transform nutrition

research brief

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New approaches to accountability in nutrition

Getting governments and others to step up to the challenges of undernutrition requires concerted efforts to build commitment, increase responsiveness and to hold these actors to account for their progress or its lack. For the past six years Transform Nutrition has been at the forefront of research and conceptual development on accountability and nutrition. This brief describes the research, tools and approaches developed by the consortium to build, monitor and increase commitment, responsiveness and accountability in nutrition.

Building and monitoring commitment

Transform Nutrition was catalytic in the development of the Hunger and Nutrition Commitment Index (HANCI), which is led by the Institute of Development Studies. The Index measures commitment in terms of government expenditure, programmes and legal frameworks in areas both directly targeting – and related to – improved nutrition. The index has been published as an annual global index and as a special African Index in 2016. Partnering with civil society in index countries has been integral to ensuring that the index has become one of the go-to places for nutrition advocacy. Work on the index has been accompanied by research considering broader drivers of commitment to both nutrition and hunger in a five country comparison, which found that hunger and nutrition commitment do not necessarily go hand in hand, despite the common assumption that they do. Such findings only emphasise the need for further advocacy around nutrition commitment and the ways in which it can be integrated into more dominant narratives on hunger.

Increasing responsiveness

Nutrition surveillance – ie the systematic and periodic collection of information on nutrition – is vital to the capacity of governments and other agencies to track their progress towards reducing undernutrition, to promoting the accountability of their actions and to improving their ability to respond promptly to rapid changes in nutrition status.

Surveillance systems are constrained by time-consuming and error-prone paper-based data collection and entry. Data transfer may take months to reach a level at which they can be analysed and lack of human resources to accomplish analysis often leads to further delays and underuse of surveillance data. Consequently, monitoring of nutrition services and outcomes in real time and timely response to nutritional crises is often impossible. Transform Nutrition's research in this area has reviewed nutrition surveillance systems and considered the role of ICTs including mobile phones in nutrition surveillance and health delivery. Mobile phone technologies could help to address many of the existing challenges of surveillance but our work shows that there is a lack of rigorous evidence in this area to date.

EDWARD AHONOBADHA/SAVE THE CHILDREN

A child being checked for malnutrition in Wajir County, Kenya.

IDS together with World Vision evaluated the use of a mobile phone application for community-based monthly growth monitoring in urban and rural Indonesia. The team found a significant improvement in data accuracy, timeliness and responsiveness to the data at community-level compared to traditional paper-based growth-monitoring.

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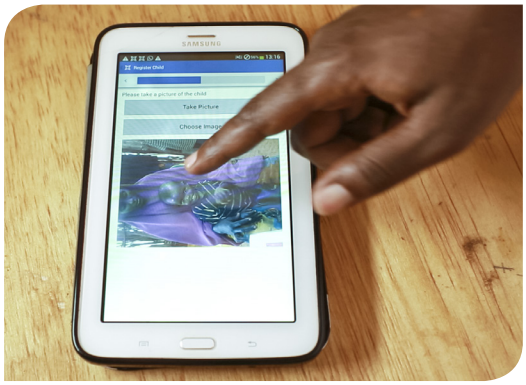
Another area in which Transform Nutrition has been able to contribute new evidence is on the

application of these technologies to Community based Management of Acute Malnutrition (CMAM). CMAM is a proven high-impact and cost-effective approach in the treatment of acute malnutrition in developing countries. However, its success is limited if treatment protocols are not followed, record keeping and data management is poor and reliable data is not available in time for decision makers. A mobile health (mHealth) application was developed and piloted in five countries by World Vision, Dimagi, Save the Children and International Medical Corps (IMC) to help health workers follow treatment protocols for CMAM and generate accurate and timely data to respond to changes in caseloads, and an impact evaluation was conducted in Kenya. Preliminary findings show that the application dramatically improves the completeness of data, reduces the number of errors compared to paper systems and reduces the time between data collection and availability to decision makers. It also improves aspects of CMAM quality of care and adherence to treatment protocol by providing step by step guidance, automatic calculations of z-scores and treatment doses, and reminders of counselling messages. However adapting mobile applications and rolling them out in remote hard to reach (yet also the neediest places) takes time, costs more and requires a lot of on the job training and ongoing support to ensure health workers fully use the mobile devices and application.



JUOZAS CERNIUS/SAVE THE CHILDREN

A tablet with CMAM application to help assess and treat children with acute malnutrition.

Community level accountability

Social accountability initiatives (SAIs) have been trialled in many public sectors including education and health, but there is still little evidence on their use to directly benefit nutrition. Research published by Transform Nutrition in collaboration with the Making All Voices Count Programme has reviewed the evidence in South Asia and pointed to a number of innovative ways in which social accountability tools are now being applied to health, nutrition and related sectors. Formative research undertaken by the consortium has also looked at the way in which existing community accountability mechanisms are actually functioning on the ground in the Indian state of Odisha. Such evidence fills a critical part of the picture on the constraints and opportunities to institutionalised SAIs functioning at scale.

Recommendations

- Accountability in nutrition is often conceived solely in terms of having the right data available at a national level.
- Research by the Transform Nutrition consortium has shown the benefits of data on government commitment; real time data available to increase health worker responsiveness; and the potential opportunities and constraints to greater community involvement in monitoring the delivery of health and nutrition services.
- These areas represent still nascent areas of research and suggest potential avenues for further investigation, including more rigorous studies of community based mechanisms, those using ICTs and alternative ways to increase and advocate for government nutrition commitment.

Further reading

Dolf te Lintelo, Lawrence Haddad, Rajith Lakshman, Jennifer Leavy, Measuring the commitment to reduce hunger: A hunger reduction commitment index, Food Policy 44 (2014) 115–128

Using mobile phones for nutrition surveillance: An Evidence Review. Inka Barnett, Jose Gallegos IDS Evidence Report 01. April 2013

Veronica Tuffrey, Nutrition surveillance systems, their use and value, Save the Children Report, June 2015

Social accountabilty initatives in health and nutrition: lessons from India, Pakistan and Bangladesh N Nisbett, N Ahmed, S Deshpande, F Feruglio – 2017

Credits

This research brief was written by Nicholas Nisbett, Dolf te Lintelo, Natalie Roschnik, Emily Keane, Inka Barnett and Veronica Tuffrey.

Transform Nutrition is funded by UK aid from the UK government and is a consortium of five international research and development partners. Using research-based evidence we aim to inspire effective action to address undernutrition. The views expressed do not necessarily reflect the UK Government's official policies