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Stories of Change in nutrition: An overview

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ABSTRACT

After a period of relative success in generating political momentum to address malnutrition, there is an increasing urgency to focus on implementation and impact on the ground. This requires better documentation of the experiences of policymakers, nutrition leaders, program managers and implementers in making decisions on what to do in real time, such as coordinating and implementing multisectoral nutrition plans in dynamic country contexts. The goal of the *Stories of Change* (SoC) initiative is to foster and support such experiential learning by systematically assessing and analyzing drivers of change in six high-burden contexts (Ethiopia, Zambia, Senegal, Bangladesh, Nepal and Odisha, India) that have had some success in accelerating improvements in nutrition. While recognizing context-specificity, we unpack the key pre-requisites (commitment, coherence, accountability, data, leadership, capacity and finance) that fuel and sustain progress.

1. Introduction

1.1. Global context

Nutrition's star is rising. Over the past decade, several high-level initiatives, events and publications have been launched, including the Scaling Up Nutrition (SUN) Movement in 2010, the Lancet Maternal and Child Nutrition Series in 2008 and 2013, six nutrition targets (for 2025) set at the 2012 World Health Assembly, the 2013 Nutrition for Growth (N4G) summit, which included pledges totaling USD23 billion for nutrition-related action, three Global Nutrition Reports (IFPRI, 2014, 2015, 2016), recently agreed upon Sustainable Development Goals (SDGs) that include a target to end all forms of malnutrition by 2030, and the newly-proclaimed Decade of Nutrition, that followed the second International Conference on Nutrition in 2014.

While an increasing number of journal articles provide scientific evidence on the importance of nutrition for growth and development, and on the efficacy of a variety of nutrition-relevant interventions, we still do not know enough about how nutrition actually improves in real-world conditions. A recent multi-country review of scaling up impact on nutrition undertaken by the *Transform Nutrition* research consortium summed up the challenge as follows: "*Relatively strong consensus exists on what needs to be done, but much less is known about how to operationalize the right mix of actions in different contexts, how to do so at a scale that matches the size of the problem, in an equitable manner—and how to do so in ways that link nutrition-specific and nutrition-sensitive interventions*" (Gillespie et al., 2015, p. 440).

Many countries within the SUN movement and beyond are now voicing a demand for a different type of knowledge and evidence—namely, evidence on *how* nutrition improves, and how to (proactively) improve nutrition outcomes. It is a call for *experiential learning* that draws upon the experiences of policymakers, nutrition leaders, program managers, and implementers in making decisions on what to do in real time in different country contexts. The *Stories of Change* (*SoC*) initiative aims to contribute to addressing this gap and help meet this demand. In 2015–2016, led by the *Transform Nutrition* research consortium, *Stories of Change* captured and supported experiential learning on how to address the undernutrition challenge in different contexts. Drawing upon case studies of countries that have experienced some success in driving down rates of undernutrition in recent years, *SoC* aims to shed light on the drivers and pathways of nutrition-relevant change, along with the challenges that influence political commitment, policy and program coherence, and the implementation of nutrition-relevant actions, as experienced by a range of stakeholders (including governments, nongovernmental organizations, international institutions, and local communities).

This type of study has rarely been undertaken in a comprehensive manner. While various country case studies of progress in addressing undernutrition have been developed in the past (see Gillespie et al. (1996), and the UN Standing Committee on Nutrition case studies of the early 1990s and mid-2000s), we now have three advantages. First, there is a global political momentum, unprecedented in recent times, to address malnutrition (a momentum that now needs to be fuelled by experience of positive change). Second, there have been significant

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advances in the development and use of a variety of methods and tools for analyzing the political economy of nutrition and change processes, scale up, capacity, and financing; no longer are political and policy processes locked into black boxes beyond the purview of nutrition professionals. And third, there is more data and experience than ever before. The history of concerted and documented attempts to address malnutrition now spans five decades (Gillespie et al., 2016).

The individual country papers in this special issue are extremely rich sources of information, to which the reader is referred for further detail (Cunningham et al., 2017; Harris et al., 2017; Headey et al., 2017; Kampman et al., 2017; Kohli et al., 2017; Nisbett et al., 2017a; Warren and Frongillo 2017). As an overview, this paper seeks to summarize and synthesize these findings to generate overarching lessons on how malnutrition has been addressed, highlighting local perceptions of past change and of current and future challenges.

1.2. Country context

SoC focuses on countries that meet three core criteria: (a) high burdens of undernutrition, (b) commitment and action taken in recent years to address undernutrition, and (c) recent positive trends in nutrition outcomes. In addition, we drew upon the expertise and experience of researchers who have been active in these countries for some time. Our primary focus was on child undernutrition (with a particular emphasis on changes in stunting), recognizing that there are many forms of malnutrition, including rising rates of overweight and obesity. Study sites include Senegal, Ethiopia, and Zambia in sub-Saharan Africa, and Nepal, Bangladesh, and Odisha (a state in India) in South Asia. Table 1 shows changes in selected nutrition outcomes from the early 1990s onward for each of these countries.

While undernutrition is in decline in all countries, rates do remain high and further reductions are clearly needed. In each of these

Table 1
Nutrition trends in SoC study countries.

***SoC* study country**	***SoC* study time line**									
	1990–1995	**1995–2000**		**2000–2005**		**2005–2010**		**2010–2015**		
Ethiopia	**1992**	**1997**		**2000**	**2002**	**2005**	**2007**	**2011**		**2014**
Stunting (%) (<5 yrs)	67	58		58	57	51	51	44		40
Wasting (%) (<5 yrs)	9	13		12	12	12	12	10		9
Senegal	**1993**	**1997**		**2005**		**2011**		**2014**		
Stunting (%) (<5 yrs)	22	n/a		16		27		19		
Wasting (%) (<5 yrs)	9	n/a		8		10		6		
Underweight (%) (<5 yrs)	20	n/a		17		18		13		
Child anemia (%) (6–59 months)	n/a	n/a		83		76		60		
Female underweight (%) (BMI <18.5)	15	n/a		18		22		n/a		
Zambia	**1992**	**1996**		**2002**		**2007**		**2014**		
Stunting (%) (<5 yrs)	46	49		53		45		40		
Wasting (%) (<5 yrs)	6	5		6		5		6		
Underweight (%) (<5 yrs)	21	19		23		15		15		
Female underweight (%) (15–49yrs) (BMI<18.5)	15	9		15		10		10		
Nepal		**1996**		**2001**		**2005–2006**		**2011**		
Stunting (%) (<5 yrs)	n/a	*		51		49		41		
Wasting (%) (5 yrs)	n/a	*		10		13		11		
Child underweight (%) (5 yrs)	n/a	*		48		39		29		
Female underweight (%) (15–49yrs) (BMI<18.5)	n/a	28		27		24		18		
Child anemia (%) (6–59 months)	n/a	n/a		n/a		49		46		
Anemia among pregnant women (15–49 yrs) (%)	n/a	n/a		n/a		36		35		
Bangladesh		**1996–1997**	**1999–2000**	**2004**		**2007**		**2011**	**2014**	
Stunting (%) (<5 yrs)	n/a	55	45	51		43		41	36	
Wasting (%) (<5 yrs)	n/a	18	10	15		17		16	14	
Underweight (%) (<5 yrs)	n/a	56	48	43		41		36	33	
Odisha (India)	**1992–1993**	**1998–1999**		n/a		**2005–2006**		**2013–2014**		
Stunting (%) ((<3 yrs) 5yrs)	(51)	(49)		n/a		(44) 45		38		
Wasting (%) ((<3 yrs) 5yrs)	(28)	(30)		n/a		(24) 20		18		
Underweight (%) ((<3 yrs) 5yrs)	(50)	(50)		n/a		(40) 41		34		
Child anemia (%) (6–35 months)	n/a	72		n/a		74		n/a		
Female anemia (%) (15–49 yrs)	n/a	63		n/a		63		77		

Data sources: **Ethiopia:** Global Hunger Index 2015 (1992, 1997, 2002, 2007, and 2014 data); 2000, 2005, and 2011 DHS.[1] **Senegal:** 1992–1993, 2005, 2010–2011, and 2014 DHS; **Zambia:** 1992, 1996, 2001–2002, 2007, and 2013–2014 DHS. **Nepal:** 2001, 2005-06, and 2011 DHS. **Bangladesh:** NIPORT et al. (1997) (1996-97 data), NIPORT et al. (2001) (1999–2000 data), NIPORT et al. (2015) (2004, 2007, 2011, 2014 data).[2] **Odisha:** 1992-93 National Family Health Survey (NFHS) – I, 1998-99 NFHS – II, 2005-06 NFHS – III, 2013-14 Rapid Survey on Children (RSOC).[3,4] *Note*: Figures above taken from SoC country reports when available and supplemented by data from the various sources listed above, if required. * 1996 DHS data for stunting, wasting, and child and maternal underweight is available for Nepal, but only for children under three years of age. For purposes of comparability, we do not include those percentages here.

[1] Global Hunger Index data for Ethiopia was retrieved here: https://knoema.com/GHI2016/global-hunger-index-2015?country=1000400-ethiopia.

[2] National Institute of Population Research and Training (NIPORT), Mitra and Associates, and Macro International. 1997. Bangladesh Demographic and Health Survey 1996-1997. Dhaka, Bangladesh and Calverton, Maryland, US: NIPORT, Mitra and Associates, and Macro International; National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ORC Macro. 2001. *Bangladesh Demographic and Health Survey 1999-2000*. Dhaka, Bangladesh, and Calverton, Maryland, USA: NIPORT, Mitra and Associates, and ORC Macro; National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International. 2015. *Bangladesh Demographic and Health Survey 2014: Key Indicators*. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT, Mitra and Associates, and ICF International.

[3] NFHS fact sheets can be found here: http://rchiips.org/nfhs/.

[4] DHS datasets and reports can be found here: http://dhsprogram.com/data/available-datasets.cfm.