing a dominant commercialisation policy (whether as a means of promoting disposable household income for purchase of nutrition-positive goods and services or as a means of expanding export production¹¹⁸). In Afghanistan, by far the largest growth area projected for agricultural investment is the export sector, predicted to grow by an impressive 850% by 2020. So long as improved revenues from commercial agriculture find their way into improved household nutrition, this seems fine. Where the connection between commercialisation and nutrition is not demonstrable, partners and government need to revisit the strategy.

In many FCAS cases, government commitment to a clear protective environment for small farmers – with distinct nutritional benchmarks of progress – would manifest a governance approach that balances the interests of commercial and export growth with the consumption and food security interests of smallholder farming households and communities.¹¹⁹ The World Bank (2013) notes that neither raising household income (without attention to what, nutritionally, that income can buy) nor raising agricultural production (without attention to the nutrition content of production and the proportion available directly to poor rural and urban families) is adequate to effective action on undernutrition. A more articulate agricultural policy – with explicit, budgeted attention to nutrition, and explicit attention to the balance of policies around growth/content and production/consumption – is required.

¹¹⁶It is interesting that while levels of acute undernutrition in eastern DRC have gone down in recent years, rates of chronic undernutrition have remained high – and are now the highest in the country in North Kivu.

¹¹⁷Given that analysis of the 2007-08 global food price spike showed fairly conclusively that poor rural households tend to be net consumers rather than net producers of food, and hence would be negatively impacted by increases in value and hence price of food products acquired via the market.

¹¹⁸The latter also raising the risk of poor farming households losing land (often held on weak legal terms) to larger, mechanised farms, or to agribusiness investors. This can lead to a significant increase in landless labour whose powerlessness, poverty and mobility constitute a threat both to welfare goals such as nutrition, and to social stability.

¹¹⁹See, e.g. Longley et al., 2007. Noting that, in the long term the number of smallholder farmers is likely to fall as larger industrialised farming systems expand; this is by no means necessarily a bad thing, as long as the process is mitigated by protection extended to smallholder farmers in the course of the larger transition.

Building governance or reinforcing fragility? Re-balancing security and welfare spending in FCAS

The final part of the quantitative analysis turns to the question of how governance balances the competing priorities of national security and population welfare in situations of fragility and conflict. This is key to nutrition action in FCAS, since long-term, sustainable investment in systems supporting population welfare often falls behind what are perceived to be more urgent priorities, including defeating the enemy or settling opposing groups, securing the national territory, and providing humanitarian aid to conflict-affected groups. While governance clearly emerges as a key mediator of states' attention to population welfare matters such as undernutrition across the FCAS spectrum, ironically, governance is sometimes assumed to be simply – and axiomatically – too weak in some or many FCAS countries to be strengthened in a meaningful fashion.

In FCAS contexts, international partners – sometimes with tacit support from government counterparts – remain deeply ambivalent to investing in government, governance, and national systems. Donors tend to hedge their bets with small-scale commitments of general budget support, and much larger aid flows through individual sectors often with heavy influence on where, through whom and how aid is spent. Insofar as nutrition in FCAS is still viewed mainly as an acute problem, requiring short-burst emergency humanitarian intervention channelled directly to people in greatest need, the FCAS concept of nutrition itself encourages external partners to marginalise government. Indeed, it is suggested, both in the Lancet Nutrition Series that helped launch SUN and in SUN's own literature, that some FCAS contexts may present such extreme challenges to the nutrition strategies envisaged, that international institutions may decide it is better to deliver nutrition goods and services direct to populations in need (for example through humanitarian modes of intervention).

The assumption underlying this is that in FCAS security is the priority, with welfare investments following on, but only once the fundamental challenges to physical safety have been stabilised (the 'security first' approach, in which military stabilisation and re-establishment of state, primarily through 'hard' security interventions, is accompanied by sporadic and largely unsustainable humanitarian approaches to basic service delivery).¹²⁰ In this approach, security is constituted as the 'necessary precondition for longer-term sustainable development'.¹²¹ The proportion of aid allocated to 'security' has increased significantly faster than other elements of aid spending in the last decade, including after the economic downturn. Security sector spending increased by 61% after 2006-07, 86% of that rise from bilateral donors.¹²² Aid to 'governance and security' rose 165% between 2002 and 2009, rising from 6.9% to 12.2% of total spending over that period, and totalling USD\$16.6 billion in 2009.¹²³ Longer-term investments in government, governance and structural capacity to deliver national scale services, in this paradigm, tend to be seen as the consequence of re-established stability and security, rather than as a strategy for building peace in themselves.¹²⁴

In most fragile and conflict-affected countries, however, insecurity based on actual threat of violence is quite limited. The distribution of violence, even in active conflicts, is extremely uneven and often confined to relatively small geographical areas, while the actual capacity of government to govern is better than a comprehensive notion of 'fragility' allows. With this in mind, it is possible to wonder whether the 'security first' mode of operation unnecessarily neglects, or actively undermines, opportunities to strengthen governance in ways which could foster greater strength, through the state, in routine, structurally-sustainable provision of social policy and services. A stronger focus on governance, even in heavily-affected countries, would be in keeping with Busan, but may also be more feasible for initiatives like SUN than is often imagined.

In order to test this, we compared the CPIA score for governance in FCAS with the Worldwide Governance Indicators (WGI) assessment of 'effective government'. We found that CPIA (which measures internal governance capacities) corresponds well (albeit with some bumpiness¹²⁵) to WGI (which measures amongst other things public perceptions of government through quality of the provision of public services) (graph 12).

¹²⁰Pachon, 2012; OECD, 2010; DFID, 2009; Government of the Netherlands, 2008; Zoellick, 2008; Camack et al., 2006; Macrae & Harmer, 2004; OECD, 2004.

¹²¹'It is impossible to strengthen overall governance without attention to the security sector'. (Government of the Netherlands, 2011).

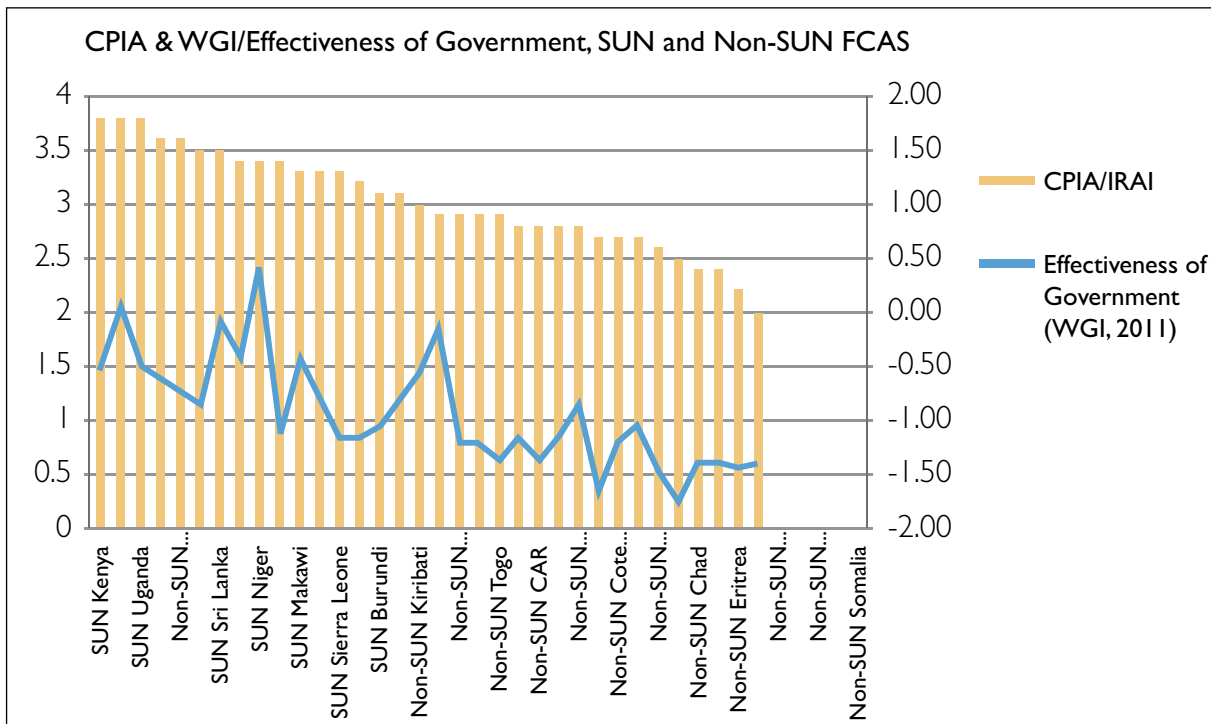
¹²²OECD, 2010.

¹²³GHA, 2012.

¹²⁴Rubenstein, 2011; Government of the Netherlands, 2011; OECD, 2010; Unicef, 2009; IDS, 2009; Justino, 2009; Brinkerhoff, 2005; Wagstaff & Watanabe, 1999; Brentlinger et al., 1999; Aldoori et al., 1994.

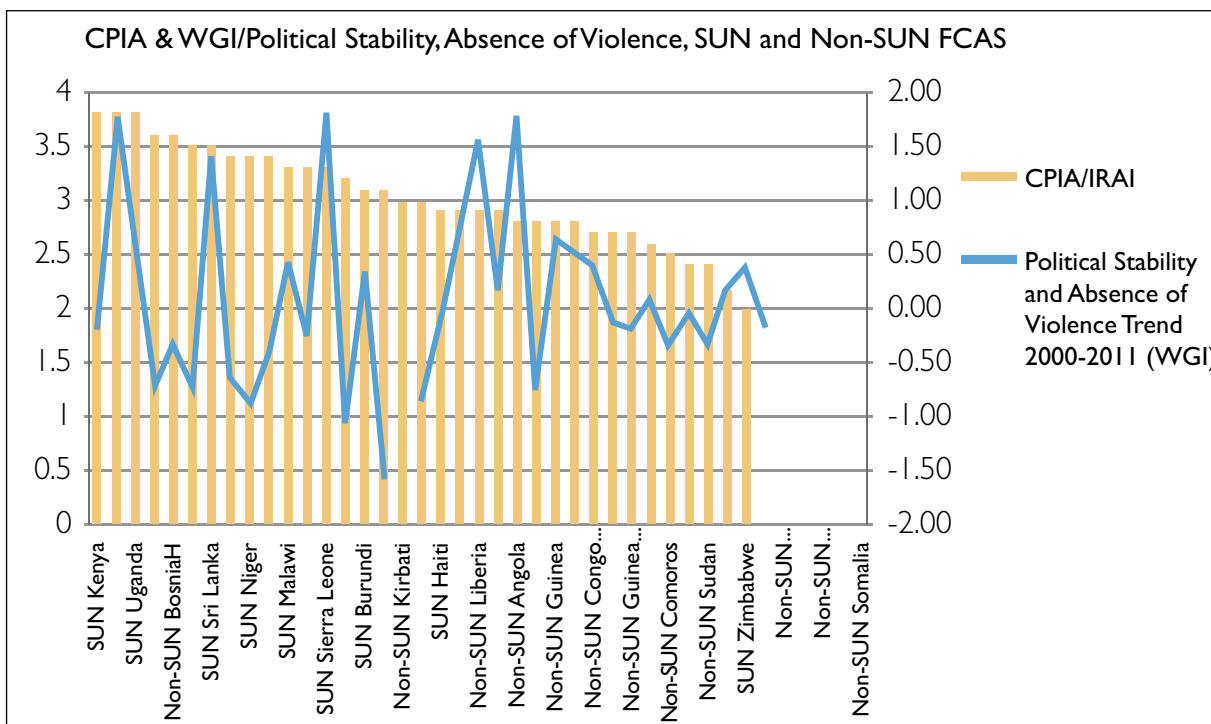
¹²⁵Accounted for mainly by Haiti and Niger.

Graph 12: CPIA aggregate score and WGI (effectiveness of government) score in SUN and non-SUN FCAS, 2011



However, when we compared the same CPIA governance scores with a second WGI category ('absence of violence and political stability'), we found no clear correlation (graph 13).

Graph 13: CPIA aggregate score and WGI (political stability and absence of violence) in SUN and non-SUN FCAS, 2011

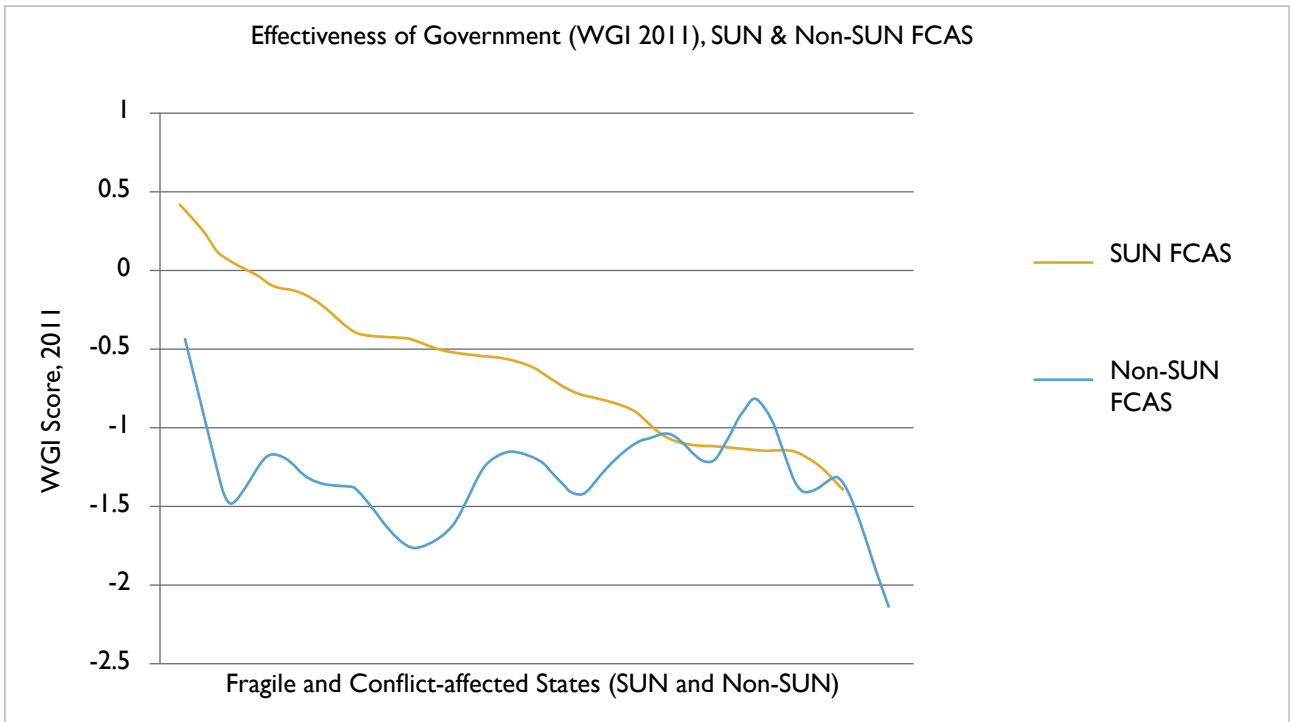


Clearly, there are good reasons to approach these data with a degree of caution. Measuring governance and social unrest are complex matters. That said, though, if we take them at face value to be a reasonable reflection of, at least, systematically comparable conditions among our range of FCAS, they suggest that, while internal quality of governance (CPIA) and external capacity to deliver government (WGI) match one another, neither measure of governing correlates with the

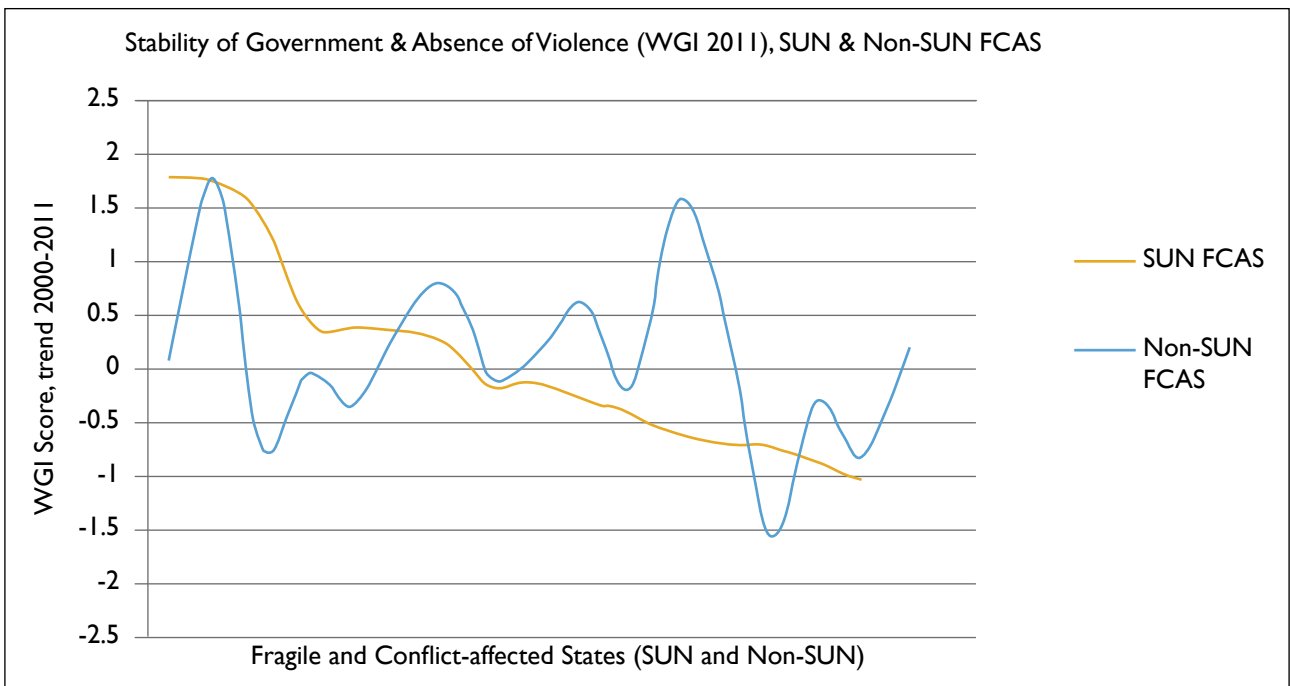
prevailing level of instability or violence. In FCAS contexts, this may be a significant finding, suggesting that relatively high quality of governance can be achieved independently of prevailing conflict conditions.

When we look at SUN and non-SUN FCAS, this analysis appears to be borne out. In the first case (graph 14), SUN signatories do significantly better as a group than non-SUN FCAS on 'effectiveness of government'. But in the other (graph 15), there is no correlation in terms of absence (or presence) of violence. The effectiveness of government (signalled by joining SUN) operates independently of the amount of violence going on.

Graph 14: WGI (effectiveness of governance) score in SUN and non-SUN FCAS, 2011



Graph 15: WGI (political stability and absence of violence) score in SUN and non-SUN FCAS, 2011



One interpretation of this finding is that the ability of an FCAS government to manifest good governance and to perform effectively is not predicated on an absolute absence of instability and violence. To put it another way, investment in governance and government effectiveness may be not only practicable but potentially productive, irrespective of the prevailing level of violence, in a given fragile state.

This would suggest that the classical – and often rather strictly observed – sequencing of interventions (including the sequencing of aid from emergency/ humanitarian to developmental) may not always be necessary or indeed helpful – that there may be entry points to improving governance/ government independently of humanitarian programming and stabilisation. The preference (both by some states and donors) for 'locking into' a humanitarian mode of action in FCAS, addressing 'crisis' conditions of violence and instability with investment in, for example, aspects of the 'security sector', before considering investments in wider governance and government, may be misjudged. It may be possible to engender important improvements in governance, government capacity and behaviour earlier in the process of emerging from conflict into post-conflict, peacebuilding and statebuilding.

In some instances, states themselves may find political or financial advantage in maintaining a perception of prevailing insecurity and hence a perpetuating humanitarian mode of engagement (justifying certain types of patronage spending, in particular to the military and security sectors, and consolidating less conditional funding relations with donors and partners on an emergency footing). To some extent, when aiming for improvements in population welfare issues such as nutrition, we should look more carefully at the assertion of 'insecurity' and the concomitant emphasis – by partners and governments – on a discourse of 'security first'.

'Security first'

Sierra Leone has shown signs of driving investments towards productive sectors such as health in the period since the end of the conflict. In DRC, by contrast, the ratio of spending remains in favour of defence and, in 2012-13, budget negotiations are reported to have increased spending in the defence and security sectors, financed in part by a reduction in allocations to health and education. Congolese officials, including senior parliamentary figures, justify this decision by reference to continuing uncertainty about the status of the country – whether it is currently conflict-affected, transitioning out of conflict, or post-conflict or even re-entering development. Officials in Sierra Leone, by contrast, are much more consensual in characterising the country as fully post-conflict and in many accounts largely re-entered on a development path with accompanying policies and aid investment profile.

Whilst it is without doubt the case that DRC remains affected by pockets of active fighting and violence (especially in the east), country case study interviews suggest that a prevailing uncertainty regarding the scale and national significance of violence and instability may suit political elites and their administrative counterparts, whose reliance on aid revenues (often stove piped into specific sectors, ministries and regions) disincentivises a formal recognition that conflict violence is no longer the driving priority. It may be feared that such a recognition would eventuate changes in the volume and profile of aid being supplied to DRC, with some sectors (and hence some ministries led by competing political factions) losing out. Ultimately, finding ways to achieve a consensual view – across partners – of the true proportions of insecurity, and hence appropriate investment profile for each given FCAS is key to creating the political/administrative space in which the argument for transition out of humanitarian crisis mode, rebalancing defence/ security and basic needs spending, can be more persuasively made.

The presence of violent conflict is often cited in defence of humanitarian agencies delivering goods and services independently of government in affected countries. The administrative disarray and potential for monetary leakage consequent on ongoing conflict, or the echo of conflict in fragile political settlement, is often cited in defence of donors continuing to flow their support independently of central government budgeting. Ongoing conflict, periodic violence, or the long-lingering perception of insecurity are often cited by government in fragile contexts to support spending on defence and security sectors (often at the expense of softer social and productive sectors). The analysis here suggests that presence of violence and improving government function are not necessarily mutually exclusive – that useful work with and through government may be more possible than is often thought, even where conflict remains hot. Whilst

security is clearly a serious issue, we might expect to see a clearer trajectory, supported actively by partners in their resource provision negotiations with government, from defence and security as priorities for spending to productive sector investments.¹²⁶ And we might expect to see partners planning that transition of investments from humanitarian to developmental starting much earlier in the initial or crisis phase in a given FCAS.

Quantitative analysis: key observations

1. FCAS accession to SUN does not appear to be driven by the scale of the problem of undernutrition, nor does it appear to be influenced by civil society activism.
2. Accession to SUN is also unaffected by the quality and capacity of the health system across FCAS countries.
3. Together, these findings suggest that the determinants of state accession to SUN are to be found on the 'policy supply side' – within government – rather than (for the present) on the policy demand side or where supply and demand meet in the health system itself. The question for those who support SUN and would like to see its model of integrated action on undernutrition extended in FCAS environments, is how to strengthen positive drivers within government?
4. Economic conditions influence FCAS government decision regarding SUN accession. Uncertainty with regard to resources likely to be available to help FCAS governments undertake SUN's model of action appears to deter some FCAS from signing up to SUN, and to weaken the credibility of national action plans where they exist.
5. Governance is the strongest predictor of FCAS government signing up to SUN. This includes three key areas:
 - a. Intersectoral coordination, focusing on the bilateral relationship between the health and agriculture sectors, with stronger coordinating support from institutions responsible for national fiscal policy and budgeting.
 - b. The level of support to government in (re)building the health sector and overseeing the equitable delivery of health services.
 - c. The level of support to non-health (nutrition sensitive sectors) with a particular emphasis on protecting smallholder farming households, both as a medium of peacebuilding and post-conflict economic recovery, and as a vital contribution to the production-consumption-nutrition cycle.
6. In some FCAS, external partners remain ambivalent about supporting government leadership, maintaining humanitarian modes of intervention over multiple years, often beyond the point where transition to national leadership and investment could have happened. A discourse of endemic insecurity and thus a 'security first' policy agenda can become entrenched in FCAS. Evidence suggests that government can be effective even in countries relatively heavily affected by forms of instability and violence, and that external partners should more actively seek out opportunities to build government leadership, ownership and delivery earlier in the humanitarian phase of intervention.

¹²⁶In many FCAS contexts, spending on defence and security remains relatively high, often outstripping spending on basic services. Non-SUN FCAS spend a larger amount on defence and security, relative to basic services, than SUN FCAS. This either indicates that SUN FCAS governments feel more confident in their chances of avoiding return to conflict (and hence the need for larger defence budgets) or that, notwithstanding those concerns, they view basic services as, in themselves, a legitimate area of expenditure in the peace- and statebuilding process.



A woman and child at a health centre
in Herat, Afghanistan.
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Section III: FCAS Country Case Studies

Three countries – Sierra Leone, DR Congo and Afghanistan – were selected for more detailed, field-based investigation. The selection of these countries was governed to some extent by material constraints on time and availability of local counterparts to support field research. Within those constraints, however, effort was made to select from across the spectrum of current FCAS orientations to SUN, including one ‘early-endorser’ country (Sierra Leone), one country with which discussions of SUN endorsement have progressed to a degree (DR Congo), and one country where consideration of SUN endorsement is still at an early or negligible stage (Afghanistan). In addition, remote interviews were conducted with informants from Yemen (SUN) and Pakistan (non-SUN).

These case studies are based on interviews carried out with a range of individuals and institutions in the focus countries (in the field and remotely). The studies themselves are not presented as expert knowledge, but as the interpretation of expert commentary by those individuals and institutions. Conditions in fragile and conflict-affected states are clearly diverse and specific. However, certain continuities emerge in the analysis, pointing to common areas for attention in promoting action on undernutrition and SUN in FCAS.

These areas include:

- Incentives for states to engage with SUN and the problem of nutrition – including resource signals from donors, as well as support to ‘nutrition governance’;
- The importance of coordination between key sectors, specifically health and agriculture; and
- The role of security (or insecurity) in shaping policy space for undernutrition in FCAS.

Sierra Leone

Sierra Leone, a coastal West African country of 5.7 million people, was affected by civil conflict between 1991 and 2002.¹²⁷ Since 2002, notwithstanding positive performance in a number of dimensions of economic and social reconstruction and growth,¹²⁸ Sierra Leone has remained close to the bottom of the Human Development Index (HDI, 177 out of 186 in 2012), with some of the highest rates of neonatal, infant and under-5 child mortality in the world (Unicef, 2012).¹²⁹ Sierra Leone has high levels of undernutrition: 21% underweight; 10% wasting (an estimated 1% severe acute malnutrition), and 36% stunting (Government of Sierra Leone, 2012; Unicef, 2012; Unicef, 2010). Sierra Leone formally confirmed its participation in SUN in January 2012.

a. Political Domain

Food and – perhaps to a lesser extent – nutrition appear high on the political agenda in Sierra Leone, both during and in the aftermath of the civil war. During the conflict, a considerable proportion of emergency food aid is reported to have been focused on the south and east of the country (including districts which now have some of the highest rates of acute and chronic undernutrition).¹³⁰ A more recent profile of agencies and interventions suggests that food security and nutrition programmes have either shifted to districts further north in the country (along with some interventions targeting new urban and peri-urban growth such as Western Urban/Slums), or expanded to a wider range of districts (including some at national scale). District consultations, as part of the Agendas for Change and Prosperity, may reflect an attempt to move beyond the appearance (or reality) of politicised or geo-factional allocation of humanitarian and post-conflict resources.¹³¹

¹²⁷Although assessed by the scale of violence-related mortality (est. 25,000) the impact was lighter than some other cases, such as the Democratic Republic of Congo.

¹²⁸See, e.g. Tavakoli, 2012.

¹²⁹5th, 1st and 4th respectively (Unicef, 2012).

¹³⁰The south and east of Sierra Leone are key constituencies for the Sierra Leone People's Party (SLPP), in power after the first post-war elections from 2002 to 2007, but displaced by the All People's Congress (APC) in 2007, in elections in which the management of food aid was a prominent feature of public and media attention.

¹³¹In this respect, it will be worthwhile to monitor where and how the blanket feeding programme planned for 2013-14 is delivered within Sierra Leone.

Food security was prioritised in early post-conflict National Recovery Strategies. Domestic political and administrative perceptions that the civil war had not drawn on or entrenched tribal cleavages as they may have in other regional conflicts¹³² underpinned a demobilisation and resettlement strategy that encouraged combatants' return to their (largely rural) communities of origin. The majority of subsistence farming households in the population (at around 70%) rationalised a resettlement and rehabilitation strategy that focused on agrarian economy and return to local agricultural production.¹³³

From a political perspective, food security was seen as an important strategic investment not only for recovery but also for stability and peacebuilding. Indeed, in the continuing debate over the relative priority of food and nutrition security, progressive governments in Sierra Leone retain a clear sense of the political importance of food.¹³⁴ However, whilst direct provision of food supplies (or subsidy to essential items) continues to command a political premium as a way of avoiding short-term shocks and adverse consequences for social stability, recognition of longer-term threats to stability – such as youth unemployment – is growing. To the extent that chronic undernutrition is associated with reduced schooling, more limited skills development for employment, and lower income earning, nutrition may therefore have begun to compete with food security as an area of opportunity through which to mitigate risks of instability, violence and conflict.

There are indications that stability is seen, politically, not only as a domestic necessity, but also as a mark of Sierra Leone's rehabilitation in the international community. The substantive absence of violence during the 2012 elections was in part the result of deliberate party political directives, aimed both at internal security and external approbation. Perceptions among government officials of Sierra Leone's special status in West Africa and, to a degree, its special relations with some external partners (such as the United Kingdom), may influence the apparent appetite for international engagement that raises the country's positive profile.

Multiple channels of relatively open communication and consultation – between the current President and some, notably European, political leaders, between government ministers and international partners in-country, and between policy and technical civil servants and counterparts within the West Africa region and more widely – appear to have contributed to the relatively smooth adoption of some key international norms, priorities and policy models (including for peacebuilding and nutrition, through Sierra Leone's endorsement of both the Busan Principles and SUN).¹³⁵ High-level political endorsement of international initiatives may be relatively easy in this context; translation of adopted initiatives into coordinated, financed and locally-delivered programming may be the greater challenge.

It is possible that nutrition has grown as a recognised counterpart to food security as health has grown as a public and political priority alongside agriculture in the post-conflict period. Persistently high rates of child as well as maternal mortality may have contributed to increased commitment to health (addressing both domestic dissatisfaction and international embarrassment), leading to a more intensive policy focus on maternal and child health – on nutrition as a key aspect of this, on the necessary role of a range of cross-sectoral determinants, and hence intersectoral coordination, in addressing undernutrition.¹³⁶ The relative power of the Ministries of Health and Sanitation and Agriculture Forestry and Food Security, at the epicentre of inter-ministerial coordination on food and nutrition, appear to embody this dual political priority.

b. Institutional Domain

It is commonly felt that a major obstacle to action on undernutrition in Sierra Leone has been the absence of effective coordination between actors and sectors. Interventions during and after the civil war were characterised by uncoordinated, piecemeal interventions both by government and partners.¹³⁷ In this respect, significant groundwork facilitating subsequent endorsement of SUN by the GoSL was achieved through the work of the REACH initiative between 2010 and 2012.

¹³²See, e.g. Fanthorpe, 2009.

¹³³This is not, of course, to suggest that Sierra Leone's DDDR process was without problems, including in ensuring effective investment in local socio-economic reintegration (see e.g. Solomon & Ginifer, 2008). Moreover, with respect to nutrition, it may have been assumed that improvement would follow on reinvigorated local household, productivity; this is not, as we see elsewhere, always a reliable assumption.

¹³⁴'Food distribution' is a major budget line in the 2012-2016 National Food and Nutrition Security Implementation Plan.

¹³⁵This may also reflect a characteristic interest among post-conflict states in reviving or newly attracting foreign direct investment as Sierra Leone transitions from recovery to development.

¹³⁶Certainly, health appears to be a major political focus – epitomised in the flagship Free Health Programme, which was made a core focus of electioneering in 2012.

¹³⁷Sierra Leonean civil servants report that, in ECOWAS technical meetings on food and nutrition, a barrier to improved action noted by some of Sierra Leone's neighbours is their difficulties in achieving effective cross-sectoral coordination.

REACH is widely noted for mapping out actors and gaps on nutrition in Sierra Leone, and creating both a technical infrastructure for coordination, and an advocacy platform for enhanced cross-government engagement.¹³⁸ Following the APC's election success in 2007, and a new political agenda in which both agriculture and health were priorities, REACH advocacy and government interest appear to have coincided.¹³⁹

Intersectoral coordination, based on inter-ministerial cooperation, has been relatively successful in Sierra Leone for a couple of reasons. First, after the popular electoral shift from SLPP to APC in the 2007 elections, a significant majority of ministries were led, at political level, by APC loyalists.¹⁴⁰ This political settlement, two (now three) elections out from the end of the war, offers potentially distinct advantages in facilitating coherent and disciplined engagement across relevant ministries for initiatives, like SUN, which require multisectoral coordination. It is felt that while REACH created the technical insight and institutional infrastructure to take action on undernutrition, SUN created the opportunity for political endorsement.

The second possible reason for relative success in the complex and contested process of cross-government working is the central – effectively bilateral – role played by the Ministries of Health and Sanitation and Agriculture, Forestry and Food Security. Although other ministries are engaged (through signing the national commitment on nutrition and through collective strategic planning and budget contributions), it is widely acknowledged that the core institutional relationship within government is between MoHS and MAFFS. This may simplify somewhat the inter-ministerial relationships and negotiations that, with a wider range of constituencies, can become onerous and excessively complicated.

In practical terms, REACH helped bring together a wide range of food and nutrition actors from government and international partners in a Nutrition Working Group (NWG), co-chaired by donors. Although there is some uncertainty about process, it is assumed that the NWG will be subsumed within the planned national SUN Secretariat. It is expected that the SUN Secretariat, housed within the Office of the Vice-President, will provide high-level support (and arbitration) for cross-government planning and budgeting around the National Food and Nutrition Security Implementation Plan 2012-16.¹⁴¹ There is a question about whether the Nutrition Technical Committee will continue to operate alongside the Secretariat, in order to counter-balance, as and where necessary, technical and political priorities relating to planning, budgeting and interventions.

Although coordination appears to be advanced, there are still signs of tension within and between ministries. The MoHS, for example (in which nutrition is still constituted as a 'programme' rather than as a 'division' or department in its own right), continues to negotiate with the powerful Ministry of Finance for its overall proportion of the national budget, and over conditions attached to budget increases. Negotiation continues between ministries over the amounts allocated to different sectors within the 2012-16 Food and Nutrition Security Implementation Plan. Such negotiations – for example over the priority and resource allocation between food security and nutrition – are likely to remain a feature of Sierra Leone's action within SUN.

Perhaps more importantly, while SUN appears to have been endorsed and embraced institutionally at central government level, it is not clear that this is the case sub-nationally, in particular at district level. A coordinating mechanism for overseeing, supporting and monitoring an integrated programme of food and nutrition security does not appear to have been successfully established – yet – across districts (though the need is acknowledged among most partners).

Individual sectors, such as health, are still relatively highly reliant on international partners for operational delivery from district to community. District Councils have been engaged in the governance of development programming, but are of variable strength, often lacking key skills in areas such as coordination, planning, monitoring and evaluation. Moreover they continue to work alongside the traditional system of paramount chiefs and community leaders, often with a lack of clarity over mandate and authority which can result in a leadership or governance vacuum in complex areas such as nutrition (arguably especially so in less immediately manifest problems as stunting). To translate high-level, central

¹³⁸ Although it is reported that REACH promoted district coordination mechanisms, district food and nutrition plans, and the introduction of food and nutrition into rolling 3-year District Development Plans, it appears that coordination for the present remains stronger at national level.

¹³⁹ It is suggested that President Ernest Bai Koroma drew strong political and institutional support from some donor governments, including the United Kingdom.

¹⁴⁰ The 2012 election extended the government's popular mandate with an enlarged majority over the SLPP and the People's Movement for Democracy. While not yet confirmed by parliamentary process at the time of writing, it appears that the new set of ministerial appointments consolidates an 'old guard' from the 2002-07 administration. The upside of this is the possibility to maintain endorsed and/or effective policies.

¹⁴¹ Though it should be noted that, at the time of writing, the SUN Secretariat was still in the process of being established, and the National Plan had not been finally signed off.

government endorsement of SUN into localised planning and delivery, conditions in Sierra Leone suggest the need for further resources and attention to the sub-national level of governance (inter-institutional coordination and clear authority, technical capacity and planning, monitoring and reporting against targets).¹⁴²

c. Policy Domain

The planned transition from humanitarian to development phase in Sierra Leone supports a shift in policy orientation away from a heavy emphasis on acute undernutrition, hence food, food security and curative interventions, and in favour of addressing the causes of chronic undernutrition, hence developmental and preventive interventions.¹⁴³ This is not to suggest that a new consensus, or even a settled balance, has been achieved between the food/nutrition, acute/chronic undernutrition policy perspectives. Rather, as suggested earlier, there are now institutional mechanisms through which tensions between these priorities may be managed. A key element of Sierra Leone's approach to the nutrition agenda was (often donor-supported) development of human resource capacity in formulating documented technical and policy positions. This capacity in policy development may have facilitated Sierra Leone's ability to engage with SUN.¹⁴⁴

For the present, policy on nutrition continues to cover the spread, from blanket and supplementary feeding, through Community Management of Acute Malnutrition (CMAM) and Infant and Young Child Feeding (IYCF) programmes, to campaign and routine provision of micronutrients and nutrient supplements. These are backed by wider, nutrition-sensitive interventions, notably in agriculture and food fortification, and water/sanitation. Policy contest may occur over what resources each area of intervention deserves and gets.¹⁴⁵

Taking agriculture as an example, whilst the government's 'Smallholder Commercialisation Programme' (SCP) is a flagship both of its investment in agriculture and its investment in undernutrition, visible tensions remain in the way those two investment objectives are prioritised. Although the SCP emphasises small-scale production, its six programme components point strongly towards improving access to markets for small farmers as a key means to enhancing poor rural household incomes. In other words, the route to better household nutrition is, to some significant extent, seen as working through increased household resources with which to buy more/better food. Evidence that poor households tend to be net consumers (rather than net producers) of food, suggests that increasing market prices may actually deteriorate poor household's ability to purchase better nutrition. At the same time, although training and education focus on ensuring dietary diversity in household consumption, Sierra Leone's wider economic growth and agricultural research agendas appear to be more heavily focused on extension of cash crops and, in particular, enhancement of rice production.

d. Programme Domain

As with many fragile and conflict-affected countries, Sierra Leone continues to rely to a substantial extent in some sectors on external partners to supplement continuing weakness in domestic capacity to deliver programmes and services. As elsewhere, too, programmes and services delivered under the government/ partners arrangement tend to cover only some areas, leaving other parts of the country under- or unattended.

Whilst a number of interventions within the multi-programme approach promoted by SUN can be targeted to specific populations, others imply – under the rubric of 'scaling up' – near-universal coverage (at 80+%). Such targets are evident in the Food and Nutrition Security Implementation Plan. But their feasibility is put into question by the evidence of significant gaps in current programmes, services and infrastructure in Sierra Leone, and by the evident additional capacity requirements that would be needed to work at scale.

If partners do not have the funding, geographical presence and/or technical breadth to manage delivery of the full range of nutrition policies and programmes at scale in Sierra Leone, that implies a considerably greater role for direct government provision itself. This will, in many cases, require substantial increase in government allocations to nutrition-relevant

¹⁴²To the extent that District Councils budget directly to the Ministry of Local Government (MoLG), it may be that the latter is a more important constituency in central coordination than has been seen up to this point. This is likely to be more urgent as current renewals of decentralisation policy are taken forward. Accountability from sub-national levels of government, concretely in the delivery of the food and nutrition plan, should be a litmus test of governance strengthening beyond the political centre.

¹⁴³Indeed, the Nutrition Working Group has now adopted stunting as a standard indicator to be adopted by all partners.

¹⁴⁴Other ECOWAS neighbour countries (especially those without a prior engagement with REACH) report absence of technical and policy human resource capacity – 'knowing where to begin' – as a major barrier to engagement with SUN.

¹⁴⁵For example, in the 2012-16 Food and Nutrition Security Implementation Plan (not signed off), 'food production and nutrition education' is allocated USD\$2.5m over 5 years, while 'food distribution' is allocated USD\$137.5m. Moreover, the budget for 'food distribution' is projected to more than triple from around USD\$10m to USD\$34m over the 5-year plan. CMAM, meanwhile – widely estimated to be one of the most costly aspects of a package of direct nutrition interventions – is allocated USD\$34m over the whole plan, rising from USD\$4m in year 1 to USD\$8m in year 5.

infrastructure, programmes and services. A significant part of that is likely to entail recurrent (e.g. salary) costs, which are not, in many cases, accepted by donors and must, therefore, come from domestic budgets. Sustained, systemic investment over the long-term is going to be a challenge for Sierra Leone in the foreseeable period ahead. Hence inability to finance and manage adequate sub-national capacity may be a key obstacle to Sierra Leone's ability to operationalise its evident political and policy commitment to undernutrition and SUN.

Across a variety of interventions, evidence suggests that sustained impact depends on a triad of effects: immediate upscaling of nutrition-relevant goods and services; practical changes in household knowledge and behaviour; and structural changes in communities' access to resources – from arable land and improved water; to income-earning opportunities and adequately diverse foods – to enable services uptake and behaviour change benefit. Yet donor funding patterns, limits on government resources, and on partner's technical capacity suggest that without substantial increase in funding and capacity, a Sierra Leonean SUN-inspired package will remain incomplete in delivery and, potentially therefore, in impact.

For example, interventions disproportionately aimed at community knowledge and behaviour may be less effective if they are not balanced by interventions that address the nutrition 'supply-side' (agricultural means of production, income, market access, health system services).¹⁴⁶ Taking direct nutrition services delivered through the healthcare system, the 2012-16 Implementation Plan includes upscaling delivery of micronutrients such as vitamin A to zinc from, respectively, around 40% (routine) and 2% to 80%. This is ambitious and is clearly going to entail greater human resource investments strengthening, for example, the supply-demand nexus between the Peripheral Health Units and communities.¹⁴⁷

And overarching these concerns regarding specific intervention platforms, an area that may be under-developed with respect to the Food and Nutrition Security Plan is monitoring and evaluation of progress against targets, expenditures and activities. This relates strongly to the relative weakness of the sub-national (primarily district) level of governance. In the absence of stronger systems to coordinate, plan and measure the impact of activities undertaken under the aegis of SUN, new and renewed commitments at national level, along with financial support to address undernutrition, may quickly dissolve, among multiple localities, into expenditures that are hard to track, and effects that are hard to determine, verify or quantify. In the Food and Nutrition Security Plan, monitoring and evaluation systems receive one tenth of one percent of the total.

e. Financing Domain

A costed 5-year implementation plan for food and nutrition security has been developed and is in the process of being endorsed at high level in the Sierra Leone government.¹⁴⁸ The plan includes both direct and 'sensitive' nutrition interventions. The Ministry of Finance and Economic Development (MoFED) appears to have been substantially engaged in the national nutrition commitment (as one of seven ministerial signatories to the nutrition commitments corollary to Sierra Leone's endorsement of SUN).

Ministries engaged in the food and nutrition security agenda have been asked to itemise nutrition as a discrete budget line in their sectoral budgets (possibly filling in for FY2013, for which the national budget had already closed by the time of the plan's integrated commitments). For the longer term, the MoFED has indicated willingness to build a distinct nutrition line item into the national budget. In these respects, financing for addressing undernutrition (both directly and indirectly) appears to have been well institutionalised in the fiscal process.

There are, however, areas in which clarity on funding the full range of sectoral interventions that make up a 'SUN package' (including both direct and nutrition-sensitive interventions) remains to be achieved.

First, it is unclear whether the MoHS will remain the core paymaster for nutrition programming, with 'gaps' in total financing filled by other ministries. The principal issue here is the extent to which other participating ministries 'game' the budget process to draw perceived availability of nutrition resources into sectoral areas they find difficult to fund elsewhere.

¹⁴⁶At the up m level of biofortification, a familiar pattern of effective policy drafting but weak implementation and regulatory enforcement is in evidence in Sierra Leone. Standards for biofortification have been gazetted through parliament and agreed on paper; the apprehension is that capacity on the ground to enforce those standards remains absent.

¹⁴⁷There is some evidence that Sierra Leone has been increasing its investments in domestic civil service and sectoral capacities (though the health budget fell considerably in 2012, and is projected in 2013 to be below its 2009 high of 13.5%). That there is a complement of health workers deployed throughout the healthcare system, including primary care via the PHU, is not in doubt. What is, perhaps, in doubt is the capacity of this cadre in its current form to supply all the nutrition-relevant services, and the current level of demand in, especially, the remote rural population.

¹⁴⁸At a total cost over the period of USD\$605,520,511.

Second, budget transparency as a whole remains a politically sensitive area, limiting the extent to which a coherent picture of the total amount of funding genuinely devoted to food and nutrition security can be seen (both within government and between government and partner e.g. donor commitments/contributions). Third, to the extent that a 'new' approach to undernutrition such as Sierra Leone's endorsement of SUN is perceived domestically as a matter principally for external (donor) funding, government finances may end up flowing in the direction of other perceived domestic priorities.¹⁴⁹ Fourth, there is little clarity among government ministries and partners as to the likely availability of new donor finance to support the food and nutrition plan. Some of the major nutrition donors in Sierra Leone have indicated willingness to consider new proposals for funded direct and/or sensitive nutrition programming, but others have said that, beyond currently funded commitments, no specifically new money is foreseen. Fifth, where new external finance may be available for the food and nutrition plan, there is, as yet, no clear mechanism through which it would flow. Discussion of individual ministry nutrition budget lines has been countered by support for a more 'independent' centralised funding conduit (for example, the SUN Secretariat itself). Both are considered potentially problematic, where ministry-specific budgeting raises the possibility of competition and antagonism over priority resource allocations, and the centralised pooled fund model raises fears of transparency and administrative capacity which could compromise the credibility of the mechanism as a whole.¹⁵⁰

Key Observations

- Food and nutrition are seen as important elements of security and peacebuilding in Sierra Leone.¹⁵¹ This reinforces the political rationale and institutional support for coordination between the Ministries of Health and Agriculture.
- Considerable progress has been made in Sierra Leone to build a nutrition policy that understands and incorporates both acute and chronic undernutrition. The political recognition of food security as a way of avoiding short-term shocks can be extended to nutrition security as a way of reducing longer-term conflict risks.
- Coordination for intersectoral action on undernutrition in Sierra Leone is supported by a combination of high-level political support (donor), highly aligned technical agency advocacy (REACH), and active involvement of the Ministry of Finance and Economic Development acting as an arbiter of individual sector budgets. It may be that coordination works better when built on a bilateral integration between Health and Agriculture, with regulatory oversight from Finance.
- Once national political commitment is established, priority should be given to building sub-national governance for nutrition – streamlined institutional commitment and needs analysis, multi-programme coordination and planning, and M&E.
- Financing for nutrition will determine the implementation of the national nutrition plan. Absence of funding signals from donors could fundamentally compromise that implementation.

¹⁴⁹ For example, social protection.

¹⁵⁰ Issues relating to two pooled funds – GAVI and GFATM – were raised by some informants as examples of where Sierra Leone has had, or is having, problems managing complex funds.

¹⁵¹ Prioritising agriculture in a recovery strategy works for some FCAS contexts – in particular, protection of smallholder producer-consumers and promoting poor households' access to means of production and productivity, e.g. secure land access for women, credit and technical support. For other contexts with higher or rapidly rising rates of urban population and low reliance on agriculture in GDP, emphasis on training and employment opportunities, as well as cash transfers and SME credit extension may be more suitable.



A midwife working at a World Vision nutrition project, just outside Herat, Afghanistan.
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Democratic Republic of Congo

The Democratic Republic of Congo (DRC) is the second largest country in Africa, with an estimated population of around 70 million.¹⁵² Between 1996-1997 and 1998-2002, DRC experienced two periods of extensive conflict involving domestic and regional forces. After the Sun City agreement in 2002, and a subsequent period of transitional government, Joseph Kabila was installed as president in the country's first full elections in 2006. Smaller-scale violence and instability continue to affect mainly eastern provinces, primarily (though not exclusively) North and South Kivu and Orientale, with enduring impact on population displacement and insecurity. Between 1990 and 2009-11, DRC saw negative economic growth of -5.5%, and negative trend in its performance on the Human Development Index of -0.04% annually (UNDP, 2011). Undernutrition is high in DRC, with national prevalence of wasting (moderate and severe) of 9% (rising to 13% in Bandundu) and stunting of 43% (rising to 58% in North Kivu) (Unicef, 2012; Unicef, 2010).

a. Political Domain

Within government and among partners in Kinshasa there are distinctly different views as to whether DRC is a country in conflict, in transition out of conflict, or fully post-conflict and re-entering a new phase of development. Whilst this is, in part, a reasonable reflection of fragmentary realities in a very large national space, it can contribute to divergent analyses of national priorities and requisite strategy. In the case of food and nutrition, acute undernutrition has been given much attention as a short-term crisis issue, with considerably less attention to (or interest in) longer-term chronic undernutrition. This is reflected in a distinct division of responsibility between government and international actors. On one side, national strategy focuses on bolstering the state through investments in infrastructure, security, institutional reform, and 'citizenship', backed by somewhat vague commitment to 'social need'.¹⁵³ On the other, humanitarian services, including food aid (as well, arguably, as near-term human development imperatives in food security and nutrition) are 'out-sourced' to external agencies. In this context, food and nutrition as a whole accrues limited political weight.

With a fragmented political centre, continuing – and quite real – pockets of violence and instability, and persistent resource scarcity, government may see clear incentives in maintaining uncertainty about the prevailing condition of in-country fragility, and in protecting the view of DRC as unstable and 'conflict-affected' insofar as that view is more likely to underwrite existing levels of aid. Clearly, other modes of aid could be available to DRC under transitional or even developmental terms. But with considerable vertical competition between ministries and sectors for short-term support, the present risk of resource loss to individual institutions may outweigh perceived future benefits of more integrated development strategy consequent on reclassification as post-crisis.¹⁵⁴ A prevailing crisis view of DRC also perpetuates an operational focus on localised acute undernutrition, and food aid as a key response, potentially reducing political interest and impeding policy shift towards broader, more developmental food and nutrition security interventions.

Food and nutrition do not appear to have figured prominently in strategies for conflict settlement, or more recent statebuilding and peacebuilding processes after 2003. In the first place, official discourse frequently asserts that DRC's conflicts were driven by external interests oriented to the acquisition of natural (primarily mineral) resources, rather than by domestic conditions of localised contest over land, generalised poverty and food insecurity.¹⁵⁵ National demobilisation programmes focused relatively heavily on reinsertion of combatants into the new army, with often weakly implemented and patchy investment in socio-economic resettlement and reintegration, resulting in a process that looks more like pacification than social reconstruction. The result has been limited support to households and communities seeking a viable return to small-scale farming, leading to often poorly sustained forms of household subsistence;¹⁵⁶ and a large and unstable national military, which continues to threaten disintegration and hence to demand political and fiscal attention.¹⁵⁷ In the 2012-13 budget, allocation to defence is likely to rise again, justified at the highest political levels by an appeal to national security as the overriding priority, and financed through reductions in spending to social sectors including agriculture, health and education.

¹⁵² Estimates vary between 68m and 73m.

¹⁵³ Nutrition is included in the *Strategie de Croissance et de Reduction de la Pauvrete 2011-15*, but largely confined within the reference to health goals, itself significantly behind other priorities including security, macroeconomic growth, employment, private sector growth, and institutional reform.

¹⁵⁴ This is likely to be exacerbated by the continuing preference among most donors for sector-level funding rather than transition to general budget support – failure to commit to which appears acutely in the minds of ministerial officials well-versed in Paris and Busan principles and commitments.

¹⁵⁵ See, e.g. Ausseterre, 2012.

¹⁵⁶ The current stabilisation and reconstruction programme (STAREC) is said to focus quite heavily on rule of law and security sector strengthening (with an emphasis, for example, on the incidence of sexual and gender-based violence) as well as on reconstruction of facilities for displaced and returnee populations, with less success in local productive recovery, including both community capacity and household land tenure issues.

¹⁵⁷ Intensified with the recent gains made by M23.

The overwhelming emphasis of aid on eastern DRC might be interpreted as inadvertent or inevitable politicisation of food in favour of President Kabila's regional power base. In 2006 Kabila drew strong, consolidated support from the east, while Jean-Pierre Bemba dominated in Kinshasa and areas of the centre-west. With the removal of Bemba, however, the 2011-12 election appears to have complicated the regional picture. Although Kabila emerged with a slightly stronger presidential vote, his party gained significantly fewer parliamentary seats, thereby increasing his administration's reliance on a remarkably diverse coalition of smaller parties.¹⁵⁸ At the same time, a more concentrated opposition led by Etienne Tshisekedi appeared to capture support in areas outside of traditional western areas.¹⁵⁹

A political view of food aid might, on this basis, predict movement of resources into new opposition areas (further into the centre and west). And, indeed, this is what is happening. But the move is accompanied (and probably in reality inspired) by nutritional epidemiology showing acute undernutrition falling in eastern provinces (probably as an effect of intensive humanitarian intervention) and rising in areas of the centre and west (primarily Kasai Occidental and Oriental, north Katanga, and Bandundu, though also reportedly in areas of Kinshasa). It is not clear, in any case, that government currently engages with or exerts control over food aid sufficiently to justify that politicised interpretation. Overall, food appears largely to be seen as a crisis issue, primarily handled by external agencies, with limited potential for domestic political capital beyond commercial opportunities in procurement and supply. Nutrition in a more structural, integrated form – whilst represented in some technical areas of sectoral administrations – appears negligible among political priorities.

b. Institutional Domain

'Scaling Up Nutrition' currently has very low recognition in DRC. In the simplest sense, SUN may not have been effectively communicated to national government.¹⁶⁰ Although some international partners – as well as the national nutrition programme, PRONANUT – are aware of SUN, with lesser awareness at the level of specific technical departments within, for example, the Ministries of Health and Agriculture, knowledge of SUN does not appear to have made the transition into high-level administrative or political awareness at the top of relevant ministries or beyond into the domain of the national assembly or the prime ministerial or presidential executives. Although PRONANUT leads the national policy response to the opportunity of joining SUN, minimum information regarding SUN does not appear to have filtered upward to the highest levels of the Ministry of Health, or across into other relevant ministries.¹⁶¹ And it is unclear how much weight the Minister of Health is able to command in promoting an initiative such as SUN at the level of Prime Minister or President, in the context of other politically dominant and relatively well-financed priorities.

Coordination among government ministries – and related institutional leadership on nutrition within government – is generally considered to be extremely weak. A number of factors may contribute to this. First, the political settlement following the conflict (including the 2006 election and, perhaps more intensively the 2011-12 election) has entailed careful balancing of a large number of political parties, in some instances with volatile supporter bases.¹⁶² That balancing has extended into the formation of the current administration, with appointment of ministerial and deputy-ministerial roles spread among a range of partners whose commitment to coalition may be more to do with accessing power than sharing policy. The practical result is highly constrained and, in some cases, actively hostile relations between ministerial leaders.¹⁶³

Second, while the issue of food and nutrition in DRC is generally located within and between the Ministries of Health and Agriculture, the precise configuration of leadership is at best unclear. While most informants place leadership for nutrition with health, senior health officials appear to view nutrition – construed as a matter of food security – as the responsibility of Agriculture. Moreover, policy and planning processes are less than complementary between the ministries. While a

¹⁵⁸The Majority for the President.

¹⁵⁹Unlike 2006, where the opposition parliamentary vote was split between Bemba (20%) and Gizenga (13%), in 2011-12, Tshisekedi's Union for Democracy and Social Progress party on its own won 34% of the vote, while Kabila's People's Party for Reconstruction and Development won a substantially smaller number of seats (down from 111 in 2006 to 58 in 2011-12), forcing greater reliance on coalition partners.

¹⁶⁰A number of different conduits were offered as appropriate to such demarche-style communication: via the Ministry of Cooperation, via the Ministry of Planning, via the Ministry of Health or via the National Assembly (or its constituent specialised commissions). Information has also been provided through regional and international technical meetings, such as the 2012 Brazzaville workshop on nutrition. What is interesting is the extent to which such information, shared among technical partners internationally and in Kinshasa, appears unable to make the transition into the domain of political awareness, or indeed of intersectoral information sharing.

¹⁶¹In an interview with the Secretary-General of Health, number two to the Minister of Health, SUN was not recognised.

¹⁶²See, e.g. Baudienville, 2012.

¹⁶³It should be noted that the Commission on Socio-Cultural Affairs of the National Assembly officiates over multiple ministries, including health, education and agriculture. This would, one might expect, be a natural partner in advancing intersectoral coordination for nutrition (not least since deputies in the Assembly have recently engaged actively on the issue of DRC's very high rates of child mortality). Yet one of the Commission's senior members was unaware of the existence of the SUN movement.

technical team in the Ministry of Agriculture is working with support from the FAO on DRC's National Plan for Investment in Agriculture, under the NEPAD/CAADP initiative, within which a distinct sub-programme is allocated to food security and nutrition, the Ministry of Health, with support from WHO, is undertaking a process of institutional reform which may entail the re-absorption of distinct issues such as nutrition under a single national health policy. A push (supported by Unicef in collaboration with PRONANUT) to develop a national food and nutrition plan may actively be contradicted by a push supported by other parts of the UN system, to downgrade nutrition from a 'policy' to a 'strategy'.¹⁶⁴

Third, vertical sector-specific relationships between external agencies and ministries (reinforced by sector-specific backing from hitherto poorly coordinated donors) may actually create disincentives to cross-sectoral and inter-ministerial coordination and collaboration. Under humanitarian conditions of short-term funding mechanisms focused on direct service delivery, officials and partners are more likely to confine policy, planning and accountability within sectoral boundaries. To the extent that, in some instances, relations between international agencies and donors appear to reflect more coexistence than advanced coordination, it is possible that ministries see their best interest in retaining and defending the territory of traditional partners and resources, rather than risking those resources on intersectoral sharing in which the perceived chances of benefit are uncertain.¹⁶⁵ Where partner coordination is in evidence – the cluster system relating to food and nutrition, for example, appears to function well – it seems clear that coordination has not extended as far in DRC as in some other contexts. Although it has been subject to discussion and some high-level support, REACH has not been successfully established in DRC.¹⁶⁶ Instead, several key agencies (including FAO, WFP, Unicef, UNDP and UNOPS) have established a common logframe for interventions in shared provinces, but maintain distinct areas of action.

Fourth, while PRONANUT is widely acknowledged to be the appropriate body to mobilise domestically for nutrition as a shared priority among partners, it is also generally acknowledged to suffer from considerable institutional weakness. A couple of issues may contribute to this situation. First, PRONANUT is only one of 51 specialised programmes within the Ministry of Health. This may reflect the degree of discrete policy attention dedicated to nutrition within health as well as wider government. Moreover, under the current health reform process, the future for a distinct nutrition unit is unclear. Second, PRONANUT describes its primary mandate as 'surveillance and education' – areas which are often ancillary to rather than directly influential in policy-making and management, limiting its ability to exercise independent authority relative to a diverse range of government and partner institutions. Third, there appears to be a lack of clarity in relations between PRONANUT and partners as to who leads on external initiatives such as SUN. Viewed as a technical initiative, domestic partners may expect the international community to lead; but viewed as a political initiative, international partners may, equally, expect government to lead. In such a situation, process can – and perhaps has – become locked in a kind of inter-institutional stasis.

c. Policy Domain

Nutrition policy – as well as funding and programming – remains heavily focused on acute undernutrition, on treatment, and on food distribution. The shift of prevalence for acute undernutrition from eastern provinces to provinces in the centre and west (while chronic undernutrition remains higher in the east) has prompted donors, agencies and government to reconsider regional allocation of resources – as well as challenging prevailing ideas about conflict as a primary cause of undernutrition. However, practical relocation of resources and interventions has been slower; partly due to the costs of shifting food aid infrastructure, but partly also due to what might be described as a lagged rate of institutional and policy change. Recognising that acute and chronic undernutrition occur much more widely throughout DRC – and as the result of more structural causes as well as immediate conflict effects – has significant implications for the resource requirement, design and timeframe of interventions, which challenge not only prevailing partner policies, but also future policy trajectories.

There is a lack of clarity among partners as to whether a national plan – or policy, or strategy – on nutrition is favoured, has been completed, or is under development.¹⁶⁷ It is suggested that, to the extent a plan which involves nutrition is in

¹⁶⁴One possible interpretation of this situation is that the Ministry of Agriculture might be considered as a potential first-line collaborator in promoting SUN, if its engagement with nutrition as a distinct area is more advanced than that of the Ministry of Health.

¹⁶⁵Throughout interviews, little if any overt or active opposition to SUN was observed. This suggests that problems are related to an absence of political (or financial) incentive, institutional uncertainty, and hence policy inertia.

¹⁶⁶All of the current REACH pilot countries have joined SUN; half of them are fragile or conflict-affected. There may be a positive association between the establishment of REACH and the process by which a country develops its understanding of and willingness to engage with SUN, as noted in the Sierra Leone case study.

¹⁶⁷A nutrition strategy is mentioned in the 2011-15 national growth and poverty reduction plan (iteration 2). However, references to nutrition are modest relative to major commitments on security, growth, infrastructure and governance. Moreover, nutrition interventions are constituted as sub-elements within the health sector, to be included within the Basic Package of Health Services, and oriented to a target of reducing childhood underweight, rather than wasting or stunting.

place, it largely reflects the priorities and approaches of the country's framework for humanitarian action, limiting its value in repositioning nutrition from an emergency to a developmental issue. If having a distinct nutrition policy is part of the process of joining SUN, DRC appears to be going in the opposite direction, folding nutrition into a health sub-strategy¹⁶⁸ (and into agriculture as a sub-programme of a separate multi-country initiative).

There is a broader sense that government policy-making is, to a large extent, a reflection of donor policy. In the health sector, government is said to have identified six policy priorities – vaccination, family planning, nutrition, childhood diseases, WASH and obstetrics.¹⁶⁹ While nutrition is visible in this list, these priorities are not reflected in the current profile of national health expenditure (including combined domestic and aid inputs), where spending appears to flow primarily to childhood vaccination, reproductive health, and the triad of HIV/AIDS, malaria and TB (the majority, until the termination of the MAP in DRC, being allocated to HIV/AIDS). A certain part of this discrepancy between policy and spending priorities is associated with the influence of the Global Fund for AIDS, TB and Malaria (GFATM). But it also follows the contours of bilateral and regional donor health policy more broadly, not least in showing limited interest in nutrition.¹⁷⁰

Some donors are currently re-assessing strategy in DRC, with a view to shifting from emergency to longer-term support (consistent with health systems strengthening as well as complementary interventions in community programming for behaviour change relevant to improving nutritional status of households). But there is a potential contradiction here with regard to nutrition. As and where donors move from humanitarian to developmental funding, the expectation is that finance will fall more directly under national policy. In the case of health, this may then involve supporting cost recovery as part of health system policy (not least since the government does not believe it will be able to sustain free provision of core health services at scale in the foreseeable future). Cost recovery presents a particular challenge to scale provision of nutrition-related goods and services, especially where poverty is high and demand for esoteric nutritional inputs is low.

In agriculture, policy interest in local food production is evident in new programming, but largely focused on production for commercialisation (with much less emphasis on production for local consumption). This is contextualised by a longer-standing policy inattention to the condition and role of small farmers (who make up 70-80% of the population), in favour of formal or informal revenues from mining. The National Plan for Investment in Agriculture, currently being drafted, focuses on improving productivity of small farmers, with a view to enlarging commercialisation of local production, to increase household incomes. The assumption is that increased family earnings may be converted into better nutrition. Again, the stated policy may cut across a strategy for improving rural nutrition, since rising farm prices often hit poor rural net consumers hardest.

At a broader level, policy in DRC appears to be split between two distinct visions of national recovery – a technical/logistical level focused on local service delivery; and a political/administrative level focused on governance and reform processes. The practical effect of this disconnect is to amplify central government attention to structures and systems, with an emphasis on reconstituting the state itself, and to attenuate political and policy attention to services as, in essence, the purview of external partners.¹⁷¹ The implication is that local socio-structural conditions – including health, agricultural production, and nutrition – are given lower priority relative to a macro-level vision statebuilding and peacebuilding.¹⁷²

¹⁶⁸It is not entirely clear how the difference between 'policy' and 'strategy' is understood in context; however, it is possible to speculate that a strategy implies lesser obligation to targets than a separate policy to which partners commit discrete resources as well as a political capital with respect to measurable outcomes.

¹⁶⁹One donor notes an alternate set of health sector priorities (system strengthening, human resource, drugs, equipment, and governance) but notes that this systems approach is, also, overshadowed by disease-specific finance and action.

¹⁷⁰There is also the view that, notwithstanding national policy priorities, health spending in DRC is in part driven by attempt to accelerate progress towards the MDGs. Here, reduction of total 'underweight', and a strong focus on reduction in under-5 mortality may militate towards investing in interventions that target acute undernutrition in the short term, rather than those that aim to address structural causes of chronic undernutrition in the longer-term.

¹⁷¹The core elements of current state-building and structural reform investments in DRC are: 'security, poverty reduction, improved governance and rule of law, macro-economic management, decentralization and the physical rehabilitation of infrastructure' (Trefon, 2010). These objectives continue to draw heavily on the same vision of state security and pacification that informed the period of transitional government after 2003, viz: '(i) reunite, pacify and re-establish governmental authority throughout the Congolese territory, (ii) foster national reconciliation, (iii) reform security forces by integrating rival factions, (iv) organize elections, and (v) set up new political institutions' (ibid). What is interesting is the implicit distinction between revival of basic services capacity and delivery (shouldered primarily by international partners), and structural reform processes of bringing the state back in, through security, institutional strengthening and systems refinement (led by the government).

¹⁷²It is notable, in this respect, that domestic civil society organisations – in particular faith-based organisations with extensive networks of local service and support providers and relatively high-level representation in or with government through senior clerical positions – tend to focus much more on practical operations and less on policy and political advocacy. This is a dynamic that merits further research.

d. Programme Domain

Consistent with the humanitarian focus on acute undernutrition, much programme investment for food and nutrition is channelled into CMAM interventions and other modes of food delivery and distribution. In the absence of an integrated food/nutrition national policy, it is hard to see how coordinated evolution of programmatic interventions (for example towards a more balanced approach to treatment and prevention, including therapeutic, local productive, and behavioural interventions) may be expected. Interestingly, while delivery of CMAM may continue to be the primary nutrition intervention to eastern areas of operation (predicated on the view that insecurity is the prevailing problem), there is some evidence of emphasis on community education and behaviour change interventions taking a more prominent role in non-conflict areas of the centre and west (possibly on the assumption that, where security is assured, the other principal obstacle to nutrition is the knowledge, attitudes and practices of households themselves).

Yet, operational experience suggests that this split-focus programming approach may not adequately address the dynamics of undernutrition, in DRC as elsewhere. In areas where behaviour change education has been rolled out, data do not show systematic improvements in household nutrition status – suggesting that factors beyond family behaviour impact on households' nutrition access and decision-making. In areas where small-scale food security interventions have been piloted, lack of clear positive change in nutritional intake in participating households points to the problem – acute in a country the size of DRC – of commerciants (produce transporters) extracting the additional value of improved local productivity from the filiere, leading to limited improvement in source communities, and persistently high prices for farm products in urban areas. In areas where mining takes precedence over local food production farming, exposure to prices shocks (as seen in 2007-08) points to weaknesses in the international, national and local market system with respect to protecting local consumers' nutritional status.¹⁷³

Overall, then, programme approaches to food and nutrition in DRC appear to be tied to fairly conventional models, themselves focused on acute undernutrition and treatment with less emphasis on prevention, and nutrition-sensitive interventions. Where nutrition is positioned programmatically as a component of health service provision, few doubt that the current carrying capacity of the health system falls far short of the scale anticipated in the Lancet Nutrition Series or in SUN itself.¹⁷⁴ Greater investment in the health system – in particular in a cadre of qualified staff at central and local levels connecting governance and delivery aspects of the sector – is clearly required in DRC at a scale which may alter significantly the total cost estimates for scaled-up nutrition in the country.¹⁷⁵

e. Financing Domain

Health, agriculture, education and rural development are all listed within the budget process as 'growth sectors' – priorities in the President's 5-point agenda. Yet nutrition – arguably a powerful manifestation of collective success across these sectors – remains elusive in national finance. In budgetary terms, what gets counted as investment in nutrition in each sector/ministry depends on how that sector or ministry defines nutrition-related action. There is a potential for negative self-reinforcement here, where lack of donor investment in nutrition allied with low political priority to the issue, reduces sectoral and ministry incentives to prioritise nutrition in ministerial planning, resulting in sector budgets submitted back up to the national budgetary process in which nutrition appears to be a subordinate component, further substantiating donor and political inattention to the issue. Given that the budget is, as a whole, designed to follow the macroeconomic and development priorities of government, work remains to be done to elevate nutrition in national strategy.

Donors do not appear to have a distinct or collective policy on the broad conditions of nutrition in DRC. While some contribute to humanitarian food interventions, and others to largely small-scale food security projects, and most are committed to the health sector, few evince a clear nutrition focus in its own right. Short-term funding mechanisms dominate (though there are indications that some donors are looking to change this funding approach). But there is a clear signalling problem on nutrition and SUN between donors and the Congolese government. On one hand, quite limited knowledge regarding SUN in the case of DRC means donors are not necessarily in a position to start to signal

¹⁷³ As well as showing how such price shocks can lead quickly to social unrest and violence. It appears that, following the 2007-08 food and fuel price shock, some donors such as the European Union agreed to provide financing direct to central government in DRC to purchase strategic food reserves on the international market, to smooth domestic price volatility. The potential downside of this is that it may perpetuate a sense, in government, of the commercial value of emergency-style food provision.

¹⁷⁴ Even the collective scaling plans of World Bank, EU, DFID and USAID together would still only cover an estimated 50% of the country's Health Zones.

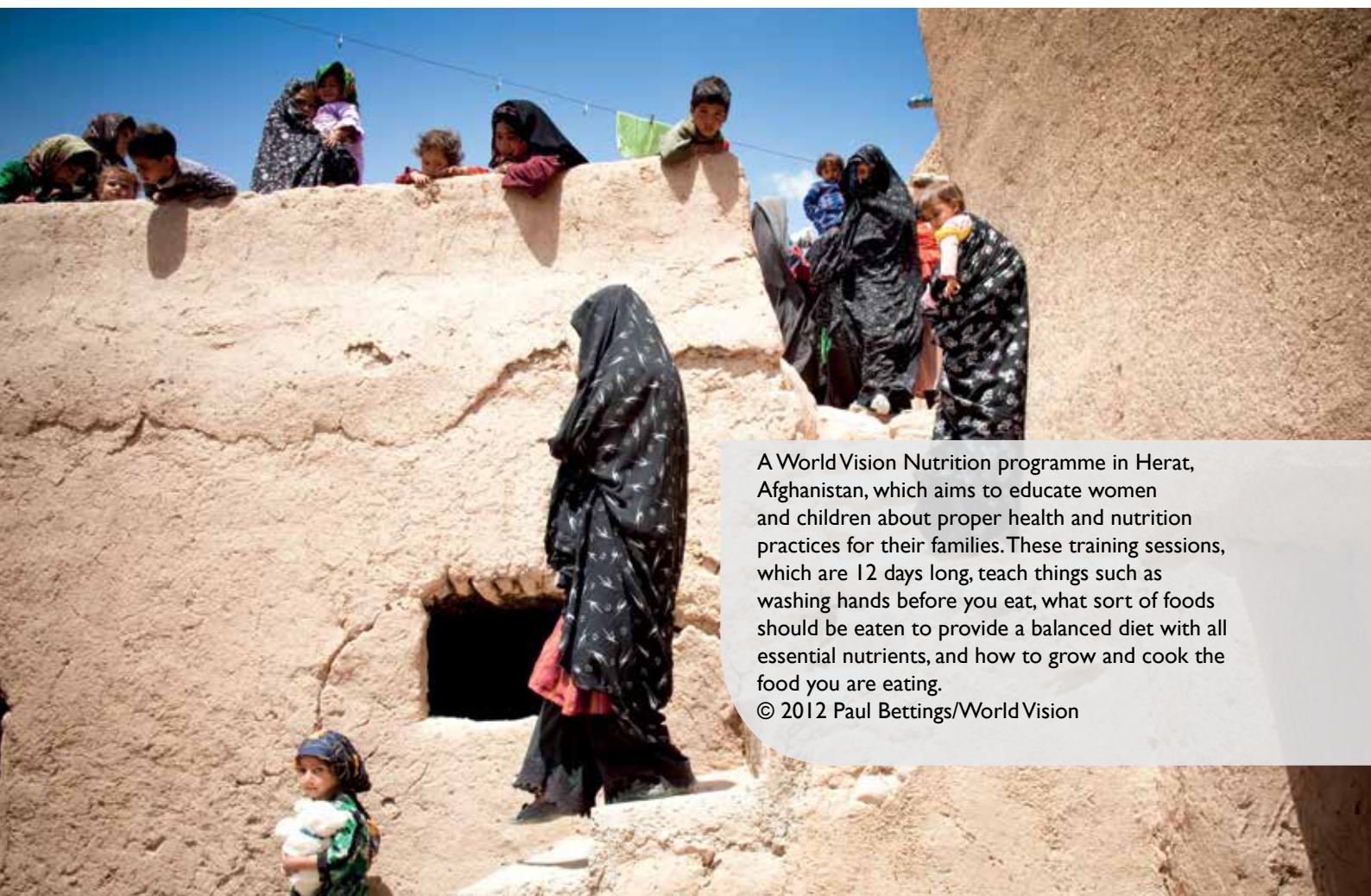
¹⁷⁵ There may be a logic in this context in favour of a sub-national initiation of SUN, probably at the provincial level. This would have the virtue of limiting the known improbability of an immediate to-scale programme design, whilst at the same time, potentially, providing practical support to DRC's current programme of decentralisation.

the possible availability of new nutrition-related funding lines to government. Government meanwhile – with negligible knowledge of SUN at political level, and very limited knowledge of SUN at technical level within one or two ministries – does not perceive particular incentives to scale up attention to nutrition in the expectation that this is likely to release significant new resources.

It is broadly felt that while donors exercise a decisive influence on sectoral strategies across government in DRC, they struggle to influence the complex political level, where contests for constituency, status and resources remain the core form of administrative, governmental, party and regional interaction, accompanied by a kind of predatory administrative survivalism at sub-national levels. With this in mind, a final question, for donors collectively, is whether they view an integrated approach to nutrition (such as SUN envisages) as feasible in DRC under current circumstances. If not, this should be made explicit in discussions between donors, governments such as DRC's and SUN.

Key Observations

- Nutrition – mainly constituted as a problem of acute undernutrition – is seen as a health issue contributory to reducing child mortality in DR Congo, rather than as an objective in its own right and for the long term.
- Nutrition is seen primarily as a health issue, yet remains institutionally weak within the Ministry of Health.
- A persisting dominant perception of insecurity and instability – shared by government and partners – has locked aid funding and intervention into a humanitarian mode; this undermines support for building (or rebuilding) sustainable government systems and structures, including those for health and nutrition.
- Although the Ministry of Agriculture has engaged with nutrition, rural and agricultural strategy appears to support commercial production rather than production for securing household consumption.
- Incentives for government to engage with SUN, in particular donor signals of potential increase in funding, are largely absent in the DRC context.



A World Vision Nutrition programme in Herat, Afghanistan, which aims to educate women and children about proper health and nutrition practices for their families. These training sessions, which are 12 days long, teach things such as washing hands before you eat, what sort of foods should be eaten to provide a balanced diet with all essential nutrients, and how to grow and cook the food you are eating.

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Afghanistan

Introduction

Following a decade of Soviet occupation and Mujahideen insurgency, civil war between Afghan factions, from 1992 to 1996, resulted in the Taliban taking Kabul and establishing a 5-year isolationist administration. US-led coalition invasion in 2001 displaced the Taliban, installing an interim administration at Bonn under President Hamid Karzai, reconfirmed in subsequent national elections in 2005 and 2009. In 2013, active conflict continues, in particular in the Southern Zone, with violent and criminal incidents more widely across the country.¹⁷⁶ Government authority and capacity outside Kabul is directly secured or based on diverse sub-national political alliances in an estimated 70% of the country, and directly contested in a minority of districts. Infrastructure and services across the country are heavily depleted.¹⁷⁷

Afghanistan is one of the top six recipients of humanitarian aid over the last decade, and one of the top five recipients of food aid.¹⁷⁸ The US is the largest donor in Afghanistan (USD\$2.5bn in 2011). Three fifths of this is allocated to 'social infrastructure'. Of this, USD\$20m – or 0.08% – was allocated to health in the last reporting year.¹⁷⁹ Scarcity of data (in particular in the Southern Zone) hampers clear understanding and prioritisation of welfare issues including undernutrition.¹⁸⁰ Survey results from 2004 showed a 60.5% prevalence of stunting, with 33.7% underweight, and wasting relatively low at 8.7% nationally (rising to highs of 18% among children under 2).¹⁸¹ 36% of the population lives under the poverty line, with a third of households assessed as food insecure.¹⁸² Under-5 child death rates in Afghanistan have fallen over recent years while undernutrition has remained entrenched, suggesting that improvement in factors relating to child mortality do not necessarily or adequately translate into improvement in nutrition conditions.

The rationale for welfare interventions in Afghanistan¹⁸³ is twofold: to mitigate immediate suffering on a humanitarian basis; and to create the effect of a peace dividend. Neither of these strongly supports structural and systemic extension of the Afghan state. Combined military-civilian and humanitarian operations in the south tend to focus on physical infrastructure, food, and often small-scale quick-win projects, rather than on extension of state services infrastructure – on the assumption that longer-term investments are at too great a risk from continuing insurgency. Elsewhere in the country (east, west and north), services infrastructure is reported to be better, but still grossly underfunded and supplied, while partner agencies implement spotlight projects across a patchwork of locations. The National Solidarity Programme (NSP) and relatively wide-coverage food distribution (including 'Food for Peace') are two of a few programmes aiming to work at national scale.

a. Political Domain

From a political perspective, the current priorities of the Kabul administration are security and its own institutional survival. National security and conflict management are the shared priorities of government and donors, with a significant weight of domestic and international financing dedicated to military and security spending. In this sense, the political interests of the central government are deeply integrated with the strategic interests of the major donors (all of whom are also coalition belligerents). This, combined with the substantial reliance of the government on aid, creates a confused national politics in which an attempt is being made to reconfigure the strategic realpolitik of government and partners as a legitimate national development and welfare prospectus. That prospectus is contradictory – a highly centralised government (whose authority is enshrined in constitutional law) outsourcing wholesale key sectors such as health, managed through a disproportionately powerful and poorly accountable contracts unit; intensive formulation of national policies¹⁸⁴ with incoherent support to systems of governance from central, through provincial to district and community level; an aid discourse which portrays Afghanistan as post-conflict (in order, no doubt in part, to validate coalition withdrawal after 2014) while privileging short-term and emergency spending modes. In summary, government presides over infrastructure and services provision with

¹⁷⁶ ANSO, 2013.

¹⁷⁷ Health services (measured as full schedule of vaccination coverage in 2009) is 63% for urban areas, falling to 33% in the rural sector, and 13% for remote/marginalised population groups such as the nomadic Kuchi.

¹⁷⁸ GHA, 2012; Harvey et al., 2010.

¹⁷⁹ OECD-DAC Creditor Reporting System (CRS) [last accessed 5 March 2013].

¹⁸⁰ Throughout this research, 'welfare' is used to denote productive sectors, primarily health and education, rather than consumption spending in the form of social protection measures.

¹⁸¹ MoPH, 2009 [based on 2004 survey data]. Population and ethnicity figures are hard to verify in the continuing absences of a national census whose obstruction appears to be based on political concerns to avoid objective, e.g. democratic, determination of the relative size of ethnic groupings. According to current estimates, a population of around 30m is split between majority Pashtu (42%) with large Tajik (27%) and Hazara (9%) minorities.

¹⁸² National Risk and Vulnerability Assessment (NRVA), 2007-08.

¹⁸³ As distinct from more macro-level economic and infrastructure development support.

¹⁸⁴ The National Priority Programmes (NPP) presented at the Tokyo Conference.

which it has limited direct engagement, while partners bypass government in the provision of goods and services through largely top-down, short-term or emergency modes of delivery, packaged as contributions to a national transition for long-term sustainable development.

While food distribution is widespread and related explicitly to stabilisation, food security and nutrition do not appear to be viewed as a significant political priority, in the sense of providing an opportunity to create or reinforce state legitimacy, nor as a significant element of conflict mitigation or peacebuilding, given the interpretation of the Afghan conflict as, primarily, a contest over the state itself, rather than more localised grievance over state failure to support basic necessities and livelihoods.¹⁸⁵ It is hard to predict precisely how a DDDR process might be designed in Afghanistan, with relatively small numbers of combatants. Yet it is clear from other countries that the provision of viable livelihoods – predominantly in the rural and farming sector – is key to resettlement and reintegration of communities including both active fighters and households who hitherto perceived their interests as being best represented by the insurgency.

While statebuilding (and broader development discourse) emphasise the leadership and sovereignty of the Afghan state, the government in Kabul is primarily engaged in negotiating a viable settlement among elites, leaving coalition and partners to shape management of the conflict and social reconstruction. It is commonly acknowledged – by government as well as partners – that the state in Kabul (with significant variation in engagement and effectiveness at provincial and district levels) occupies a marginal position with respect to direct administration of key structures and systems in the country.¹⁸⁶ Although much is made of donor coordination and alignment with government – through mechanisms such as the multi-donor Afghan Reconstruction Trust Fund (ARTF) – only USD\$19m of a total USD\$6.54bn aid budget (0.003%) was classifiable as ‘general budget support’ in 2011.

From 2014, with planned draw-down of coalition military presence in Afghanistan, one rational expectation is for a period of continuing or renewed conflict between the administration and insurgents (under the umbrella nomenclature of the Taliban) followed, in the best case, by a political settlement. It is widely, if informally, recognised that that settlement will involve negotiation with Taliban in their stronghold areas in the south. Indeed, informal negotiation with Taliban for secure access to population, primarily but not exclusively in the Southern Zone, is a common element of service provider strategy. To the extent that extension of services into significant areas of the country may, ultimately depend on settlement with groups hostile to the Kabul administration, there is an argument for bringing forward and formalising those negotiations. That argument appears to be politically impossible for the present – the dominant view of sequence in Afghanistan remains national security first (constituted as the unchallenged sovereignty of Kabul) with systemic and universal welfare following in some form thereafter.

b. Institutional Domain

Nutrition is now considered to be a rising priority in Afghanistan, principally within the health sector. The Public Nutrition Department, established within the last ten years, is situated within the MoPH. It has been relatively weak, constituted as a ‘department’ rather than a (more powerful) ‘directorate’. It is currently lobbying within MoPH for elevation to National Institute status, and for extension of its human resource from Provincial to District Nutrition Officers, and a cadre of nutritionists at health facility level. There is some resistance to this, both on grounds of other dominant health priorities (including a strenuous focus on child mortality), and scarcity of resources to support recurrent (e.g. salary) costs. Nutrition has now been included in the Basic Package of Health Services (BPHS) policy and contract, but is reported to be limited in content and poorly monitored in delivery.¹⁸⁷ One common obstacle to the inclusion of nutrition in the health system (under PND) and through the BPHS appears to be the need for qualified personnel, carrying with it additional costs which, on the health system side are hard to cover sustainably through aid budgets, and on the BPHS side increase the overhead costs of service provider contract bids and hence have hitherto been excluded in order to maximise the competitiveness of bidding NGOs.

Intersectoral coordination for nutrition has been advanced in the recent past, primarily through the establishment of a National Nutrition Action Framework, housed within the Afghan Food and Nutrition Security Sector Strategy (AFANSA). This is a multisector initiative involving five ministries,¹⁸⁸ administered through a central secretariat chaired by the second Vice-

¹⁸⁵This may be a mistake, insofar as household deprivation (including food insecurity) is associated with a household's propensity to support armed groups operating in their area, which is a different problem to households taking up arms themselves in direct defence of perceived livelihood threats (Justino, 2009).

¹⁸⁶See, e.g. Barakat, 2009.

¹⁸⁷See e.g. Levitt et al., 2011.

¹⁸⁸Agriculture, Irrigation & Livestock; Public Health; Education; Rural Rehabilitation and Development; and Commerce & Industry.

President. The initiative is sound on paper, but creates two kinds of problems: first, it may be construed as replicating what SUN would have implied for the government, rendering the added value of joining SUN tenuous (especially where SUN is not perceived to imply automatic increase in resources); second, there is little evidence of the mechanism actually functioning.

Moreover, the realistic extent of coordination is likely to be quite limited. The general expectation of AFANSA is not to realign ministry mandates and budgets towards a shared nutrition agenda, but in a more modest sense to create more coherence in the parallel priorities of ministries. Where insecurity dominates the agenda, and short-term and volatile funding mechanisms dominate certain sectors, ministries may see their best rational interests served by maintaining the status quo of existing bilateral donor and agency relationships rather than taking on unquantified risks and obligations associated with more complex interministerial and intersectoral collaboration. In a mode of personal and institutional survival, ministers and ministries struggle to make deeper commitments of political and institutional capital to shared working, without the clear prospect of additional resources of money, personnel and time.¹⁸⁹

High-level political intervention is frequently seen as the means to break interministerial log-jams on sectoral coordination. But the complex and fragile nature of political alliances and blocs across government and through ministries suggests that, in areas with limited national priority, senior government may hesitate to become embroiled in disputes over sectoral primacy in determining, for example, the appropriate package of policies and resources for action on nutrition.¹⁹⁰ In such instances, without support in the form of additional resources and/or political arbitration, it is possible to foresee that intersectoral initiatives – such as the NNAF – may become politically and institutionally frozen. Differences of vision and strategy among partners may reinforce disincentives within government to improve cross-sectoral coordination. Donor emphasis on 'developmental' approaches may be somewhat undermined by funding mechanisms and operational investments that appear distinctly short-term and humanitarian. Debate among technical partners about the continuing relevance of the cluster system with its emphasis on an emergency model of intervention may exacerbate uncertainty among ministries.

c. Policy Domain

There is a curious inconsistency – or a deliberate and definitive policy distinction – between relatively active investment in food distribution and generalised neglect of nutrition in the past in Afghanistan. Notwithstanding more recent engagement by some,¹⁹¹ donors do not appear to have prioritised the problem of undernutrition. Where nutrition is the subject of action, the common focus is primarily on acute undernutrition, following aid resource availability, and flowing into treatment protocols (CMAM, TFUs etc.) on one hand, and into community education and behaviour change (e.g. IYCF) on the other.¹⁹²

Although national health was recently reformulated as 'national health and nutrition policy', nutrition remains a relatively small element within this. Nutrition has been an inclusion in the national BPHS programme, but without much serious attention. It is now re-stated as part of the BPHS but is incorporated alongside 'disability' and 'mental health', suggesting the intention to include a sub-package of under-attended health issues, rather than a distinct emphasis on nutrition in its own right. Moreover, investment in nutrition at this stage appears to focus quite strongly on building central capacity in planning, supervision and monitoring, with less emphasis on implementation of large-scale national nutrition interventions or on strengthening capacity to deliver on nutrition on the ground.¹⁹³ Indicators for BPHS performance continue to focus on core maternal and child survival dimensions (for example antenatal care visits, institutional delivery and immunisation) with considerably less emphasis on nutritional outcomes.

There is some awareness of SUN within the Ministry of Public Health (MoPH), specifically the Public Nutrition Department (PND), and among partners including Unicef, WFP and FAO. PND awareness is limited to technical information gleaned from international conference participation, and does not, in general, include a sense of additional resources potentially available for nutrition as a result of joining SUN. There is little evidence of overt opposition to the

¹⁸⁹ Ministries are reported to be finding it difficult, in some instances, to spend out budget lines devoted to developmental endeavours, compared with quick-win projects. This has resulted in political in-fighting between parliament and ministries leads on administrative performance, including attempts to impeach individual ministers. Such contests make allocation of spending to long-term programmes politically riskier.

¹⁹⁰ President Karzai's vote in the 2009 election fell below 50%, with the main opposition vote doubling from 16 to 30%. With elections in 2014, contextualised by ISAF withdrawal, the incentives for senior government to push intersectoral collaboration against the perceived interests of individual institutions and their bases of support are likely to be weaker.

¹⁹¹ Notably the World Bank, the European Union and CIDA.

¹⁹² At the same time, chronic undernutrition is now being adopted as a priority among key partner agencies including PND and WFP.

¹⁹³ The health-focused National Priority Programme 5, presented at the Tokyo conference, is noted for focusing investment heavily on central, Kabul and ministry-based capacity building.

idea of SUN within government. But at the same time, following initial approaches via the Ministry of Agriculture, Irrigation and Livestock (MAIL), action by government to move its accession forward appears to have stalled somewhat. This may be in part due to a lack of the sense of additional value to be gained by Afghanistan in joining the movement – not least, as noted earlier, because a technical mechanism for intersectoral action has already been put in place (NNAF/AFANSA). This may be reinforced by reticence among some partners to push for SUN accession without a clear sense of how it advances nutrition action either through additional resources or through support to the systems of governance and management that necessarily underpin effective delivery of the technical services envisaged by SUN.

Overall, there is a sense that the expectation of country leadership on SUN (and nutrition) in Afghanistan fails to respond to the political and institutional weaknesses inherent in the state's current condition of fragility. This may suggest that greater incentives need to be visible in order to galvanise policy attention at the levels of finance and governance. Donors are reported to have been slow in committing resources to a loosely costed version of the NNAF.

NNAF (and AFANSA) suggest a recognition of the interdependence of nutrition and food security – partly perhaps as a result of the global food price spike in 2007-08.¹⁹⁴ However, agriculture and food security policies appear to be more focused on strategies supporting national food self-sufficiency, and on production for growth over production for consumption. Interest in food security in MAIL incorporates support to household livelihoods, with encouragement from FAO and others. But these investments remain quite small in scale. Allocations to agriculture from the national budget remain comparatively small (estimated at around 3% of the total). Donor-supported investments in the agriculture sector appear to be focused on raising general productivity without explicit attention to support for small-holder farmers and households. It is not clear, for example that investments in irrigation (considered key to Afghan agriculture) will be shaped in such a way as to benefit small-holders as well as larger land-holding farms.

Projections for growth in agriculture in Afghanistan are surprisingly positive. Yet it is notable that the most substantial growth is expected in the export sector, predicted to rise by 850% by 2020.¹⁹⁵ There is evidence of land use switching from consumption to cash cropping. The nutrition-relevant expectation of support to agricultural commercialisation may be that farming households are able to earn more as production expands, and to use increased earnings to finance nutrition-positive consumption (food, healthcare etc.). Yet increases in rural wage labour do not appear to have translated into reductions in household food insecurity.¹⁹⁶ In other words, upshift in agricultural productivity and performance does not appear to be linked to improvement in nutrition (as a strategic objective), nor does it appear to be having that effect in practice.

A significant part of USAID's aid budget for Afghanistan is allocated to the agriculture sector. When broken down, however, it is not clear that the agency's investments are geared to nutrition as a primary aim. Almost a quarter of USAID's 2011 spending was allocated to 'alternative agricultural development' – primarily conversion from poppy cultivation (which takes up 3% of cropped areas), while allocations to 'rural development' and 'agricultural cooperatives' (the latter considered a potentially valuable way of capturing a greater proportion of production value at the local level) attracted no allocation. In the same year, approximately half the total sector allocation was devoted to 'agricultural development', but 'food production' attracted no investment.

d. Programme Domain

Implementation directly focused on undernutrition in Afghanistan is in many cases small-scale, project focused, and patchy, with large areas of the country unaddressed. It is reported, for example, that CMAM is currently emerging from a pilot phase in the country. Leaving aside the NSP and food distribution programmes, there is a distinct weakness in interventions designed at national-scale. As noted earlier, the inclusion of nutrition in BPHS is a recent development, with quite limited service provisions and reportable indicators of performance.

Part of the problem is the result of 'operational blindness' – difficulty in establishing the scale of need (in particular in the Southern Zone) as a result of constrained data-gathering in areas classified as insecure.¹⁹⁷ There is general agreement

¹⁹⁴There may also be some interest at the political level in ramping up support to food insecure households, communities and regions in the run-up to the 2014 elections.

¹⁹⁵See, e.g. Maletta, 2004.

¹⁹⁶Ibid.

¹⁹⁷In this respect, insecurity is a self-reinforcing concept. Agencies are hesitant to enter certain areas on the grounds that there are suspected risks to personnel safety. Absence of data results in limited intervention in those areas. It is possible that 'insecurity' and 'inaccessibility' are overused concepts in Afghanistan, unnecessarily limiting the scale and coverage of interventions. Although roughly 75% of the country is currently classified as insecure ('moderate' to 'severe'), a much larger proportion is classified (by WFP, for example) as accessible 'with escort'.

that programming is less extensive in the Southern Zone (again based on insecurity and resulting assumptions of lack of access), compared with operational interventions in the centre, west, east and north. Presence of international partners and (Kabul) government is more limited in the south, south-east and -west. The consequences of the military draw-down from 2014 are likely to make this regional inequality more distinct. In terms of national-scale endeavours, such as those envisaged by SUN, this presents a problem both in practical terms of 'scaling up', and in terms of a perceived national-level, institutionalised 'horizontal' inequality – a primary risk factor for conflict.¹⁹⁸

Within nutrition, under the health sector and the BPHS, programming has been quite heavily focused on education and behavioural intervention models, provided at health facility and community levels. BPHS itself has focused more energy on treatment (growth monitoring and promotion (GMP) with screening, CMAM and referral). Infant and young child feeding (IYCF) programmes are a prominent feature of existing nutrition interventions, but are acknowledged to be of limited effectiveness in the absence of complementary programmes to improve food availability or accessibility.

Service providers, operational contracts, and continuity of service provision have been adversely impacted by the often short-term nature of funding lines. While this has clearly created gaps in service provision to beneficiaries, it has also, arguably as problematically, contributed to high turnover of qualified and experienced staff working on nutrition, where budget for continuing employment has ended. More broadly – and especially in the Southern Zone – short-term 'quick win' and other localised infrastructure programmes – a kind of 'helicopter welfare' approach – have crowded out more locally-engaged and sustainable models of intervention – models on which real improvement in nutritional status depends.

There is a shift in donor engagement with service provision in the health sector. The World Bank and the European Union are changing their investments toward health system strengthening under the System Enhancement for Health Action in Transition (SEHAT) programme, covering 21 provinces. USAID has been slower to endorse this approach in the 13 provinces it covers. Overall, though, it appears that donors continue to endorse the out-source approach to health services in Afghanistan. The problems of sustainability in the current model, and the potential loss to state legitimacy in continuing the approach have not fully been addressed. If the government's role is to ensure quality and equity, it is widely felt that these 'stewardship' capabilities – in strategy, planning, monitoring and regulating – have not been supported at a rate commensurate with a national take-over of the programme in the coming period.¹⁹⁹

e. Financing Domain

Allocation to health in Afghanistan is generally thought to be 4-5% of the national budget. There is a push to increase this to 10%, but no indication of whether and when this may happen. It is estimated that current spending covers about a quarter of total health spending in the country, the other 75% covered by out of pocket (OOP) spending. One potential problem is that, where demand for nutrition goods and services is relatively low, households are less likely to spend their scarce resources to those goods and services, limiting the demand-side for nutrition (this holds true for goods and services planned through the health sector as well as through local market supply). At the same time, there is a view, not least among BPHS providers, that the current outsourced arrangement for health services will be unsustainable by government in the event that donor funds are reduced as part of a sectoral handover process. One option is that some element of cost recovery will be introduced into the system. This was tried before, between 2003 and 2007, and was repealed by parliament on the basis of a constitutional commitment to free healthcare. In the past, absence of external funding support and resistance to cost recovery in health services has resulted in a health system contraction to mainly hospital-based treatment and very limited interventions through lower level health facilities. Should these circumstances be repeated after 2014, attention to nutrition may be expected to disappear from health sector planning and action.

An alternative to cost recovery is that funding currently applied to defence and security may be progressively reduced, with resulting resources shifted to productive sectors, welfare and basic services. The substantive absence of public dialogue around the security/services spending policy, and the predominant concern for security (likely to become more rather than less acute with the withdrawal of ISAF forces) suggest this is unlikely in the foreseeable future. Up to the point

¹⁹⁸ See, e.g. Stewart, 2008.

¹⁹⁹ Provincial health staff are entitled to monitor and report on shortfalls in service provision by BPHS providers. In spite of known shortfalls in that service provision, there are no records of provincial complaints being submitted to GCMU, nor of meaningful sanctions being applied where they have been.

of military disengagement, donor countries are expected to continue to place a premium on 'winning the war', and hence on investment in security.²⁰⁰ At this stage, allocation to defence/security is estimated at 60-80% of the national budget.²⁰¹ Almost 60% of US funding to Afghanistan between 2001 and 2010 went to the Afghan military.²⁰² The relatively massive scale of partner finance to security spending tends to overwhelm the amount spent on welfare, and to overwhelm the welfare measures attempted on a small-scale basis.

There is a general view that, notwithstanding some longer-term programmes, donors continue to privilege shorter-term funding mechanisms. The scale of donor dependence across government, therefore, makes longer-term planning of the kind required for scaling up systems for service delivery difficult to support. To a certain extent, donors view commitments via multi-donor trust fund mechanisms as a manifestation of their commitment to government-led policy and practice – marking out Afghanistan as a transitional country. However, the continued practice of earmarking funds for specific sectors, geographical areas, and specified implementing agencies undermines that MDTF concept.²⁰³ Short-term funding cycles have been identified by nutrition-relevant departments as a barrier to the sustainable development of national capacity to act on undernutrition.

Major funding mechanisms, like the ARTF are in a sense a promising reflection of the intention to empower government through aid alignment with national priorities. However, there are indications that the Fund maintains a relatively heavy focus on investment in infrastructure, consistent with some bilateral donor preferences. While the ARTF targets some spending on 'governance', much of this is focused on Kabul ministries (with more tentative engagement at, for example, provincial governor level), and within 'spending ministries', much emphasis is placed on financial throughput (for example procurement and audit transparency) with less clear support to the more political and contested processes of cross-government fiscal priority setting.

In any case, aid allocations to Afghanistan are already in decline (falling by some USD\$350m between 2006 and 2010).²⁰⁴ Major donors are already planning downward movement in their aid allocations. It is reported that USAID funding will decline rapidly following 2014.²⁰⁵ The potential for a cliff-drop in aid support to Afghanistan – in the context of short-term funding lines and longer-term funding that has failed to build coherent government and governance capacity, and in the absence of a clear handover plan with costed and covered government requirements – risks undermining even the relatively weak effectiveness of investments to date, and locking in the kinds of poorly-resourced and fractured governance that will compromise precisely the systemic requirements on which SUN's proposition for better nutrition is based.

Key Observations

- Nutrition is still a relatively weak priority in Afghanistan, with overwhelming emphasis on acute undernutrition; although food distribution is linked to peacebuilding strategies, food security and nutrition security do not appear to be.
- Security dominates policy and spending in Afghanistan; yet there is little support for attempts to extend a legitimate Afghan state (or para-state) through systems-building for health and nutrition.
- Security and stabilisation approaches appear to crowd in short-term 'quick-win' project modes, and crowd out investment in sustainable government-led services infrastructure; opportunities to build governance and service delivery capacity at sub-national levels (provincial governor to district) do not appear to be being taken, as the logical extension of support to government in Kabul.
- Donors and technical agencies are not wholly aligned on an integrated nutrition strategy for Afghanistan, which may exacerbate challenges in building intersectoral coordination between key ministries.
- The Afghan government – and some partners – have yet to be convinced of the additional value of SUN – either in terms of financial or governance support.

²⁰⁰Through the end of FY2012, the United States has provided nearly \$83 billion in assistance to Afghanistan since the fall of the Taliban, of which about \$51 billion has been to equip and train Afghan forces [...] About \$9.7 billion in economic aid and \$82 billion in additional U.S. military costs are requested for FY2013 [...] aid requests for Afghanistan are likely to continue at current levels through at least FY2017' (Katzman, 2013). '[T]he size and shape of international military and development assistance during this period, and commitments beyond, will strongly influence the political and economic outcomes over the next 10-15 years' (ARTF Financing Strategy 2012-14).

²⁰¹Given the absence of detailed public disclosure, it is hard to verify these estimates.

²⁰²Tarnoff, 2010.

²⁰³See, e.g. Barakat, 2009.

²⁰⁴GHA, 2012.

²⁰⁵In the case of health reducing by as much as 80% according to one respondent.

Country Case Studies: key points

- Active promotion of SUN and the SUN model of integrated nutrition action by partners varies substantially from one FCAS country context to another. In some FCAS, SUN is heavily promoted, and successfully adopted. In others, it is poorly known and understood including among partners. This gives the appearance of partners 'cherry picking' some FCAS for intensive action on nutrition, but leaving others to pursue a more conventional (and less effective) model of short-run humanitarian intervention. In the absence of clear donor signals regarding support for new action on nutrition, FCAS governments may be deterred from signing up or unable to put plans into practice.
- In some FCAS contexts, partners (international and domestic) become mutually locked into a humanitarian mode of relationships, finance and intervention. Shared concepts of encompassing insecurity and endemic government incapacity reinforce the logic of repetitive short-term emergency cycles of action, and disproportionate investments in stabilisation and security at the expense of longer-term investment in productive sectors.
- Most attention in FCAS continues to go to acute undernutrition (in part driven by global child mortality goals). This undermines understanding of, and incentives to adopt, a more integrated model of nutrition action. Recognition at national political and policy levels of the need to act on acute and chronic forms of undernutrition, through multiple sectors, is key to FCAS engagement with SUN.
- Food and nutrition security are not seen as a common strategy for peacebuilding and economic recovery across FCAS countries. Although contexts vary considerably, many FCAS have a large proportion of the population living in rural areas and dependent for livelihood on agriculture. In these contexts, the linkages in the agricultural sector between post-conflict peacebuilding, community reconstruction, livelihoods development and social protection, and reduction in both acute and chronic undernutrition, should be more consistently recognised and factored into long-term conflict recovery strategy.
- Nutrition continues to be seen primarily as a health sector issue. This can weaken cross-sectoral action. Coordination between key nutrition sectors is a major challenge to adopting SUN in FCAS. REACH appears to help as a way of aligning technical agencies. But ongoing support to the complex political negotiations between sectors and ministries in planning, implementing and assessing integrated national nutrition plans is needed. External partners, in particular donors, should develop their capacity to contribute in this area.
- Promotion of SUN at national level can achieve political commitment. But implementation requires a stronger promotion of the SUN model at sub-national levels. SUN could be launched sub-nationally in some FCAS where there are specific barriers to immediate national adoption (e.g. Pakistan, DRC).



A mother feeds her undernourished child in a health centre in eastern Democratic Republic of Congo.
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Concluding Observations

The idea of scaling up nutrition, and SUN itself, have clearly made good ground in a range of poor and developing countries, including a number of fragile and conflict-affected states. This research suggests that more can be done to extend this progress in FCAS where difficulties in signing up are presently apparent.

Whilst acknowledging the 'country-led' principle of SUN, this research suggests that a more hands-on approach to the complex process of building governance for nutrition is required from external partners. The calculus of rewarding 'good governance' FCAS and penalising bad is predicated on a view of governance as largely technical oversight and managerial efficiency. However, as the experience of SUN makes clear, the politics of priority setting is at the heart of governance. Donors, like all transnational actors, are liable to influence this, often profoundly. The key, then, is not to take a laissez-faire view of FCAS relations to SUN, but to make that influence coherent and positive.

Research key points

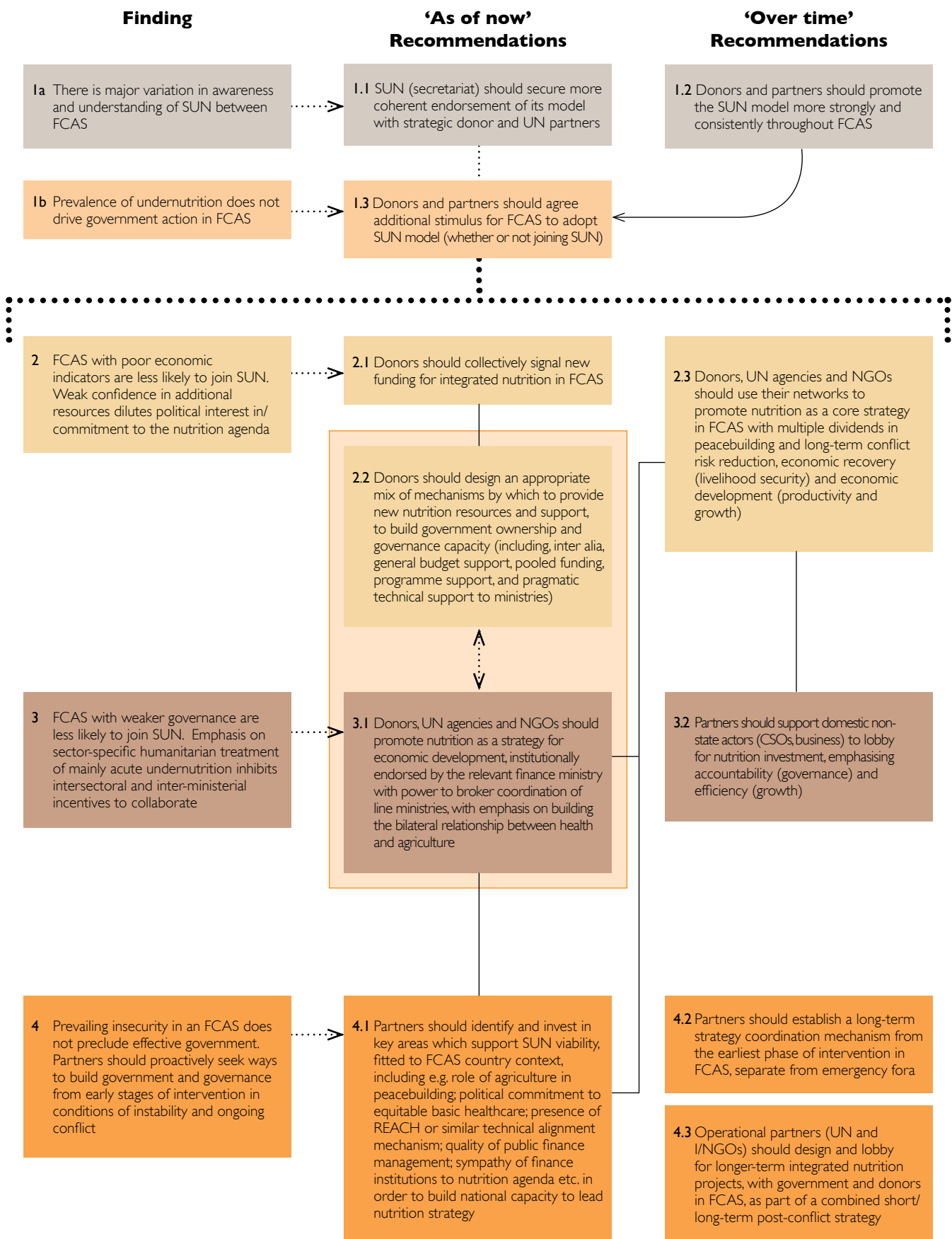
- Good progress on undernutrition globally is being undermined by poor performance in areas characterised by concentrations of fragility and conflict. FCAS must be a primary target for global nutrition action.
- Most attention – globally, nationally, locally – still goes to acute undernutrition (perhaps particularly so in FCAS contexts). Stunting is a better indicator of long-run progress, as well as a marker of social inclusion and hence of risk factors associated with social instability and conflict. Wasting and stunting should both be used as indicators of country progress, and post-2015 development targets.
- Prevailing policy attitudes to undernutrition – focusing on acute problems – encourage partners in many FCAS to get locked into an emergency mode of intervention. This kind of humanitarian 'locked-in syndrome' undermines international commitments to strengthen governance and work through government in FCAS (Busan).
- SUN is being promoted heavily in some FCAS, but negligibly in others. If SUN is endorsed by international partners (donors, UN agencies etc.), it should be promoted equitably across FCAS.
- The assumption that some FCAS are too weak or violent to be able to implement SUN is empirically unsafe, and should be challenged. Partners should use SUN's vision of integrated nutrition action to identify investment opportunities – inside and outside government in each FCAS context – for long-term recovery and growth from early in the humanitarian phase. This should include a transparent, sequenced transition in national strategy and spending, away from defence and security allocations and towards investments in welfare and productive sectors.
- Governance is a key determinant of FCAS ability to adopt SUN's integrated model of nutrition action. Strengthening coordination between sectors, and building the bilateral relationship between health and agriculture are key strategies in strengthening 'governance for nutrition'.
- Political ownership of the nutrition agenda – and consequent cross-government coordination – should be built on the idea that nutrition is key not only to child survival but also to peacebuilding and economic recovery and growth. Nutrition should be advocated as a strategy for economic development, as a top national political priority, institutionally owned by the central fiscal and budget-setting authorities.

The schematic overleaf sets out in a more 'kinetic' form the findings and recommendations presented at the start of the report. It does so in order to suggest a) how findings flow through in a sequence of recommended actions, with immediate and longer-term aspects, and b) how and where recommended actions are connected and (potentially) mutually reinforcing.

The colour bands are intended to mark out different findings and corresponding recommendations. Lightly dotted lines connect findings and primary recommendations (reading left to right), and between areas of action (up-down). The first two bands of findings/recommendations cover a broad observation – that more work is needed to communicate SUN consistently among FCAS countries, and that many FCAS countries will likely need additional support to engage with the SUN agenda for nutrition. The subsequent three bands (below the heavily-dotted horizontal line) include recommendations that flow from those initial observations.

The shaded box in the centre of the schematic (boxes 2.2 and 3.1) are at the heart of the recommendations, and are closely interconnected. Finding the right mix of mechanisms through which to provide additional resources to FCAS to address undernutrition should incentivise government actors to own the issue and work together. The form of resources provided for an integrated national programme on nutrition should foster the kinds of intra-government coordination and collaboration that are fundamental to strengthening governance.

June 2013



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Children at a school in Herat, Afghanistan, whose lessons now include hygiene education.
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Annex A:

Informants For Country Case Studies

Informants (institutions/organisations)

Sierra Leone

Sierra Leone Ministry of Health and Sanitation (MoHS); Ministry of Agriculture, Forestry and Food Security (MAFFS); Ministry of Finance and Economic Development (MoFED); World Vision Sierra Leone; Action Contre Faim (ACF) Sierra Leone; CARE International Sierra Leone; Sustainable Nutrition and Agriculture Programme (SNAP); Helen Keller International (HKI) Sierra Leone; Food and Agriculture Organisation (FAO) Sierra Leone; World Health Organisation (WHO) Sierra Leone; World Food Programme (WFP) Sierra Leone; Unicef Sierra Leone; IrishAid Sierra Leone; United States Agency for International Development Sierra Leone; Njala University; Coalition of Civil Society and Human Rights Organisations, Sierra Leone.

DR Congo

Democratic Republic of Congo Office of the Secretary-General of the Ministry of Health; National Nutrition Programme, DR Congo (PRONANUT); Cabinet of the Ministry of Agriculture; Deputy, Socio-cultural Commission of the House of the Parliament; Ministry of Agriculture, Service National des Statistiques Agricoles; Ministry of Planning; Ministry of Budget; National Accounts for Health; World Vision DR Congo; Save the Children DR Congo; World Food Programme DR Congo; Unicef DR Congo; Cooperazione Internazionale; Communaute Presbyterian de Kinshasa; WHO DR Congo; Bureau Diocesal des Oeuvres Medicales (BEDOM); European Union; Action Contre Faim DR Congo; Food and Agriculture Organisation DR Congo; Department for International Development (UK) DR Congo; Caritas.

Afghanistan

Islamic Republic of Afghanistan, Public Nutrition Department (PND), Ministry of Public Health; World Vision Afghanistan; ACTD; Food and Agriculture Organisation Afghanistan; Department for International Development (UK) Afghanistan; Save the Children, Afghanistan; World Food Programme Afghanistan; MOVE Welfare Organisation; Unicef Afghanistan; United States Agency for International Development Afghanistan.

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