



Explaining the reduction in child undernutrition in the Indian state of Maharashtra between 2006 and 2012: An analysis of the policy processes



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ABSTRACT

The Indian state of Maharashtra has been lauded as a 'success story' for its rapid and significant decline in undernutrition amongst children. Between 2006 and 2012, childhood stunting fell from 39 to 24%. Whilst the global policy and academic literature strongly emphasises the need to act on nutrition, there are still too few studies outlining the policy processes which been part of successful state-led strategies – particularly at a sub-national level. This study is intended to contribute to future policy via unpacking the unfolding story of policy and programme attention to nutrition. Stakeholder perceptions and opinions on the wider policy, political and contextual reasons for Maharashtra's decline in child undernutrition were sought and used alongside documentary evidence to construct a chronology of key events. Key factors identified via this process include the way in which issue framing and evidence helped catalyse a political response; the particular governance structures employed in response (the State's 'Nutrition Mission') and the way in which leadership and a focus on system-wide capacity combined in an innovative fashion to focus resources on pockets of deprivation in high-burden areas.

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1. Introduction

An estimated 159 million children are affected by chronic undernutrition globally (International Food Policy Research Institute, 2016, p. 2). Undernutrition has been shown to significantly increase the risk of morbidity and mortality and can have irreversible and lifelong consequences on physical, mental and cognitive development of a child; with inadequate growth and nutrition in mothers also transferred to the next generation in the form of already stunted neonates (Black et al., 2013). Effective interventions exist to tackle undernutrition at an immediate level (e.g. breastfeeding promotion, etc.) (Bhutta et al., 2013) which, alongside wider changes in 'underlying' drivers (Ruel and Alderman, 2013; Smith and Haddad, 2015), could result in significant gains in nutritional status and other health and economic benefits if implemented at scale. However, there is a consensus on the need for better evidence on how to scale up these interventions and how to sensitise wider development to nutrition more effectively (Gillespie et al., 2013; Ruel and Alderman, 2013). Only then will newly agreed global targets to reduce undernutrition be achieved.

The Indian state of Maharashtra offers one of the most prominent examples of a populous state achieving a rapid and significant decline in undernutrition amongst children. Between 2006 and 2012 the prevalence of child undernutrition dropped dramatically. Childhood stunting (low height for age – a key measure of chronic developmental difficulties) fell from 39 to 24%, as measured by two state-wide surveys (International Institute for Population Sciences, 2013; International Institute for Population Sciences and Macro International, 2007). This was a decline of nearly 3 percentage points per year. This puts Maharashtra amongst the most successful states to have tackled childhood undernutrition. Understanding the situation in Maharashtra helps fill a gap in studies at a sub-national level. But with a population of 112 million people,¹ the state also represents an important case of how to tackle undernutrition at scale.

The original and primary question the study set out to ask is 'what factors were perceived by stakeholders to have contributed to the decline in stunting in the state during this period (2006–2012)?'. Two studies have traced factors associated with the stunting decline via multivariate analysis of the data available in state surveys. When controlling for other factors, such analysis found, in one study: correlations of lower stunting with mother's literacy; higher age at first pregnancy; more antenatal visits; birthplace in a

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¹ At last census in 2011.

facility; and women's wealth (Haddad and Valli, 2014) and in both studies: correlations with higher birthweight; key infant feeding practices - including minimum meal frequency and dietary diversity; maternal stature; improved sanitation and improvements in household wealth (Aguayo et al., 2016; Haddad and Valli, 2014). This study is intended to complement these quantitative studies in considering the wider policy and programmatic factors which together might constitute an 'enabling environment' for stunting reduction in the state (Gillespie et al., 2013). To achieve this, semi-structured interviews with purposely selected stakeholders were undertaken in order to construct a chronology of factors they identified as key to the decline; key documentary evidence related to this period was examined; and analysis was undertaken within a wider framework that has been employed to describe those factors conducive to an enabling environment for action on nutrition elsewhere (Gillespie et al., 2013).

2. Conceptual framing and methodology

The UNICEF framework on the determinants of child and maternal undernutrition distinguishes between three levels of causes: immediate, affecting the individual (including disease and insufficient food intake); underlying, affecting the community and household (including food security, social and care environments, access to health services and safe water and sanitation); and basic (social, political, economic), or structural/societal levels. Recent evidence on undernutrition, including that summarised in the most recent (2013) Lancet series on undernutrition, has highlighted how this multi-causal aetiology calls for a multisectoral approach in policy and programming and a concerted effort to turn policy momentum into action on the ground (Gillespie et al., 2013).

To better understand the factors shaping such efforts, a framework for such 'enabling environments' for nutrition was brought together as part of a series in *The Lancet* (Gillespie et al., 2013). The framework drew on both existing theory and country case studies, following a review over 50 papers. The authors argued that analysing policy, political or programmatic structures is critical to understanding not only the emergence of the basic determinants of undernutrition, but also the policy decisions and effective implementation of programmes designed for its redressal. The framework brought such factors together under three broad headings: (1) the framing, generation and communication of knowledge and evidence; (2) the political economy of stakeholders, ideas and interests; and (3) capacity (individual, organisational and systemic) and financial resources (Gillespie et al., 2013).

The framework offers an advantage in providing a relatively simple way of approaching nutrition policy and politics whilst summarising a broader and more detailed theoretical and empirical literature which has been concerned with similar issues of nutrition or health policy processes. Such literatures speak, for example, of:

- (1) the importance of credible data and evidence, alongside existing internal and public 'framing' of issues as being severe and amenable to policy response (e.g. (Pelletier et al., 2012, 2011; Reich, 1995; Reich and Balarajan, 2012; Shiffman, 2010; Shiffman and Smith, 2007));
- (2) the requirement for considerable political will and commitment (e.g. Heaver, 2005) and effective governance structures, including the need for several sectors to work together in adequate 'horizontal' or multisectoral co-ordination (Harris and Drimie, 2012; Garrett and Natalicchio, 2010; Harris and Drimie, 2012) at the same time as demonstrating 'vertical' co-ordination - i.e. between different administrative levels ((Mejia Acosta and Fanzo, 2012); and

- (3) the importance of capacity development at all levels (individual, organisational and systematic - Potter and Brough, 2004) - including the development of leadership at an executive level (Mejia Acosta and Fanzo, 2012) and wider workforce and implementation capacities (Fanzo et al., 2015; Menon et al., 2014). Others have also brought a number of these factors together to indicate the factors necessary for strategic system wide capacity, commitment and action (Pelletier et al., 2012, 2011) and for effective 'scale-up' of programmes to reach populations at scale (Gillespie et al., 2015; Menon et al., 2014).

We adopted this combination of frameworks (the original UNICEF framework and the enabling environment framework - hereafter 'Lancet framework') both to help identify stakeholders and to group their responses into meta-themes suitable for analysis of the processes at play in Maharashtra as we develop and further analyse a chronology of events of this time. A further explanation of our coding process below, alongside the presentation of our findings in Fig. 5, highlights how this literature was used to inform our approach.

2.1. Study design and data collection

The qualitative research for this study was carried out in Mumbai and Pune and at district level in Thane, Nagpur and Amravati in the Indian state of Maharashtra between September and November 2013. The selection of stakeholders for the study and the topics to be covered in the interviews were guided by the sectors indicated in the UNICEF framework, to ensure adequate multi-sectoral representation of stakeholders. The selection of both organisations and appropriate individual stakeholders (within and outside of organisation) was carried out in consultation with the project team, the local sponsors (UNICEF) and other local experts. Fig. 1 illustrates how different types of organisations and individuals were categorised according to this schema.

Twenty four key stakeholder interviews and a further four Focus Groups Discussions (FGDs) were conducted at district level (the latter comprising frontline workers and civil society activists). Because the data were collected in two rounds, this enabled the research team to prioritise stakeholders in the second round and target stakeholders not yet represented in sectors depicted in Fig. 1. Continual consultation between the team and snowballing recommendations from interviewed stakeholders allowed confidence that major stakeholders and sectors were well represented.² Semi-structured interviews were selected as they enabled the team to probe in a standardised way for key factors identified in the UNICEF and Lancet frameworks, but also allowed for the discovery of unanticipated and emerging themes and events of relevance. FGDs were chosen for district level work due to the short time available for the research team in the field and because it would also allow frontline workers to have confidence in sharing experience in a group. Interviews and FGDs were conducted in person by at least one or two of the authors accompanied by a Hindi and Marathi speaking research assistant using a semi-structured interview guide. All interviews lasted between 45 minutes and 2 hours. Interviews were conducted in English (the majority), Hindi or Marathi. They were recorded digitally and transcribed verbatim (and translated into English if necessary). All stakeholders consented to be interviewed and were guaranteed anonymity and confidentiality. Ethical approval was obtained via the Institute of Development Studies' ethical review committee.

² The research team were fortunate in being able to access nearly all those approached for interview. Only one stakeholder identified as a key informant due to their role in the events described here was unable for interview.

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