



# FEED THE FUTURE

The U.S. Government's Global Hunger & Food Security Initiative

## Effective Governance for Nutrition Programming: Lessons from Ethiopia and Nepal

### Webinar Transcript

#### Katie Appel

Good morning afternoon and evening, thank you all for joining today's webinar to learn more about effective governance for nutrition programming. My name is Katie Appel and I'm an assistant researcher for the Feed the Future Innovation Lab for Nutrition and will be your MC for this webinar today. As attendees are joining, I'll begin by going over some housekeeping items I'd like to direct all attendees to a few functions on this zoom webinar. At the bottom of your screen, you should see a chat icon and the Q&A icon use the chat feature to engage in relevant conversation with other attendees. If you have a question for one of the panelists, please use the Q&A feature. Panelists will respond to questions in the Q&A box throughout the webinar. And we have allotted the final 20 minutes of this webinar for Q&A. If you are experiencing any technical difficulties, send a message in the chat box to all panelists so that our technical support staff can work with you to resolve them. This webinar is being recorded and will be made available on the Innovation Lab for Nutrition website and the USAID Advancing Nutrition website. There you can also register for upcoming webinars and view recordings and slide decks of previous webinars. We will repeat these technical housekeeping items in the chat throughout the webinar as people may join us later times. The moderator for this webinar today is Dr. Robin Shrestha, the regional project manager for the Nutrition Innovation Lab. Dr. Shrestha received his Master of Science in food policy and applied nutrition, the Friedman School of Nutrition Science and Policy at Tufts University and has a degree in medicine with eight years of clinical experience in rural settings of Nepal. He currently oversees and supports the Nutrition Innovation Lab's research and capacity building activities in Asia and Africa. Dr. Shrestha will begin by providing a brief description of the Nutrition Innovation Lab before introducing the panelists for today's webinar. Dr. Shrestha over to you.

#### Robin Shrestha

Thank you. Hello everyone and welcome to this exciting second webinar of the second edition of our webinar series. Before I go into introducing the topic and our speakers for today, let me give a brief introduction to the Nutrition Innovation Lab and talk about our webinar series. We are the Feed the Future Innovation Lab supported by the USAID Bureau of Resilience and Food Security, and active in supporting research and capacity building to build the evidence base around critical questions linked to agriculture, nutrition and health. And as you can see from this map, here we are active in both sub Saharan Africa and South Asia. And you can get more information on our website about our activities and any activities related publications and articles on our website at [nutritioninnovationlab.org](http://nutritioninnovationlab.org).

Next slide please. Thank you. So, to do all of this work, we have a consortium, led by the Friedman's School of Nutrition Science and Policy at Tufts University with US partners, including Purdue, Harvard, Johns Hopkins and Tuskegee. In addition, we've ordered and extensively engaged with government agencies in our host countries, UN agencies are local and international NGOs, as well as universities across the globe.

Next slide please. So, today's webinar focuses on the governance around nutrition, as the title suggests, and we will explore novel strategies for measuring nutrition governance in the in the context of Ethiopia and Nepal. Today's webinar includes presentations by Professor Dr Eileen Kennedy, Dr. Shibani Ghosh, and Miss Grace Namirembe. Professor Kennedy will be presenting findings from Ethiopia that were conducted as part of the USAID ENGINE and Growth Through Nutrition project. While Dr. Ghosh and Ms. Namirembe will present on findings from Nepal. Both studies examine governance around nutrition and the separate projects were linked intellectually around a common set of goals and objectives. As for our speakers, Dr. Eileen Kennedy is a former dean of the Friedman's school of Nutrition Science and Policy at Tufts University. Dr. Kennedy is a professor at the school, and her research interests include assessing the health, nutrition diet and food security impacts of policies and programs, nutrient density, and diet diversity, and agriculture nutrition linkages. She has been a member of the High Level Panel of Experts on Food Security and Nutrition of the UN Committee on World Food Security, and a member of the UN's advisory group on nutrition. She founded and was the first Executive Director of the USDA Center for Nutrition Policy and Promotion. She created the healthy eating index, which is used as a single summary measure of diet quality.

Dr. Shibani Ghosh a research associate professor at the Friedman School of Nutrition Science and Policy. She is also the associate director for the Feed the Future Innovation Lab for Nutrition with experience working in the Middle East, sub Saharan Africa, and South Asia. Her research interests are in understanding the role of agriculture in improving nutrition, while ensuring health, assessing the diet and non-diet determinants of nutritional status of infant and young children, and testing interventions aimed at improving maternal and infant nutrition and growth.

Ms. Grace Namirembe, who is a data analyst at Nutrition Innovation Lab since 2015, completed her Master of Public Health, with special interest in epidemiology and biostatistics at Boston University. And has been working on multi country projects, including projects in Nepal. And her primary interests are around the nutrition governance index. So, I will now pass it over to Dr. Kennedy who will begin today's presentation, over to you Eileen.

### **Eileen Kennedy**

Thank you, Robin. The title of my presentation, "Nutrition Policy and Governance in Ethiopia-What Difference Does Five Years Make?" derives from a paper a group of us published last year 2020 in the Food Nutrition Bulletin. If I could have the next slide. And I want to acknowledge, of course, the substantial help from colleagues at the Ethiopian Public Health Institute, Save the Children Ethiopia, and a range of my colleagues at Tufts University. You'll be hearing after me from Dr Shibani Ghosh on some Nepal work, and I'd like to emphasize here that the protocols, we use for Ethiopia and Nepal for this work were similar-- not identical, but similar-- and so there's some synergy there.

Next slide please. Some background, which led up to the work that will start with the scaling up nutrition movement, the launch of which was in 2010. I was invited to the official launch which took place in New York City at the UN General Assembly meetings, because I was part of a planning group that had input into the structure of SUN. It was a very positive event given enormous visibility, because it was chaired by then Secretary of State, Hillary Clinton, so great visibility and Secretary Clinton was very clear that we know a lot, and refer to as an example, the Lancet series which emphasized, a multi sectoral approach to dealing with nutrition to dealing with the Sustainable Development Goals. And so, a multi sectoral approach combining nutrition sensitive and nutrition specific interventions.

And what I like to emphasize from the SUN movement is the fact that it is the expression that's used country-owned. Meaning the countries who participate in SUN have to feel as though it reflects their priorities and I think that's important. Both Ethiopia and Nepal were designated early riser countries, meaning they participated in SUN very early on.

If I can have the next slide. And prior to SUN ever existing, Ethiopia had already expressed a commitment to nutrition, as evidenced by a national nutrition strategy, which was developed in January 2008 the first national nutrition program which spanned the period. Second, national nutrition programs spanning the periods 2016 and 2020. In 2018 we had the National Food nutrition policy and there continues to be a lot of high level documents coming out which reinforce the commitment to nutrition, if I could have the next slide please.

And so two USAID funded projects are the basis of my presentation today. One is the ENGINE project and that acronym stands for empowering new generations to improve nutrition and economic opportunities. They covered the period 2011 to 2016 and again I'd like to emphasize that Dr Ghosh was one of the co investigators on this. And then Growth through Nutrition, which covered the period 2016 to 2021. Both ENGINE and Growth through Nutrition stress the multi sectoral approach to improving health and nutrition, with a specific focus on what's called the first thousand days. i.e., pregnant women and children up to age two.

No please, please go back. In the spirit of a country owned process very early on, we became involved in ENGINE (we being Tufts) in October, no, sorry, October 2011, which was the first launch of ENGINE in Ethiopia. And very soon afterwards in March 2012 there was a workshop convened by Tufts, a two day workshop, to begin to define the research priorities that should really be the focus of ENGINE, and I think-- I genuinely believe this was a very critical workshop and both Shibani and I were both involved in this-- a critical workshop because importantly representatives from various parts of Ethiopian Government, as well as other stakeholders, very intimately involved in defining the research agenda. And the emphasis was on applied research, implementation research, and what I remember (from the certain things that stick in one's mind) what I remember about that 2012 workshop is chairing the group, thinking about defining what our nutrition governance research should be. And I'm always reminded that we use terms like "enabling environment," "good governance" assuming everybody knows what those terms mean or everyone has the same definition, expectation. And at this workshop in Addis we began the workshop, and somebody threw out a question "what is good governance?" And directly across from me in my eyesight was a representative of an international

organization. And the response from this person was "good governance is what we say it is." I hope that was a joke, if it wasn't there's a concern there. But that sparked a really good conversation, sort of lightened the mood in a way and sparked a really good conversation of what do we mean by good governance. And that morphed into for ENGINE governance work, morphed into what we should be doing collectively and really the underlying themes, there is, since the multi-sectoral approach to nutrition was fairly new in Ethiopia, what are the facilitators and constraints to implementing a fairly new approach to dealing with nutrition. If I could have next slide.

So, the two studies ENGINE and Growth through Nutrition used a similar approach, semi quantitative structured interviews with key informants. And they were chosen because they represented the organization, not the individuals per se. fortunately, both studies were conducted in the same four regions of Ethiopia-- Amhara, Oromia, Tigray, SNNP. Next slide please.

And, first of all, we were interested in what key stakeholders saw as the major nutrition problem or problems in Ethiopia. Because if you don't see something as a problem, you're unlikely to address it. Very clear from this bar graph and the four regions, malnutrition was seen as the dominant problem. And for people who are more expansive in their response and didn't say simply malnutrition, but provided more context, stunting dominated the answer here. And I don't find this surprising because there had been a very significant workshop not too far in the distant past where stunting was the focus. So, I think there was a flavor of that that came through in this response to major nutrition problems. Next slide please.

So again, if people don't feel engaged in activities it's unlikely to be successful governance. So, a key question in ENGINE was do you feel that your office department is consulted on nutrition issues? And I, from my point of view, this is a busy slide but let's look at the column that talks about percent consulted. What jumps out at me in the four regions, is that the percent of individuals from the health sector and the percent of individuals from the partner sector, dwarfs any other group. So that clearly health Center representatives and partner representatives felt included in the nutrition issues. And what we're going to see over the next few slides is that early on in this multi sectoral approach, there was the sense, that was the sense that this was a very health-oriented approach to nutrition.

Next slide please. Similarly, do you feel there is sufficient attention (resources) focused on nutrition? And I circled Tigray here as an example, where we see health, 100% of those in that region felt there were significant resources, as opposed to a much smaller percentage of other individuals in other sectors feeling sufficient attention focused on nutrition. And I circle here some of the partners who felt very more engaged. If you go to Oromia, the third region down, the health sector felt less engaged and we were never clear why that is, but in general in the early stages of the national nutrition program, it tended to skew in the direction of the health sector and health colleagues feeling more engaged. If I could have the next slide, please.

In addition to our semi quantitative protocol, we also had a series of focus groups, and I use just these two quotes. There are many, many, many others that convey a similar point of view. First quote, "in my opinion, nutrition, received sufficient attention and enough resources are

allocated to implementing nutrition programs as the economy of the country allows." And this is from somebody who responded in the Amhara woreda to health Bureau. As opposed to an alternative quote which gives a different impression. "Attention is not given in terms of budget and manpower, the nutrition issue is only performed by the health sector." This comes out of the same region of Amhara, but somebody representing the regional bureau. Next slide please.

Government resources prioritize, not surprisingly, given that Ethiopia was and still is and agriculturally based economy. Agriculture, from the point of view of resources, dominated the perception of resources, but then you go second priority. And basically, across the four regions, you see competition second priority between allocation of resources to health and education.

Next slide please. Knowledge of the national nutrition strategy and, again, this was fairly early on in the history of the strategy, I circle here in the four regions partners and what you see there and asked, "do you know the national nutrition strategy?" Overwhelmingly the partner sector did, and that's not surprising. Representatives of different partners were actively involved in helping in advising, in discussing the essence of the national nutrition strategy with representatives of the Government of Ethiopia. And many of the partners role, so very generous and providing funding to implement the national nutrition strategy.

If you look at other sectors, I mean take Tigray, at that point only 14% of those, for example in the health sector, had knowledge of the national nutrition strategy. Next slide please.

Okay, major challenges during implementation. I picked this particular slide because I think sometimes, we think of regions and woredas within regions as very homogeneous. This is not true. And, for example, major challenges and implementation, we see here in Tigray and SNNPR that a low awareness of nutrition in general of the strategy was the key challenge during implementation. Whereas in Oromia, we see lack of attention, low awareness and attrition, and coordination problems equally represented as a challenge during implementation. Different in Amhara where budget and lack of attention to nutrition were seen as the most significant challenges.

If I could have the next slide, please. Okay, so I break it down again, not simply here by region, but by major challenges and collaboration and coordination by regions and, yes, by sectors. And what we see here is what has been reflected in some of the other data that the challenges and collaboration and coordination Not only vary a bit by region, but more so by sectors within the region. And so, let's take Amhara again, if you look at the health sector, they saw a lack of attention to nutrition as one of the major challenges in collaboration. Whereas the economic sector, 39% of the respondents saw budget shortage as the key challenge. The social sector representatives saw low awareness in sectors of nutrition. And I think if we, again, if we had more time and looked at individual comments from focus groups, to a certain extent, the economic and social sectors felt a bit disenfranchised in the early days of the launch of the nutrition strategy in nutrition program one. Partners and that zero percentage there in several, you know, Amhara and Tigray, is not a mistake. We went back several times to make sure that the analysis was correct.

The partners, at least in those regions Amhara and Tigray didn't particularly flying many challenges they thought it was going to be a seamless transition to implementation, but again, the concerns vary across regions and within regions, the different sectors. I will say, because of a lot of the very lively discussions that occurred, both at the national government level and sub national, and we in our research were engaged in some of that. One of the ways that this research influenced changes in the governance, and I would be presumptuous to assume that our research was the only factor, but we did spend a good amount of time with Save the Children with our colleagues in government agencies ministries and Government of Ethiopia in dissemination events, and between ENGINE and what I'm going to talk about now, Growth through Nutrition, the oversight of the national nutrition programs, and this was one of the recommendations out of our research, the oversight was elevated to the office of the Prime Minister. And this immediately sent the signal that this in fact involved all sectors, it was not simply health center, multi sectoral initiative, but all sectors needed to be involved.

If I could have the next slide, please. Now the Growth through Nutrition project benefited from the experience of ENGINE, and in year four of ENGINE a change was made, whereas woredas were selected to serve in three capacities. First of all, model woredas, models of multi sectoral coordination of nutrition, not surprisingly, we call these model woredas, there were four. And the model woredas were based on receiving a full package of interventions, livelihood, WASH, SBCC. Equally important, there had to be a commitment at the level of the woredas, the commitment of leaders to implementation of the national nutrition program. And the Growth through Nutrition supported the establishment of multi sectoral coordination bodies, frequent technical assistance, financial support, what they call supportive supervision (usually monthly), and just to highlight here that sometimes people refer to Growth through Nutrition as ENGINE too. Wasn't quite that because, again, based on what we learned from ENGINE, there were some differences. For example, the WASH component of growth through nutrition was much more significant than it was under ENGINE. So, four model woredas. And then we have for non-model where rate is they receive some support from go through nutrition, but not the full package of services and then finally for non-ENGINE woredas continued in Grow through Nutrition were not part of either ENGINE or Growth through Nutrition. Next slide please.

And so, as we look at getting back to, if you remember the major nutrition problem identified under ENGINE was malnutrition, and what was very interesting about five years later, going back again to the same regions to ask about major nutrition problems, the perception, this is a much more nuanced response. And if you look at the last column in totals, 94.4% now define the major nutrition problem is poor dietary diversity and an unbalanced diet. If you go about two thirds the way down to malnutrition again to find the same way, a much lower percentage to find malnutrition, as the major problem. Now let me be clear, this came up in focus group, malnutrition was still seen as a problem. But it didn't jump to the head of the list as the major nutrition problem. And, in addition to poor dietary diversity, we see again under totals the low awareness misconception of what nutrition diversification meant as one of the other significant problems. So, a mindset, a sea change in the perception of nutrition problems. Next slide please.

And let's go to the last row down there. We were interested in participation in the multi sectoral approach to nutrition. If you've not seen as participating, you're probably not going to be very effective. Look at that last line, they're not involved not aware. What jumps out at me is not the negative that a third are not involved and not aware, but two thirds of the people involved in model woredas, two thirds are involved in one way or another. And again I wouldn't claim the Growth through Nutrition project can take full responsibility, but my perception given comments in the focus groups, is the significant input from the project from Save the Children, intensive technical assistance and package of services, model woredas were much more engaged in the actual implementation of multi sectoral approaches, as opposed to the non-model woredas or the non-ENGINE woredas. Next slide please.

And again, challenges in implementation are different than what we saw in the ENIGINE project. Yes, lack of budget is coming up as a challenge, but at a much lower level, and I think if we went back and asked people "would more money help," of course, the answer would be yes. But in casting it in a wider context, it was not seen as a major challenge. And I highlight in red here going down to model woredas and the non-ENGINE woredas, large numbers of committees were seen as a challenge and I see that, and in fact it was interpreted as things were happening, people were asked to participate in committees, there was actually a level of engagement. Next slide please.

Here, nutritional focal person, again getting back to the at least the perception that the health sector was driving the multi sectoral approach, what we see here is yes, of course, there is a focal point in 100% of the health offices, but what I find a little bit more interesting we find a focal point in the woreda water and energy office that wasn't there in the earlier research. And we find a specific focal point in the woreda agricultural office. So again, another signal that attention was being seriously devoted to research. Next slide please.

Time spent in current position, and I constantly have to remind myself, this is not unique to Ethiopia, but often in these projects, interventions, this tremendous turnover, and the reason I bring this up is I look at this and say, even where we have been successful and there's lots of intricate indications that governance has become more responsive, even where that happens, there's a very small, what I call tenurial status, time in position, roughly around about a little bit more than two years. What's interesting here is the time spent in current position, the largest average number of months comes in the woreda finance office. And I, this is a joke that my colleagues always say, "well, if you control the purse maybe you like what you're doing." I'm not sure that's a good interpretation but there is turnover, so even where we've been successful with our technical assistance, we constantly have to refresh, rejuvenate kinds of capacity development and technical assistance. And my last slide please.

Oh, it isn't, next to last, factors for improved collaboration. And this I found interesting, defining roles and responsibilities of sectors. It is very clear that participants in the multi sectoral approach became better able to articulate what was needed for improved collaboration. And when we peel away what was meant by defining roles and responsibilities, what was meant there, and I don't take credit for this, but person in the ministry at the woreda level, the equivalent of Ministry of Finance. And one of the meetings as part of this research commented, and I've used this term, we need to think multi sectorally. But we act sectorally.

And, of course, a light bulb for me went off, the multi sectoral approach, we have a good sense of what that means, but actual activities occur within sectors. Budgets are allocated within sectors.

And so, when we're asking, for example Ministry of Agriculture or related colleagues in agriculture to be more nutrition responsive, there's a different menu of activities at that level, then there is for, say, education and the specific contribution within the education sectors of what they are specifically doing. So really a menu of activities. May I have the next slide. And so, in summary, what I call the top line issues, I think we can continue to see from a whole series of significant populations, or publications rather, that the Government of Ethiopia continues to make a commitment to nutrition. From a whole series of specific metrics, we do see progress in implementation. And I haven't reported national level data, but we see it there. We see progress in implementation, but dot dot dot, it takes time.

Research can make a difference in the example I used and it's just one of many. The oversight of the coordinating body, in part because of our research, but a whole series of other discussions, the national nutrition coordinating body was moved to the office of the Prime Minister, so a much more high visibility platform. Next slide and last slide.

The investment in capacity can be a significant factor and helping implementation. and the example I've highlighted here is model woredas, is where there were very intensive level of intervention on capacity development, which partners in that, in each of the sectors saw as important and valuable. And my last point, in summary, investing and governance is a continual process. And again, we need to think about ways to continue rejuvenation, reinforcing mechanisms, and governance, and a part of that is continue to keep nutrition on the agenda, leadership motivation, visibility. And I think, if I'm not wrong, this leads very nicely into Dr Ghosh's presentation, thank you.

### **Shibani Ghosh**

It certainly does Eileen. It was a fascinating presentation, thank you and I'm hoping that what I'm going to present on behalf of myself and Grace, actually, we are both going to present on behalf of our larger research team, is going to complement what Dr. Kennedy has just presented. So, thank you everybody for joining us from all over the world. And we are going to be looking at the PoSHAN policy process studies, which was a series of assessments that were conducted in Nepal. Wherein, where we wanted to understand the effective-- sorry, could you go back, please one slide? Effective governance for nutrition programs. Now you can go to the next slide. Thank you.

So, before I move into the presentation, I'd really like to thank our partners and collaborators, particularly our partners on this research include Patan Academy of Health Sciences, Helen Keller International, and the Valley Research Group. And we have to acknowledge the Government of Nepal, particularly the Ministry of Health and Population, the NHRC, Nepal Health Research Council, The Institute of Medicine at Tribhuvan University that have been very instrumental and supportive of our work, USAID Nepal, as well as all the participants from the various line ministries from the national level down to the front line, who were very ready in responding to all our questions and surveys. Next slide please.



So, I think Eileen has touched on this a lot, I think we all are in agreement that good governance is clearly needed. The question Eileen raised is, what is the definition of good governance? And basically, we do need good governance to coordinate interventions, to have adequate investments, particularly in nutrition, and set up accountability mechanisms. And there's broad agreement for any intervention to be successful at scale, you need to have an enabling policy environment. But a recent review of about 75 studies on the drivers of effective action by governments have found that the single issue related to inability to implement well-designed policies is linked to an absence of institutional ownership, or institutional failures in implementing those policies. So, this sort of requires us to, as researchers who work in this space, think about what is it can we can do to support governments and making the right decisions as we move along the multi sectoral pathway. The key issue for researchers is that governments are so heterogeneous is that it's hard to study. Where do we start studying policy implementation and institutional governance? And it can be a difficult process.

When we were designing this, both with Eileen in Ethiopia, where we kind of interacted across the two countries, as well as in Nepal, the key things we have to figure out was what do we want to precisely measure and where in the political and the civil service in arenas we should measure it. So, it was a lot of discussion and thinking and interactions at the country level that led us to the development of the survey tools that we used. Next slide please.

Let me, let me go a little bit into the context of Nepal and multi sectoral interventions and coordination. For many of you may be familiar with this, in Nepal nutrition has been the cornerstone of development. And particularly in the past Nepal nutrition assessment and gap analysis (NAGA), and I think it's more than 10 years at this point, really put multi sectoral nutrition at the policy forefront. And this has been the core, this has been the starting point for the Nepal multi sector nutrition plan, which is now considered as the guiding principle for several multi sectoral programs being implemented through support by different bilateral agencies, including USAID, through UN agencies and the World Bank and others. The Government of Nepal is very invested in supporting multi sectoral policies, particularly for improving nutrition in women and children, particularly those under two years of age. At this moment, the MSNP is in its second phase, and it goes through 2024. So, within this policy context and within this environment, we at the Nutrition Innovation Lab implemented, what we call the PoSHAN policy process studies, starting in 2013.

Next slide please. So, what are the objectives? So the objectives of our study were basically to understand the process of implementation of multi sectoral activities, understand the barriers and facilitators and constraints in translating policy initiatives into actions at scale, but also to assess cross-sectoral coordination at and across different levels of governance. As well as assess vertical and horizontal coherence around nutrition. And particularly to answer the second objective, we had to do sweeping surveys of government officials, starting from the national level down to the lowest administrative unit, which is the ward level in Nepal. Next slide please.

So, the study is a mixed methods study design and, as I mentioned, we did a sweeping set of surveys starting with officials at the national level down to the Ward, across different line

ministries and departments. The sampling for the survey was purposive because we were more interested in targeting the departments that were engaged and the officials within those departments. And we utilized semi structured questionnaires for each of these surveys. Now just to give you an idea of how many surveys we did, we collected five rounds of data, these were annual surveys that were conducted starting in 2013 through 2019. So, we were able to do five surveys, five annual surveys. Four of those rounds of data were collected prior to the new structure of the Government in Nepal, and one was conducted in 2019 after the new federal system was set up. For those of you who may not be familiar, Nepal had a new Constitution ratified and enforced in 2015, and subsequent to that the entire administrative structure across all line ministries, down to the frontline had changed. And so, we were we were fortunate and were able to do one round of survey collection after the change had been implemented.

Next slide please. This is just to show you the map of Nepal and the districts where we were conducting these surveys. And, essentially, we were across the country in 21 districts, and I'll come to how we selected those 21 districts in the next slide. But, as you can see, here we were across the mountains, the hills and the terai, which are three very distinct agro-ecological zones in Nepal, which have their own distinct cultures, their own distinct ecologies, and their own distinct issues related to nutrition.

Next slide please. So in terms of how did we come up with that 21 districts? So now you might be familiar with the PoSHAN Community study, this was a similar longitudinal study that was done by Johns Hopkins, but where they looking at the Community level indicators and they were assessing change in nutrition status of women and children over time. And the PoSHAN Community studies was conducted in 21 VDCs, which is an administrative unit within the district, across in the same 21 districts that we conducted the PoSHAN policy studies. So, our selection of those 21 districts was based upon the stratified randomization selection that was conducted by Johns Hopkins of those 21 districts. At the bottom of the flow chart you can see how the different departments that we targeted at the district level and at the administrative levels below the district. So, the governance structure in Nepal prior to the change was essentially the district, then there was a sub district, which is called as ilaka, followed by the VDC, and then lastly, the Ward. So those were the four levels that we looked at sub national and below and, as you can see, we conducted interviews ranging from the local development office to the health sector to agriculture to social mobilization to WASH, among others.

Next slide please. This is just to show you another way on how we organize the data collection. On the left side you see the data that was collected from 2013 to 2016. And the different levels of governance that we collected the data. And on the right side, you can see, in 2019 the survey that we conducted was district, municipality, wards, and Community. Now for the purpose of this presentation, Grace and I are going to be looking only a data from the district down to the Ward level. Next slide please. This is just to give you an idea of the sample size by survey round, and I just want you to focus on the subnational. And you can see, we interviewed somewhere between 500 to 600 individuals overall in round 1, 2, 4 and five. You can see in round three we have only 136. This was because Nepal suffered from a devastating earthquake and we were not we were not able to visit 13 districts within our sample which were part of

the, were affected by the earthquake. So, we were able to continue the survey in nine of the districts.

Next slide please. So, let me just sort of pull out some of these results. Because we've collected a vast amount of data, starting from 2016 to 2019. We didn't have data collection in 2017 and 2018 because of the changing federal system. But just trying to encapsulate this into a series of results for you all within this webinar, I just wanted to highlight three points. One is we did an analysis of commitment, capability, and collaboration, and for this we use the data from 2013 to 2016. Two is we developed a novel metric called a nutrition governance metric, where we use the data from the 2014 and 2016 surveys. And three is we use this NGI or the nutrition governance index and assessed its relationship with nutrition outcomes, again using the 2014 and 2016 data. And for the purpose of the presentation, I will focus on the first bullet point and then hand over to Grace Namirembe who will look at the second two bullet points. And as I'm going into the next point, I do want to make a correction, thank you for pointing out that the MSNP 2 goes through 2022, not 2024. My apologies.

So sorry, next slide please. So, let me just jump into the three domains that we looked at first, commitment, capability, and collaboration.

Next slide please. So, first of all with commitment, we define commitment in this context as willingness to act and adopt nutrition as a core professional responsibility and accept a personal role in implementing policies and programs. So, within this context we actually looked at three elements, one is do respondents acknowledge nutrition as a priority? Are they willing to take on additional responsibilities in order to achieve nutrition outcomes, and do they want to be engaged in and consulted on nutrition policy issues? So, these were the three elements within our survey that we assessed to look at what was the level of commitment.

Next slide please. And so, for the purpose of this presentation, I'm going to look only at the 2013 survey data, because what we find is that commitment is actually very high across the board. Irrespective of survey year. So about 61% asserted that nutrition should be a more important policy priority. But nearly all, irrespective of level of governance or sector of governance, wanted to be more involved in professional discussions about nutrition problems and planning appropriate solutions. The main difference around prioritizing nutrition at the local level, we found was that the folks or the respondents from the livestock agriculture local development and health centers had a lower response rate to that question, compared to the education and the WASH sectors. But I'd like to put a caveat there and say, in fact, the responses were 70% and above, so the highest were about 90 and 95% of that sector said yes, nutrition should be a priority, policy priority. So, we're not looking at significant differences between the sectors. We're looking at small differences, but they are distinctly there.

Next slide please. The other thing that we looked at within commitment is that what would be needed to promote more commitment or continued commitment. So, the one thing that came out in our interviews was that some respondents felt it was important to distinguish what was genuine commitment. And that genuine commitment would be difficult to secure without appropriate incentives. Other respondents felt that they should be a mandatory mechanism to ensure appropriate dedication of time and resources, and that was not necessarily inherently

because an individual wouldn't dedicate time or resources, but because there are competing priorities that may be nutrition might fall into the wayside. And also, we had respondents indicating that financial allowances, adequate capacity building, and promotion of joint responsibility for common goals could be incentives that would support the support commitment of the individual towards nutrition. Now what was very interesting was that 62% of the officials that were at the regional level, not at the district level, promoted monetary allowances. So, the financial allowances do play a very, very big part towards commitment, according to the higher-level officials. The one thing that we did find distinctly different between the lower level officials and the higher level officials and the ward level, I mean, ilaka, VDC, and Ward onwards, and then the higher level are district and regional, were that service providers, particularly at the ward level, were less likely to agree with the proposition that field workers are sufficiently motivated to take on responsibilities relating to nutrition compared to higher level officials.

Next slide please. Then, looking at capability and collaboration. Capability assesses the capacity to deliver policy and program actions, and I think we'll all agree that inadequate capacities are often cited as the major reason for program failure. Similarly, within the context of multi sectorality, collaboration is critical. And Eileen has our outline that as well, but it is noted to be elusive goal as it requires articulating diverse approaches and interests across different sectors, across different ministries, and also non-governmental actors. Whether they are, whether they are UN agencies, whether they're bilateral agencies, but they are local implementing partners, NGOs, and the civil society.

Next slide please. Next slide please, thank you. So, this is a little bit of a busy diagram, but I just want to show you what we found around capability and collaboration. So, on the left side what you're looking at is a spider diagram where we're looking at change in responses from 2014 to 2016 at the Ward level. This is, irrespective of sector, and on the right side, what you can see is the change and responses at the district level. And what you see here is, essentially, that is a huge shift and I'm hoping, I'm sure you can't see my cursor here, but what you see is that there is a huge shift on the left side, where more respondents were saying that they were engaged in nutrition related discussions, were having more effective collaborations, and felt that decisions were being made, based on technical evidence. But where you can see that we have on the left diagram we have three places where we have highlighted what they felt was lacking. Was that their colleagues had adequate skills and training, that they had adequate skills and training, and, most importantly, besides the capacity issue, despite effective, what they termed as effective collaboration, they still felt that there was insufficient sharing of information across sectors and this seemed. And this did not change between 2014 and 2016. The other thing that I'd like to point out is that fewer respondents agreed that their roles and responsibilities around nutrition were clearly defined. So, the number that responded that in 2014 was low, and then it went down even further in 2016. And on the district level what you can see is that other than the issues related to capacity and the issues related to information sharing, which would be considered as a form of collaboration, you find that everything else is very different from the Ward level. So this is a lot to unpack in this slide here, but I just wanted to highlight the fact that this is all published in a paper, and we're going to give you the paper references at the end of this webinar.

On that note, I think, on the next slide I'm going to pass this over to Grace and I will come back with the concluding remarks. Thank you.

## Speaker name

Thank you, Shibani. So, I'm now going to talk about a recently developed a metric called the nutrition governance index. I will briefly touch on its relevance and application in the context of Nepal.

And next slide, next slide please. There's a need for countries to translate their policies into measurable outcomes. However, there are very few metrics that are developed to achieve this, and some of these include, some of these are the political commitment rapid assessment tool, and the hunger and nutrition commitment index. And these tools are aggregates course at the national level, so they cannot be used to assess sub national groups or things like sectors or ministries. And the other issue is they may not be nutrition specific. So, we developed a tool that can address these issues, in addition to assessing the readiness to implement nutrition policies.

And next, please. So, these are some of the concepts that are captured by the nutrition governance index. They were obtained based on published literature about the key factors that are relevant to nutrition governance, understanding of nutrition and related policies, formal consideration of nutrition in national budgets. It's important to have a clear definition of nutrition-related responsibilities, clear leadership-- do they have an advocate for nutrition related issues? On the job training is quite important, and of course availability of financial and non-financial support.

Next slide please. So, we then condensed all of these responses into principal components, using a statistical technique called principal component analysis or PCA. These components capture most of the variation in the data and they are weighted by this variation, and finally aggregated into a single score. We validated the final score by assessing its reliability and construct validity in order to determine the extent to which all of the questions are measuring the same traits, and also confirm the relationship between the questions and the same components.

Next slide please. And, as a result we identified six different domains that were aggregated into a single score that we have now named the nutrition governance index, or in brief, the NGI. It has been normalized to range from zero to 100, so that it's easy to interpret and it should be very intuitive to use. These are understanding nutrition and responsibilities, collaboration within and across offices, access to financial resources, nutrition leadership capacity, and coordination and support.

Next slide. Right, so then we used that 2014 and 2016 data to demonstrate application of the NGI over time. And we can see that there was overall improvement in nutrition governance across all of these sub national groups, as evidenced by the red line being on top of the blue lines. That red line is data for 2016, and the blue line is for 2014. And we can see that the health ministry relative to the non-health ministries scored highly both cross-sectionally and across time. And you can see also officials who were trained on the job performed much

better than those who were not, and in 2016 the longer the duration of employment, the more effective they were in their governance. But this is just an example of its application, but the NGI can be extended to other sub national groups.

Next slide please. So, in another application, we hypothesize that the NGI is associated with nutrition outcomes in children. And once again we explored this relationship in Nepal.

Next slide please. We employed two modeling approaches to explore and confirm this relationship. Given the study design, if you recall from Shibani's presentation, there is a design effect to account for in this relationship. So, the GEE model provides robust estimates of the variances of regression coefficients, while also adjusting for known factors that are associated with nutrition outcomes. And the multi-level model approach enabled us to estimate variances at each level. We had two different levels, the individual level which had the child level factors, and the VDC level at which point nutrition governance its effects on children.

And next slide please. So, we see that in both models, we found that these are a positive and significant association. We found that the more effective nutrition governance, is protective of stunting in older children compared to younger children. And in the multi-level model, it was significantly associated with better weight for height Z scores, but this relationship was not significant in the GEE model.

And next. We are probably seeing this effect-oh, one more back please. We are probably seeing this effect in older children because policy actions rolled out in Nepal were more likely to improve nutrition sensitive pathways, which generally benefit older children. And nutrition specific interventions are usually designed to affect pregnancy and immediate post pregnancy outcomes. The other reason, of course, could be the lagged effects that we are capturing, as older children have more exposure to existing policies than younger children.

Right, next, please. So, a few points to consider when using the NGI in order to get a comprehensive understanding of nutrition governance. It's important to assess performance, based on the overall score in addition to the domains as well. If you recall, we identified six domains-- it's important to know how, let's say, a ministry performs on each of these domains, because an overall high performance in the NGI does not necessarily mean a high performance in all of the different domains. Of the other issue is we were agnostic to individual changes within positions, which may create some noise in the quality of responses. But these changes were not significant. And again, individuals were selected purposively within districts, so the nature of the study design may limit generalize ability of results beyond our sample. Which makes it all the more important to test the NGI in other contexts. So, in summary, measuring the effectiveness of policy implementation at the sub national level is feasible using a simple and intuitive tool like the NGI. The nutrition governance index can be linked to nutrition outcomes and can be contextualize for use in other countries.

I will now introduce Shibani to conclude this presentation.

## Shibani Ghosh

Thank you, Grace, very much, and can we have the next slide please.

So, thank you everybody, and I've been reading the chats and we hopefully got some of the Q&As answered, but I'm hoping we can have a good discussion after I finished the conclusion on this presentation. I think one of the things that we have realized, you know starting off on this journey, as well as we're going through it, is that you know implementing multi sectoral policies have major complexities associated with them. You need a high level of quality and performance and coordination and convergence, and all this, if you will, is hard when you're dealing with varying types of management, when you're dealing varying types of technical capacity and governance environments. And what's even more critical is that what might be terminology that is normal in one sector might be very different from the other sector. So, it's a, it's a very challenging approach that has to be implemented if we want to achieve nutrition. So that's really the environment that we are working in, which makes it very hard in terms of trying to sort of say okay what works and what doesn't work. So, the next slide please.

And what we found, and this is very similar to what Eileen has also reported in Ethiopia, that there is movement happening. We are seeing the implementation of the MSNP policy moving ahead in Nepal in the forward direction. And in our surveys, we do find strong commitment and a positive shift in capability and collaboration, particularly at the lower levels of governance, because that's the front line. That's where you need to see shifts happening in the sectors. But you do definitely see a need for more committed resources for nutrition training, information sharing. And one critical thing that came up as we were reviewing the analyses is that there was this call for a need for clarity over division of labor, roles, and responsibilities within the multi sectoral plans. And that was something that came out very, very clearly to us. And, and so I think, I think these are all the elements of what the civil society and what government officials are telling us is going to allow them to do better with multi sectoral policies. And finally, I'd like to say that I know that there are in there has been some chatter about the different types of tools existing for governance assessment. And we think that we're trying to generate something that's a little bit more novel, it allows us to measure the quality of the policy implementation, but it also allows us to assess constraints and opportunities, not just at the national level, but also the sub national level. Critical to that sub national part is we're looking at the front line, and we're doing an assessment across the entire pathway, if you will, from the national level down to the front line. So that's, and we're doing this not just individual sector by sector, we are assessing it across all sectors. So, we think that this is an interesting tool and approach to utilize. We are very open for collaborations and we are more than happy to share the tool, as I know, Eileen has also mentioned in her chat that she is more than happy to share the tool. And you know, obviously, there is country contextualization needed. In fact, we are working with colleagues in Laos right now in contextualizing this tool towards potentially doing some assessments in Laos. So please feel free to reach out to us, and these tools are readily available and accessible and usable.

Next slide please. These are just the publications on the Nepal end that are all available on our website, as are the Ethiopia publications that Eileen has already made reference to. So please feel free to visit our website and you'll find these available for download. The third paper is

under review right now, so you may not find it, but he just wanted to make sure you knew that that was underway.

And last slide please. And these are some references that we have utilized in our presentation, as well as in the manuscripts, which might be of use for some of you who are planning and thinking about assessing governance for nutrition. So, thank you very much and I'm going to hand this over back to Robin.

### **Robin Shrestha**

Oh. Thank you, thank you Shibani, Grace, and Eileen. Lots of synergies in terms of the findings in the two countries, like you know in terms of governance, for effective implementation of the policies, there's an increased demand in understanding the roles and responsibilities. Also increased capacity and access to financial and non-financial resources. So, thank you for presenting that, and with that we will now open the floor to questions. And we already have a lot of questions and thank you, Eileen and Shibani for answering some of them in the chat box.

And some of these might be worth to bring in for the discuss into a larger group here. So, what I'll do is I'll start with Eileen, this is a question from Kerry. And, and she says in some of your slides, the agriculture sector was not shown as a part of economic sector, and along that line if you can also clarify, and I know you've already done that in the chat box, but who are the partners in your sector, and which group do they represent.

### **Eileen Kennedy**

Thanks, Robin. Yeah, the agricultural sector was included in the economic sector, and that was actually at the suggestion of our government collaborators. Because they see, still, agriculture contributing quite significant amount to national GDP. Partners included donors, international agencies, international as well as national NGOs.

### **Robin Shrestha**

Great, thank you. Shibani, this is a question from Prava, so, since social protection play major part in nutrition sensitive access in terms of data quality and diversity and food security, for the multi sector aspect, what specific change, did you see or did you look at around social welfare investments in Nepal? And if you can, what are, if you can explain what are those some of those key drivers of change.

### **Shibani Ghosh**

Okay, thank you, so I think to clarify with Prava, which I think I did put in the chat message, is that we were not assessing change in investments over time, I do believe that colleagues from USAID SPRING have done some kind of investment assessments at the national level, and how those have changed over time. So, in this particular study we didn't look at changing investments, I do also know that USAID Suaahara in Nepal had done some local district level investment mapping to sort of say okay, what kind of resources are going to which activities. I could be wrong, but I would sort of direct Prava towards looking into that. In terms of social protection, it absolutely plays a major part and, I believe, there are other colleagues on this session who might be more familiar with MSNP, but that does play an integral part of MSNP, particularly in areas where there are going to be high levels of food insecurity and poverty. So, I'm sure I'm not answering the question, but I hope this helps.



## Robin Shrestha

Thank you Shibani. And I'll move on to Grace. Grace, did you measure access to government services or schemes or other financial services, or can NGI be able to measure that?

## Grace Namirembe

So, access to government services? So, when we created the NGI we had a wide list of questions to work from. And the 24 that we ended up with were after an iterative process, and they were all condensed into these much smaller domains. So, the domains that remained with may not have captured all of the different concepts that we had. So that could have been access to government services. No financial resources were captured, but the point is the final list of questions could have eliminated some of the questions that we asked because they had to be, the NGI had to be based on questions that are relevant to that retained components. But yes, we do have different questionnaires for this, one is an exhaustive list based on, of course, literature reviews. And this also goes to answer Sarah {unintelligible}, we did ask all the officials quite a number of questions, but in the statistical process, we had to eliminate some of them to make it more relevant to the domain. So, the factors are all the components retained. And, of course, in other applications, or in other contexts, we could build on to these questions to get more domains, but statistically we couldn't come up with all the different factors that are associated with governance. I hope that answers your question.

## Robin Shrestha

Thank you, Grace. This is a question from {unintelligible} and maybe I'll request all the panelists to share their thoughts.

This is about what aspects or factors of governance do you think, or have you found from your studies, are most important for improving nutrition services and outcomes? Maybe we can start with Eileen.

## Eileen Kennedy

In a very complex situation, this is, believe it or not, easy for me to answer. If we look at success stories, there are three factors I see across success stories, whether we're talking about success at the national level or sub national level. Leadership motivation and commitment, and if I could use two examples. The first one, Malawi, where I was working years ago, former President Dr. Banda was given some data indicating a very low percentage of children in the country were immunized. He decided this was unacceptable and got every child immunized, and almost in a nanosecond that number went from a baseline that was pathetic to over 90% of the children. Now that kind of draconian measure you don't often get. But it's a question of commitment and leadership, and where that doesn't exist, I think they're there are ways of generating it. And let me just, because I don't want to just be specific context specific, but there are some rules, I think that rise to the top. The very effective Zero Hunger movement in Brazil, people often equate with the President, or the prior President, Graziano, but it actually started at the Community level of a national NGO, which had the equivalent of a Zero Hunger Program. It was so effective at the local level and politically, seen as advantageous, it was adopted at the national level. So that that leadership commitment and motivation comes

## **Robin Shrestha**

That's a good point, thank you Eileen. There's one quick question for Shibani and Grace from Sharon, how well do studies in Nepal that include the districts now apply to the new federal structure that is in place? Is it all lost, or what can be inferred? So maybe Shibani we can start with you and maybe Grace can chime in.

## **Shibani Ghosh**

Right yeah and I was literally just typing a response to Sharon's question as I'm like scrolling and making sure we don't miss out on any questions, so yeah, Sharon, thank you, yes, this was something that, you know, after 2015 we realized that we couldn't actually continue... we did a 2016 survey on the ground, because the structure was still in place. There was a, you know, as you're aware that it took about a year and a half, almost two years for the system to change in Nepal. And so, I think what we did have was a 2016, which was the old system, and then we don't have data on 2017 and 2018, which is the new. I believe it was a little bit to do with the fact that many of the officials were not in their positions in the new structures. And so we were able to then go back in 2019, so we'll be able to compare the rounds of data to see, you know, to what extent have there been shifts in the sort of analysis in commitment capability or collaboration. In terms of the NGI, maybe I'll hand it over to Grace and see how could we use the 2019 data for the NGI. Grace over to you.

## **Grace Namirembe**

Yes, so we can definitely use that 2019 data for creating the NGI. But there will be caveats. I, and this is up for discussion, but I think it's best to use the 2019 data as a baseline. And maybe compare with previous time points, with a few caveats, but moving forward it's best to compare 2019 to newer studies, basing on the new structure. So, we do have a baseline for 2019 for sure, and we have created the NGI for 2019, but we're just working on the caveats necessary in the comparison to previous rounds.

## **Eileen Kennedy**

Robin can I add one more thing there? As I hear my colleagues talking a million thoughts occur to me, but the development agenda in many countries is being sustainable development goals, and I think we have to remind ourselves that there can be competition between SDGs, which is a priority. And let me use a very simple example. A lot of what we've talked about today in Nepal and Ethiopia, maybe nested under sustainable development goal two, you know, no food insecurity, eliminate malnutrition in all its forms, sustainable agriculture, but for a lot of countries sustainable development goal one, no poverty, is higher on the agenda. And so getting back to what gets implemented, you need to think about across the continuum of priorities of the government, how do you continue to elevate health and nutrition in the agenda, but realizing that government has multiple priorities, adding to Shibani's point, these issues are complex.

## **Robin Shrestha**

Right. And yeah that's a good way to bring this all to close, because we still have a lot of questions, but unfortunately can't get through all of them, but I will ask all our three panelists to

share, maybe like one key takeaway message, and as we advance our understanding on governance around nutrition. And we can start with Grace and then onto Shibani and Eileen.

### **Eileen Kennedy**

Sure.

### **Grace Namirembe**

Sure. So, everything that's been said, but I just want to add one thing. These metrics are they have great potential for increasing transparency, government transparency, and accountability. So, we definitely would vouch for their continued use in different contexts, not just in Nepal.

### **Shibani Ghosh**

Next, yeah, I'd have to say thank you. I've been looking at, I realized Robin, there was things in the chat box that we haven't captured. So, I'd like to say that for us this is just, I feel this is one piece of the puzzle. There are obviously other efforts going on, whether it's in Nepal or Ethiopia. And you know we try to converge and coordinate as much as possible at the national level, and that this, you know our webinar is one way that we can share our findings, and bring it to all of you, and I appreciate all the comments and questions, and I hope that we can continue working in the space bringing data where it's needed, that is to the policymakers to make the right decisions. So over to you, Eileen.

### **Eileen Kennedy**

Oh Bingo, Shibani. I wasn't going to say that, but Bingo. Evidence based policy, that would be wonderful. What I was going to say, and I will, is that sometimes individuals involved in development, you get a little bit jaundiced. Oh, you know, are we really making progress, and again I think if you look at it in the long term, we are making progress, globally. Malnutrition has decreased whether one is talking about stunting or micronutrient deficiencies, still a problem, but we see progress. And I think part of it is okay, what has contributed to that progress? And it's a multi-dimensional answer to that, but for us in policy and us and research, don't get discouraged, you need to look at these issues with a longer-term perspective and keep on using and providing evidence-based policy.

### **Robin Shrestha**

Thank you, Eileen, Shibani, and Grace for that thought. We have taken an extra two minutes and I apologize for that. But this has been an engaging and vibrant webinar. And on behalf of the Nutrition Innovation Lab I thank all the 260, 270 participants, we have had participating and listening in today. Stay safe and thank you.

### **Eileen Kennedy**

Thank you, Robin.

**Shibani Ghosh**

Thank you everybody, thank you everyone for joining.



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Implemented by:  
JSI Research & Training Institute, Inc.  
2733 Crystal Drive  
4<sup>th</sup> Floor  
Arlington, VA 22202

Phone: 703-528-7474  
Email: [info@advancingnutrition.org](mailto:info@advancingnutrition.org)  
Web: [advancingnutrition.org](http://advancingnutrition.org)

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