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

Conceptualizing Drivers of Agriculture and Nutrition Policy Change through the Kaleidoscope Model:

Consultative workshop on micronutrient policy change

September 21 - 22, 2016

Report

USAID FROM THE AMERICAN PEOPLE
MICHIGAN STATE UNIVERSITY
INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE IFPRI
UNIVERSITEIT VAN PRETORIA UNIVERSITY OF PRETORIA YUNIBESITHI YA PRETORIA

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

Report on a workshop commissioned by USAID facilitated by the University of Pretoria Institute for Food, Nutrition and Well-being.

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Capital Hotel, Lilongwe

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Contents

1 Facilitators

SHERYL HENDRIKS is a Professor in Food Security at the Univeristy of Pretoria. She is the founding Director of Institute for Food Nutrition and Well-being (IFNuW). She has led to the development of multi-disciplinary teams and platforms not only to develop a deeper understanding of food insecurity but also to translating scientific research into practical public policy guidance with demonstrated up-take and impact. She serves on multiple global food secuirty adviroy panels. Most ntoable is her contribution to the establishment of United Nations Committee for World Security (CFS) High Level Panel of Experts on Food Security and Nutrition (HLPE) between 2010 and 2015. Prof Hendriks is leader of numerous national and international collaborative food security research projects. She has graduated students from 18 African countries, contributing significantly to developing the food security capacity in Africa. E-mail: Sheryl.Hendriks@up.ac.za

SURESH BABU is a senior Research Fellow and Head of Capacity Strengthening at the International Food Policy Research Institute in Washington. Dr. Babu was educated at Iowa State University, Ames, Iowa (M.S. Economics and PhD Economics). Before joining IFPRI in 1992 as a Research Fellow, Dr. Babu was a Research Economist at Cornell University, Ithaca, New York. At IFPRI, he has been involved in institutional and human capacity strengthening for higher education and research in many countries in South Asia and Sub-Saharan Africa, including, Ghana, Nigeria, Mozambique, Ethiopia, Kenya, Uganda, and South Africa for the past 23 years. He leads IFPRI program on Learning and Capacity Strengthening. His current research includes human and organizational strengthening of food policy systems, policy processes, and agricultural extension in developing countries. E-mail: S.Babu@cgiar.org

STEVEN HAGGBLADE is Professor, International Development in the Department of Agricultural, Food and Resource Economics. He has spent the majority of his professional career—22 out of the past 35 years—working on long-term assignments in Bangladesh, Botswana, Burkina Faso, Cameroon, Madagascar and Zambia. His research and outreach Interests include: agricultural productivity growth and poverty reduction, rural nonfarm economy and supply chains that link farms and related nonfarm businesses with final consumers. E-mail: blade@msu.edu

HETTIE SCHÖNFELDT, is a registered Nutritionist (UK and SA). She is professor extraordinaire in the Faculty of Natural and Agricultural Sciences, as well as an Associate of the Institute of Food, Nutrition and Well-being at the University of Pretoria, South Africa. Under her guidance 25 post graduate students have received their degrees, of which 7 were doctoral degrees. She has published more than 60 contributions in numerous international journals and books, 135 technical reports for industry, with more than 300 contributions to conferences. Under her guidance the nutrient content of South African beef, lamb, mutton, and chicken, milk and milk products has been assessed. E-mail: Hettie.Schonfeldt@up.ac.za

Nic Olivier has more than twenty-five years of experience in higher education, government administration and management of a significant number of both governmental related and academic programs and projects. His key areas of expertise are in governance and development (including inter-governmental relations, relationships within the SADC context, as well as within the three South African spheres of government - including also their interrelationship with traditional institutions), program management (various government transformation programs), strategic management, policy analysis, human rights and legal pluralism. He has also published widely in academic journals and has contributed to a number of text-books.

2 Background and rationale

This consultative workshop discussed the findings of three country case studies (Malawi, South African and Zambia), conducted as part of the USAID-funded Innovation Lab for Food Security Policy (the US equivalent of CoEs). The case studies were conducted by Michigan State University, the International Food Policy Research Institute (IFPRI) and the University of Pretoria. The workshop was hosted by the University of Pretoria.

As part of the Feed the Future Innovation Lab for Food Security Policy (FSP), an applied framework, referred to as the Kaleidoscope Model for Food Security Policy, was developed to analyse drivers of policy change in the food security arena, with a specific emphasis on agriculture and nutrition policies. Bridging insights from existing operational hypotheses within the international donor community and drawing on academic scholarship from public administration and political science, the framework aims to be flexible enough to encompass a broad range of agricultural and nutrition policy issues across a diverse set of countries. As such, it aspires to inform a variety of ongoing policy initiatives related to promoting food security in developing countries. For instance, it can help uncover why countries facing similar agricultural and nutrition challenges choose very different policy options for addressing those challenges. Likewise, it can assist with pinpointing whether bottlenecks to the implementation of improved policies is attributed solely to low capacity or may instead reflect insufficient political will.

The framework has been tested through cross-country case studies of fertiliser and micronutrient policies. This workshop provides an opportunity for presentation of the findings of the three cases that test the Kaleidoscope Model in relation to micronutrient policies. The in-country fieldwork set out to test the robustness of the Model and provide practical recommendations to USAID and others regarding how policy change emerges and why some policies persist while others fade away. Moreover, the in-country fieldwork and consultation with stakeholders will lead to the development of a practical toolkit for use by development partners, practitioners, and researchers to support actual engagements in policy change. Ultimately, by identifying possible entry points into the policy process, the Model will help emphasise what is necessary and feasible to promote better agriculture and nutrition policy choices and outcomes.

2.1 Purpose of the workshop

The purpose of the workshop was to present the comparative findings of the three case studies, in particular with regard to iron, iodine and Vitamin A and to explore the usefulness of the Kaleidoscope Model in country policy processes.

2.2 Programme

DAY 1: Wednesday 21st September, 2016		
TIME	**ACTIVITY**	**OFFICIAL**
09:00 – 09:30	Welcome and introductions: Outline the purpose of the workshop, context and background	Sheryl Hendriks (UP)
09:30 – 10:00	Presenting the Kaleidoscope	Suresh Babu (IFPRI)
10:00 – 10:30	Iodine fortification: Same solution, different timing and impact	Steve Haggblade (MSU)
10:30 – 11:00	**TEA**	
11:00 – 11:30	Vitamin A fortification: Different outcomes, different vehicles even with the same donors	Hettie Schönfeldt (UP)
11:30 – 12:00	Iron: what is the sticking point?	Sheryl Hendriks (UP)
12:00 – 13:00	Plenary discussion • What are the key factors driving micronutrient policy change? • Sticking points? • Lessons for policy change? • Small group discussions questions: VA, Fe, I, nutrition policy processes	Steve Haggblade
13:00 – 14:00	**LUNCH**	
14:00 – 15:00	Small group discussion: VA1, VA2, Fe 1, Iodine 1	Participant-selected chair and rapporteur; Facilitated by team
15:00 – 16:00	Small group work: : VA3, Fe 2, Fe 3, Nutrition Policy Process	Participant-selected chair and rapporteur; Facilitated by team

16:00 – 16:15	**TEA**	
16:15– 17:00	Report-back	Nic Olivier (UP)
17:00 - 17:30	Wrap-up	Steve Haggblade

DAY 2: Thursday 22nd September, 2016		
TIME	**ACTIVITY**	**OFFICIAL**
09:00 – 09:30	Recap and reflections on day 1 Summary of what variables matter most in policy change	Suresh Babu
09:30 – 10:30	Small group discussions: Revisiting the kaleidoscope model • Was it useful? • What variables matter most? • Are there missing variables? What are the implications for policy advocates: • What have we learnt that can help countries drive policy change in nutrition? • How can advocates be more effective?	
10:30 – 11:00	**TEA**	
11:00 – 12:00	Report back; discussion	Steve Haggblade
12:00 – 13:00	Reflections and concluding remarks	Sheryl Hendriks
13:00 – 14:00	**LUNCH**	

Links to the on-line papers:

Kaleidoscope model for policy change theory - brief

Kaleidoscope model theory paper

Drivers of change in micronutrient policy: Zambia case study

Drivers of change in micronutrient policy: South African case study

Still to be uploaded: Drivers of change in micronutrient policy: Malawi case study

Participants included University of Malawi, Chancellor College, USAID, IFPRI, University of Pretoria, North West University, Michigan State University, Medical Research Council, Consultants in policy and legal fields, Department of Health South Africa, Nutrition Unit, National Marketing Agriculture Council, NAPAS, Department of Nutrition, HIV and AIDS Malawi, DAFF, University of Zambia, Center for Human Rights and journalists from Zambia and Malawi.

3 Welcome and introductions: Outline the purpose of the workshop, context and background, Sheryl Hendriks

Sheryl Hendriks welcomed the participants, highlighting the purpose of the workshop. She also welcomed the journalists with whom the University of Pretoria has been working with since April. They have been translating the research into user-friendly language. Participants introduced themselves and provided some background on their work area.

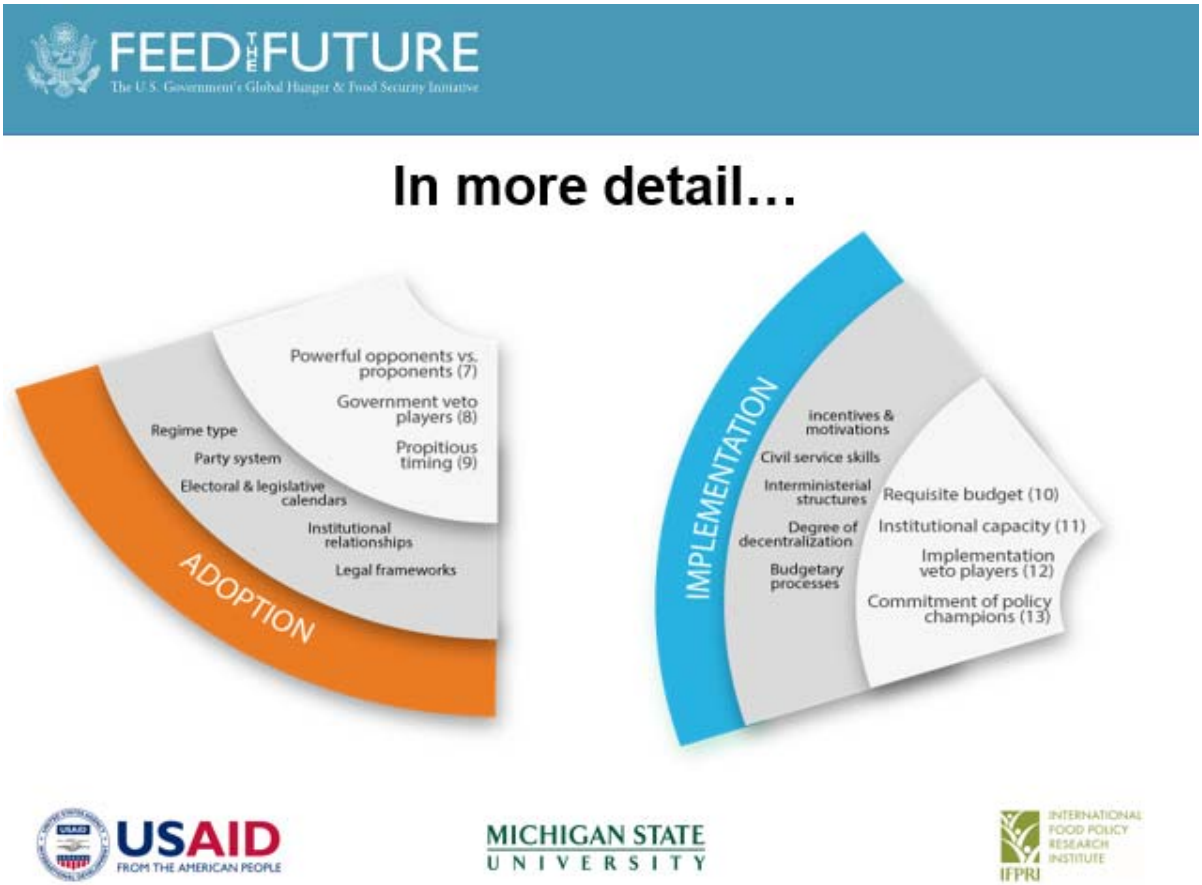
4 The Kaleidoscope Model of policy change, Suresh Babu

Suresh Babu provided background on how the K-model was developed. He highlighted that in the past there was a lack of communication between political economists and development researchers. Both are concerned with how policies are made, but they are disconnected. He provided background as to how the Kaleidoscope Model of policy change was developed and highlighted some key policy process literature. Key questions that both development researchers and political economists are concerned with were presented. He gave some operational examples and assumptions of factors that influence the policy process.

Much of the literature focuses on the developed country context, not much focuses on the developing country context. He gave some examples of some of the frameworks that already exist. He went through the various stages of the policy process, highlighting the contextual conditions at each stage as well as the key determinants that were hypothesised as drivers of change.

Suresh Babu then presented the analytical tools that were used to test the Kaleidoscope Model. These tools are: policy chronology, policy mapping, policy domain mapping, stakeholder inventories and circle of influence graphics. He went through each of the tools explaining the purpose of each tool.

He concluded by explaining that the Kaleidoscope framework helps researchers to analyse the policy process focusing on how countries can learn from other policy processes.



5 Iodine fortification: Same solution, different timing and impact, Steve Haggblade

Steve Haggblade provided an overview of the levels of iodine deficiency over the past two decades in Malawi, South Africa and Zambia. He explained why iodine deficiency is a concern and mentioned that iodine deficiency is an economic issue. The selected solution has been rolled out globally and it was driven by UNICEF. Universal salt iodisation was generally considered a good low-cost solution.

The most startling difference in the three countries was the point at which iodine fortification was mandated. Malawi only mandated salt iodisation almost 20 years after Zambia. All three countries in the early 1990s mandated salt iodisation because of the push from commitments made at the WCS. UNICEF and USAID were very active in enforcing implementation of slat iodisation.

Steve Haggblade provided a summary of the hypotheses tests to show how the iodine policy process progressed. He used this as an example to show how each of the hypotheses was tested. He also provided a summary of the extent to which each key determinant influenced policy change.

Kaleidoscope model hypothesis testing: Drivers of iodine fortification policies

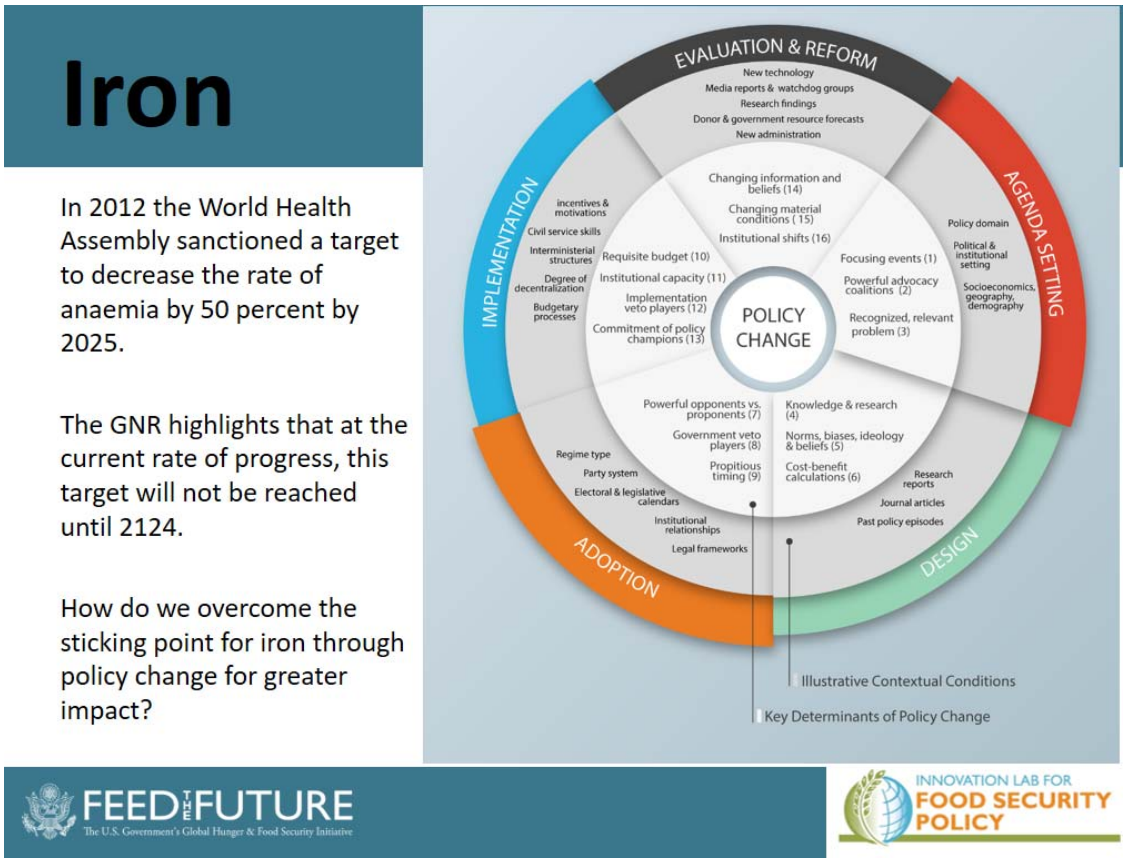
Policy stages	Kaleidoscope Hypotheses		Significant cases
Agenda setting	1	Focusing event	67%
	2	Powerful advocates	78%
	3	Recognized, relevant problem	100%
Design	4	Knowledge, research and ideas	89%
	5	Norms, ideology, beliefs	11%
	6	Cost-benefit, risk calculations	56%
Adoption	7	Powerful opponents, proponents	44%
	8	Government veto players	0%
	9	Propitious timing	11%
Implementation	10	Requisite budget	67%
	11	Institutional capacity	33%
	12	Implementing stage veto	22%
	13	Commitment of policy	33%
Evaluation, reform	14	Changing info and beliefs	78%
	15	Changing material conditions	67%
	16	Institutional changes	44%

6 Vitamin A fortification: Different outcomes, different vehicles even with the same donors, Hettie Schönfeldt

Prof. Schönfeldt provided an overview of the levels of vitamin A deficiency. She then highlighted the different approaches used to address vitamin A deficiency. She provided an overview of the policy chronology for vitamin A. She presented the circle of influence highlighting the opposers, the supporters and the neutral parties. She presented a comparative chronology of sugar fortification in Malawi, South Africa and Zambia. She also provided an overview on biofortification in each of the countries.

7 Iron: what is the sticking point?, Sheryl Hendriks

Sheryl Hendriks began by highlighting that iron deficiency is a global problem and this was also mentioned at during the launch of the GNR. She highlighted that using our current approaches to address iron deficiency will not meet the World Health Assembly goals. Progress in addressing iron deficiency is slow.



She presented an overview of the levels of iron deficiency across all three countries. She also presented an overview of the approaches used to address iron deficiency in all three countries. The decision-making

structures are very important for nutrition. In Malawi, they have a very well-functioning multi-sectoral coordination structure. She presented an overview of each of the institutional structure for the three case study countries. She highlighted that the rights agenda, particularly the rights of children played a key role in getting many of the nutrition issues on the agenda. She highlighted the influence of binding and non-binding agreements that motivated countries to act. She went through the various stages of the Kaleidoscope providing examples from the case studies. She went through the circles of influence from each country highlighting that with iron stakeholder's actors shift and play different roles in different approaches, drawing on new evidence. She concluded by highlighting that we are not doing enough in terms of iron.

8 Plenary discussion, Steve Haggblade

Steve Haggblade chaired a plenary discussion after the presentations.

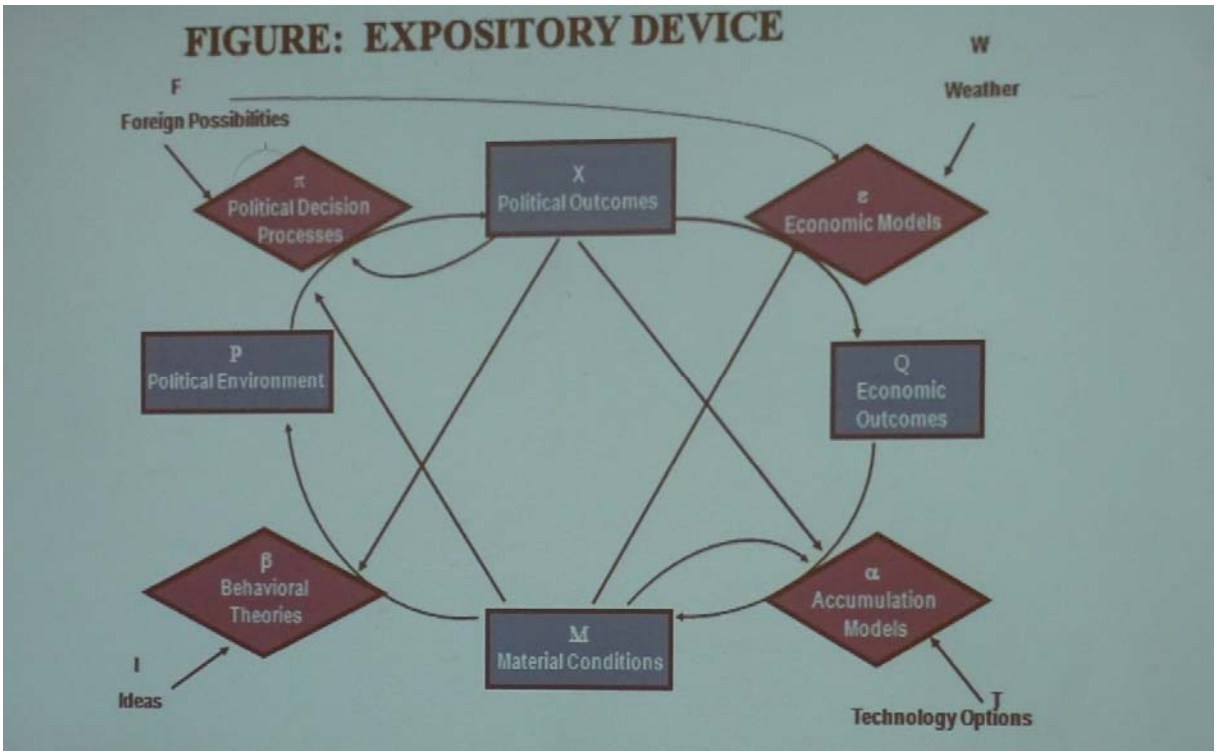
- The use of iron deficiency anaemia and iron deficiency needs to be clarified. There are proxy indicators. Although the studies show that iron deficiency went down, it's a case of iron going down, but anaemia going up. What is the role of anaemia on iron? How does evidence change and how is it self-correcting? The evidence from the WHO is low-quality evidence but gives strong recommendations.
- When you look at the process of legislation, it starts with consultation, then different departments come together and have to provide evidence. At the time the fortification mandate was proposed in Zambia, it was thrown out because there was no evidence to justify fortification. When it reached signing level it was thrown out because there was no evidence and the ministries did not endorse it.
- If you have funding and the institutional capacity is low, what does it mean for policy?
- Donors drive the agenda in most countries because they are in a position to say what they are willing to fund.
- These studies show that the costs are then transferred to the private sector.
- In Malawi GAIN was promoting maize meal fortification, but the technocrats are not convinced that this is a feasible option in Zambia.
- Strong international commitment is evidenced, there is virtually no significant opposition, but it's amazing that progress is so slow. How come in an environment where these interventions are so conducive progress so slow? There are not very clear powerful interests, there is very little opposition, but there is no progress. There aren't any powerful players that will gain from these interventions, that is why progress is so slow.
- In South Africa, companies were complaining that iron gets stuck in the equipment, so they increased the fortificant. Companies are resistant to fortifying, but what incentives were given.
- They had a right to a claim. They could add the logo and that would encourage consumers to buy the product. There was a subsidy programme for the small millers, but it never took up. There were challenges with compliance. They had to be registered and there were tax issues as well.
- Why are these few micronutrients selected instead of thinking of more balanced nutrients? If you push one micronutrient you can cause deficiencies in others. Why are we focusing on these few and what are the implications of that?
- Supplementation is a short term solution; fortification is a medium term solution. It's supposed to start and end. A food-based approach is the ultimate goal, but the reality is that it is very difficult

to graduate from these programmes because they were short term, you cannot afford to take these programmes away. There isn't good data on food intake. We don't regularly monitor the effectiveness of policies.

- Why should iodine fortification be a short term solution? If there is a lack of these nutrients, then why should the programme be short term? Even if you promote good nutrition, there will be a significant number of people who will not be able to afford it. Similarly, other people will not listen.
- Food production might be the best medium. Where do we see this and how can it be introduced silently through the farmers?
- Most of the food behaviours that are maintained are learnt at school. To what extent is this information presented through these primary channels.
- In 1996 when discussions were held in preparation for the world food summit, there were very strong people who lobbied. But it was really lacking in terms of nutrition. Nutrition wasn't paid enough attention to.
- Policies lack benchmarks and timeframes. Lack of universal access is tied to lack of institutional capacity or whether there is a lack of these features.
- The lack of accountability, as well as the lack of capacity, are also challenges.
- The three countries that are being compared are very different. In Malawi, there are very few people who buy maize meal from the shops. It is unlikely that sugar fortification or supplementation is reaching the most remote populations.
- The context is highlighted in the agenda setting stage of the policy process and this needs to be clearly defined at this stage.
- Soils are depleted so there are not enough nutrients in food. There are sensitivities in terms of culture. Poverty also needs to be considered. Traditional diets are not complete and food patterns have changed. It's naïve to assume that we can prevent micronutrient deficiencies by providing health diets.
- There is a lack of monitoring and surveillance to determine what is working and what isn't working. Antenatal clinic supplementation, for example, women do not take iron because of the side effects.
- Studies are showing that iodine deficiency is still high. Fortification of household salt is mandatory, salt comes from processed food and we are not sure if the salt is fortified. We need to be responsive with policies.
- Poverty measurements are based on consumption, so the LSMS studies can provide you data on how much sugar they bought. You have data on a lot of other products. You can use this data to see what nutrition information you can get from household surveys and consumption surveys. These surveys are not combined with DHS. There are very few surveys that combine data on all of these things.
- The data does not capture the ways in which these foods are cooked. These factors have a bearing on the nutrient content.
- With the circles of influence, can you break down the categories to include actively supporting and passively supporting.
- The multi-sectoral thinking is still a challenge.
- Nutrition has no perceived value. It would be interesting to hear from the journalists how they try to communicate nutrition.
- Sometimes countries need to take taste factors seriously. In Malawi, a lot of resources were invested into stability studies etc… so that issues of safety are factored in the development.

Prof Binswanger offered to share an alternative model for policy assessment

He mentioned that the positive aspect of the Kaleidoscope model is that it has a structure for giving policy outcomes for any given framework. He suggested that the research team may want to include more on winners and losers. Who are the biggest winners and how do they impact on the policy process? It needs to become a predictive framework to determine where one can intervene.



9 Report back, Nic Olivier

The groups presented on each of their discussion. Three groups reported back on their discussions on vitamin A, two spoke about iron and one spoke about nutrition policy processes (See Annex A for detailed group discussions).

10 Wrap-up, Sheryl Hendriks

Sheryl Hendriks provided some final remarks to conclude the day.

11 Recap and reflections on day 1: Summary of what variables matter most in policy change, Suresh Babu

Dr Babu provided a summary of the engagement from the first day. The journalists also provided reflections on the engagements from the previous day in the form of how they would present their news reports.

Lillian Mumba: She provided an overview of a radio report she would prepare. She said that she would explain how the K-model works in the layman terms. She would need to explain the drivers of change. She had already spoken to Dr Bwembya who gave an indication of who should be spoken to, experts etc… Traditional leaders were also mention. Looking at the sugar fortification policy, how can journalists drive fortification of other products.

Rhoda Msiksa: She read out a radio report which was completed and is available in the links below.

Kabanda Chulu: Read out the structure of a news article which was published online after the workshop. Links available below.

Benedetta Chiwanda: She presented her radio report at the end of the day.

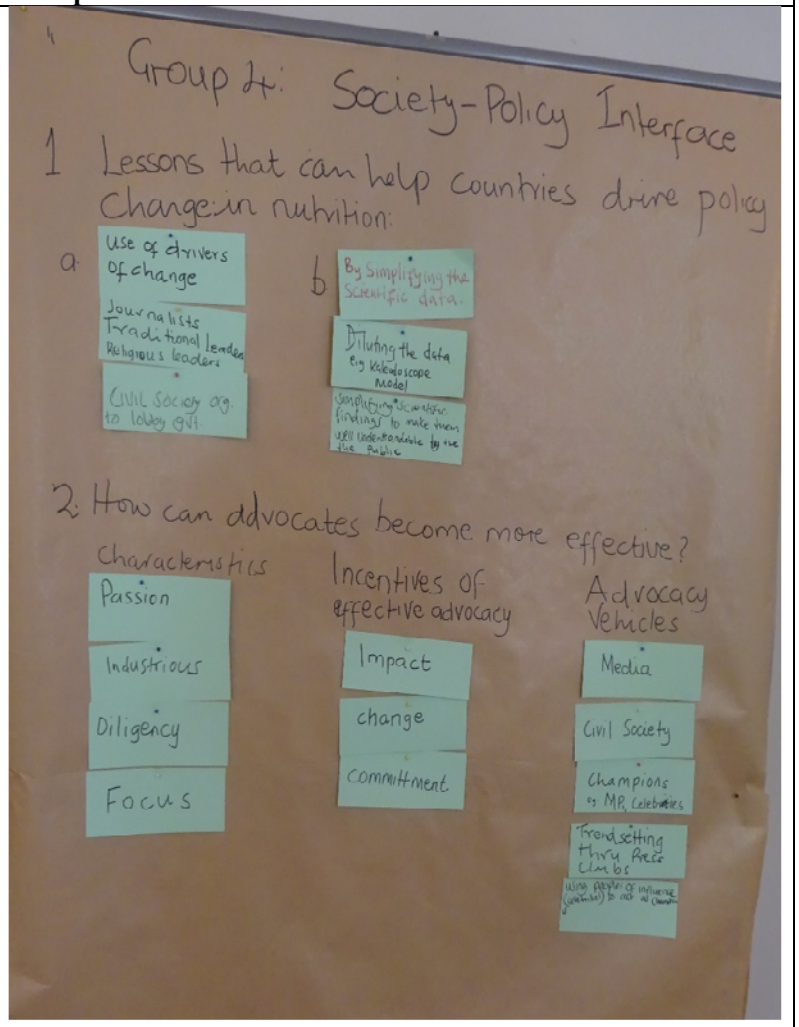
12 Nic Oliver

Nic Olivier presented on the work he would be embarking on and how this work is linked the Kaleidoscope Model and the review of CAADP documentation. Participants were invited to comment on his presentation.

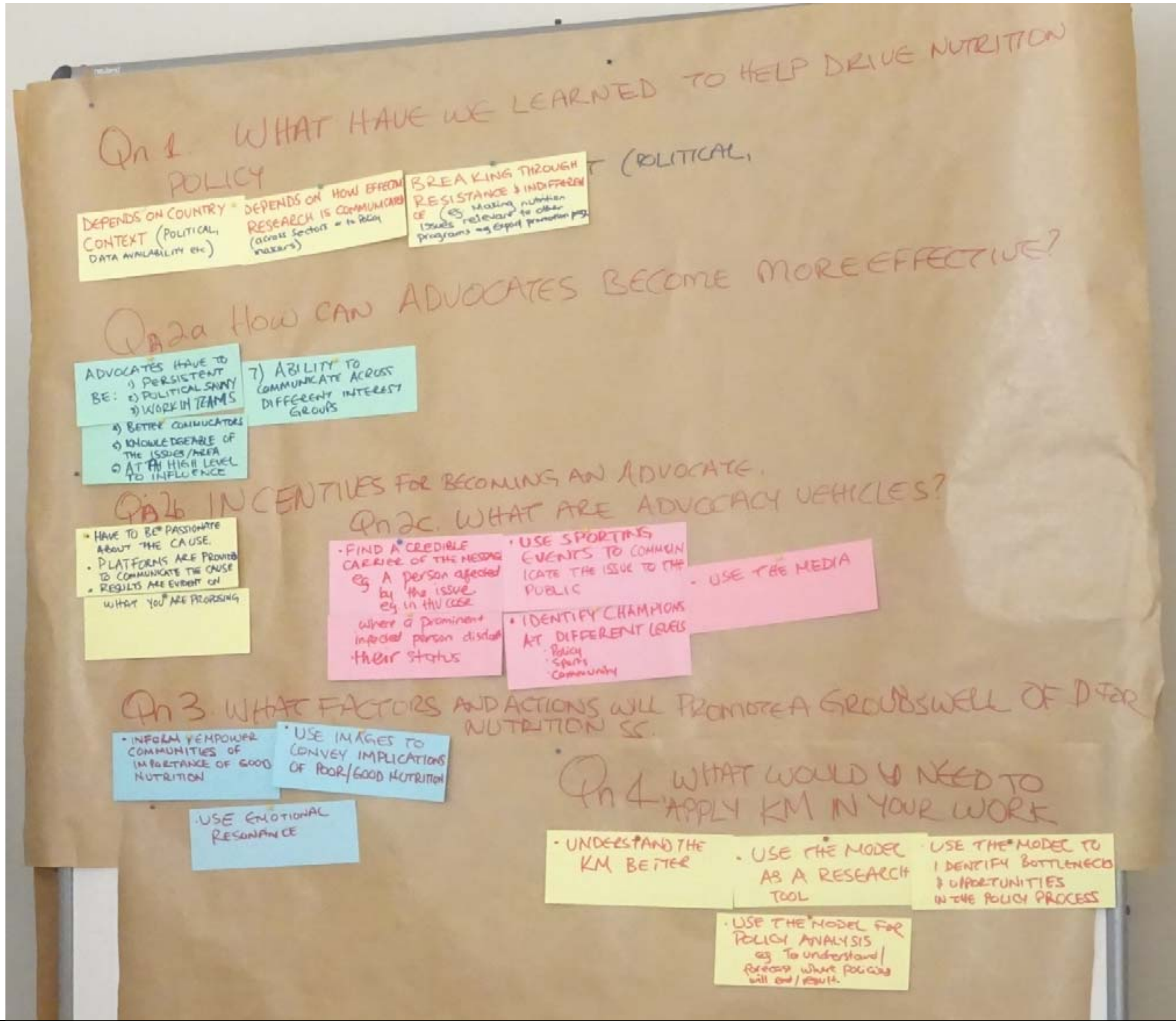
- CAADP is a very good initiative and it helps us move forward, but a number of the CAADP compacts made unrealistic expectation about donor funding, so they are unrealistic from the start.
- It looks like the CAADP compact has been developed without the politicians. The politician's interests aren't included.
- What has been the value added to agriculture in South Africa?
- What concept of nutrition is covered within the CAADP framework? The Malabo declaration is based on the World Health Assembly targets. There is a lot still to be sorted out because nutritionists are still working in silos. There is tension between nutrition pushing the health agenda and the agriculturalists are not interested.
- Agriculturalists can breed anything, but nutrition needs to feed into agriculture and provide advice on what to breed.

13 Small group discussions, facilitated by the C3 team

The team divided the participants into four groups and identified a set of questions for each of the groups to respond to. A group chair was identified for each of the teams. See Annex A for detailed group discussions from day 2.

Group 2	Group 4
	

Group 3


Qn 1. WHAT HAVE WE LEARNED TO HELP DRIVE NUTRITION POLICY
(POLITICAL,
DEPENDS ON COUNTRY CONTEXT (POLITICAL, DATA AVAILABILITY etc)
DEPENDS ON HOW EFFECTIVELY RESEARCH IS COMMUNICATED (across sectors & to Policy makers)
BREAKING THROUGH RESISTANCE & INDIFFERENCE
Qn 2a HOW CAN ADVOCATES BECOME MORE EFFECTIVE?
ADVOCATES HAVE TO BE: 1) PERSISTENT 2) POLITICAL SAVVY 3) WORK IN TEAMS
4) BETTER COMMUNICATORS 5) KNOWLEDGEABLE OF THE ISSUES/AREA 6) AT A HIGH LEVEL TO INFLUENCE
7) ABILITY TO COMMUNICATE ACROSS DIFFERENT INTEREST GROUPS
Qn 2b INCENTIVES FOR BECOMING AN ADVOCATE.
• HAVE TO BE PASSIONATE ABOUT THE CAUSE. • PLATFORMS ARE PROVIDED TO COMMUNICATE THE CAUSE • RESULTS ARE EVIDENT ON WHAT YOU ARE PROPOSING
Qn 2c. WHAT ARE ADVOCACY VEHICLES?
• FIND A CREDIBLE CARRIER OF THE MESSAGE eg A person affected by the issue eg in HIV case where a prominent infected person disclose their status
• USE SPORTING EVENTS TO COMMUNICATE THE ISSUE TO THE PUBLIC
• IDENTIFY CHAMPIONS AT DIFFERENT LEVELS · Policy · Sports · Community
• USE THE MEDIA
Qn 3 WHAT FACTORS AND ACTIONS WILL PROMOTE A GROUNDSWELL OF D FOR NUTRITION SC.
• INFORM & EMPOWER COMMUNITIES OF IMPORTANCE OF GOOD NUTRITION
• USE IMAGES TO CONVEY IMPLICATIONS OF POOR/GOOD NUTRITION
• USE EMOTIONAL RESONANCE
Qn 4 WHAT WOULD U NEED TO APPLY KM IN YOUR WORK
• UNDERSTAND THE KM BETTER
• USE THE MODEL AS A RESEARCH TOOL
USE THE MODEL TO IDENTIFY BOTTLENECKS & OPPORTUNITIES IN THE POLICY PROCESS
• USE THE MODEL FOR POLICY ANALYSIS eg To understand/forecast where policies will end/result.

14 Report back and discussion, Suresh Babu

The groups provided feedback from the discussions in their small groups. Thereafter, Suresh Babu facilitated discussions with the larger group.

- Harvest Plus was used as an example in group 1. There are enough examples of what works. A good model is needed on how to increase diversity. Why can't we apply harvest plus's model and apply it?
- The MRC looks at the burden of disease, specific to mortality, nutrition is the main cause. This approach is used to get the nutrition issue high on the agenda.
- The best way to get high commitment is to start low. If you start by creating awareness, it will change the attitude in a room. Visual images can be used to stimulate attitude change. If you can get the baseline message right and reach the broader public and build on this foundation, you will be much stronger when you are trying to convince policy-makers. You need to use emotional resonance, to convince people.
- Food safety hasn't been spoken about. Most people do not know that maize and groundnuts could be contaminated. There are people that are not aware that they may be consuming something that might be a risk to their health.
- In Malawi, we reached a point where food security and nutrition couldn't continue, there were too many challenges and we decided to have a separate nutrition policy. But being separate has implications. During emergency situations nutrition and food security were sperate. The Kaleidoscope model can help us. There needs to be open communication between food security and nutrition.
- It is important to identify all the key role players and identify mechanisms and approaches to sensitise them. Traditional leaders should be engaged in their formal capacity. Parliament should be briefed by experts. What are our international obligations and other commitments, and sensitise people, so that when you come with a proposal that they are more receptive to.
- There was an assumption that everyone understood nutritional issues. Even in the papers and work, clarify what is the effect of deficiencies of micronutrients and what are the benefits. But connect it to other processes like food production.
- Mobilisation of those who will have to implement the outcomes of this meeting. Another stream of work is needed to show that some of these micronutrients can be found in certain foods and we encourage farmers to produce these products. Unless we are heading for a technology and innovation where the food can be produced in the lab with all the nutrients, there is still a big role of the farmer. As we think about the implications think of the farmers, who will produce the food. We need to lobby for farmer support.
- How do you address a multi-nutrient problem but how do you address it as a multi-food approach?
- Quality and sufficiency of data is a big challenge.
- The data issue is a serious issue in nutrition as a whole. What is the incentive for governments to invest in data collection? The data that is collected is not effectively used. What is analysed is not communicated well. The cost of collecting data and the benefit does not add up. Why do we waste time collecting data then? Why countries don't collect data is an issue itself. What is the extent of the problem and how can we connect it to the solution? We need to advocate for data and good

quality data as well. This relates to credibility. Once you lose credibility, you also lose your influence with the policy-makers.

15 Reflections and concluding remarks, Sheryl Hendriks

Sheryl Hendriks concluded by saying that from the discussions it is very obvious that communication is very important.

16 Media reports

For media reports on the workshop, please follow the links below:

Scientists develop framework to promote agricultural policies by Kabanda Chulu:https://www.daily-mail.co.zm/?p=80724

There is need to diversify food sources, says UNZA by Kabanda Chulu:https://www.daily-mail.co.zm/?p=80924

Kaleidoscope report by Rhoda Msiska:https://soundcloud.com/user-47907124/kaleidoscope-model-reportmp3-1

Micronutrient report:https://soundcloud.com/user-47907124/micronutrient-policy-report-1

17 Annex A

17.1 Day 1 group discussions

Iodine

Chairperson: Jeannine Baumgartner

Members: Steve, Lilian, Dorothy and Moraka

Why did Zambia mandate Iodization in 1978?

Having citizen of Zambia and knowledgeable people in the topic made the question easy to answer, Dorothy mentioned that the Zambia mandate Iodization in 1978 was based on the manifestation of goiters in selected areas.

Question one (b) was based on Malawi case, since there was no one from Malawi in the group the question could not be answered.

Why South Africa won't/didn't lower Iodine level in salt?

Two parts are involved in this matter and it's possible that industry didn't want to lower the Iodine level in salt while public health wanted the iodine level to be lowered and it was a matter of clash of interest, which made it remain at the same level (high). Furthermore, household consumption habits are not the same and this makes it hard to make a solid conclusion on whether to not or lower iodine level in salt.

A question was raised during the discussion is, is there someone responsible for testing salt in South Africa?

The response to a question was, there is no one that is known, but all products produce within South Africa have to be tested by South African Bureau of Standards (SABS), before they reach the retailors.

What lessons for nutrition policy advocates?

- Educational awareness: people need to know the consequences and benefits of using salt.
- Country owned resources: for example, in Zambia one of the projects was shut down because the donors decided to leave the project, but if the country owned resources were available it could have help to sustain the project
- Stakeholder mapping: by mapping stakeholder, it will be known which stakeholder is doing what, where and why, to avoid stakeholders flooding in one place.
- Engage policy makers consistently
- Establish systems that will educate the government on some issues, since they do not know everything.
- Having available data as an evidence

Kaleidoscope model

Variable that the group considered important were:

2- Powerful advocacy coalitions

4- Knowledge and information

6- cost-benefit calculations

7- Reactive power of proponent vs opponents

11- Institutional capacity & 16- Institutional shifts. Were thought that they can be combined.

Iron Group 1

Chairperson: Lilian

Members: Steve, Jeannine, Paul, Bright and Mieke

What is the sticking point?

- Most of the time expecting mothers experience difficulties when comes to iron supplements, these supplements give them constipation and dizziness and they discontinue use. There are iron fortified supplements but are expensive with the haemoglobin fortificant being the cheapest.
- Red meat and beans can be consumed in order for iron to be absorbed.
- Fortification scale is high, but not absorbed.

Where to focus on to move forward?

- More absorbable iron supplements should be made available for pregnant women.
- Focus on anaemia infected people
- Linking school feeding schemes with local farmers
- Focus on pregnant women (if a mother is taken care of, infants won't suffer/pass)
- Understand the other causes of iron deficiency aside from anaemia
- Control infection

What general lessons for nutrition policy advocates?

- Big data is important
- Control of infection rates
- Look critically into national survey

Kaleidoscope model

Variables that the group considered important were:

1-Focusing events

3-Relevant policy problem

4-Knowledge and Information

5-Norms, biases, ideology and beliefs

6-Cost-benefits calculations

Variable that the group thought were omitted:

Transparency of the process

Iron group 2

Members: Hans Binswanger, Hettie Schonfeldt, Dalitso Kang'ombe, Marius, Phoebe Bwembya, Suresh Babu, Elizabeth Mkandawire, Kabanda Chulu

Policy questions

1. What's the sticking point?

Delivery system:

- Blood needs to be drawn to test iron levels.
- Iron tablets have to be delivered to the health posts.
- It's not easy to distribute. Because it's so difficult to deliver there is room for doubts. It's a contested area. The contentious issue of Malaria and iron is new. Respiratory morbidity went up when school children were treated with iron.
- The type of iron is also a challenge.
- You have to take care of the inhibitors that prevent iron from being absorbed. There is a danger of increased morbidity.
- The best delivery mechanism has not been identified. Cheap methods flounder on the fact that an efficient delivery system is not yet in place for large populations. The science is not fully understood; evidence of the best delivery method is also a problem.
- Initiation of ANC is also late. Folic acid and iron are more beneficial in the 4th and 6th month. The 4 visits of WHO are not sensitive of time.
- Although maize meal is fortified in SA, the type of iron used is not adequate. The best source is neem iron which comes from meat sources. It's the most bio-available. There are coping mechanisms in very poor communities such as consumption of liver. This is helping somewhat.
- Delivery mechanisms to reach specific targeted groups have not been identified. Delivery mechanisms need to be focused on a specific target group.
- Anemia is not only caused by iron deficiency; it is also caused by other infections. Hemoglobin is not only connected to intake of iron or nutrition.
- The bio-availability of iron in beans and green leafy vegetable is not enough.
- Iron needs to be available for pre-natal mothers, postnatal, 0 – 5 and school age children. We need to identify what is related to low status of nutrition, psycho motor and stunting. Low birth weight and mother's height are problems that contribute to this. Studies show that there are problems at pre-conception with iron.

- Targeting should be for 4,000 days. The mother's nutritional status is more important pre-conception. The target population should be sooner.
- Zinc is another micronutrient that is a challenge because it is difficult to measure. Zinc is the same as iron, it is difficult to absorb. Zinc and iron are available in meat and eggs, dairy products and cereal.
- Traditional foods all have anti-nutrients that make it difficult to absorb iron and zinc. When zinc and iron are added to a product, they can compete with each other.
- When someone is suffering from iron deficiency, it is likely that they are struggling with multiple deficiencies. That is why multiple approaches are better. They are also cheaper.
-

2. Policy options

• Where to focus going forward?

- Households should be targeted, so that children should start thinking nutrition early so that it becomes a habit. Traditional and cultural eating habits are difficult to change.
- Use whatever complimentary food and include a multi-mix that can be added to the food.
- Proper training is needed for girls when they are in school, so that girls know that both iron and vitamin A are serious problems for them and their children. Training should focus on simple ways to overcome it.
- Households should be targeted. How can households be convinced to consume multiple nutrients in their food.
- You need an approach to figure out how to deliver the multiple micronutrients. Then you need to get households to change, but this is difficult. You go through the child.
- Home fortification is better, but you need to be careful with already fortified food. It can lead to toxicity

3. What general lessons for nutrition policy advocates?

- Is it working through the health systems? Researchers need to provide evidence that it is not working through the health system. An iron and zinc summit is needed to discuss some of these challenges. GAIN is very pro-active in that regard.
- A scientific consensus is needed to decide on what the best options are for delivery. Policy-makers don't know the science. Policy-makers need to see what works.
- Translation of findings into implementable strategies is important. How can these findings be translated to the policy-makers?
- The micronutrient powders only add nutrients, but there are other nutrients needed like fats. It is difficult to discern how it must be used.
- The people who don't have the means don't have the knowledge of how to improve the diets. They have no knowledge that its unhealthy. Pregnancy and metabolic conditions need different strategies. Pregnant women have higher nutrition demands. A specific policy just for pregnant mums is needed.
- Clinics – Department of Health, Early Child Development, Department of Social Development, School health through Basic Education are some of the departments involved in nutrition.To what extent is the DoH the oversight for nutrition. How do they monitor the activities of the various departments?
- The health system is very disease driven. Nutrition is hidden hunger. There needs to be a focus on prevention strategies. Policies need to be aligned so that it is a preventative strategy that is implemented.

- Community health worker system is implemented effectively in KZN, that's why it is so successful. What is the role of the local communities in terms of education and delivery?

Kaleidoscope questions (the group ran out of time and did not get to this section)

1. most important variables

enablers and barriers (lack of scientific consensus and lack of the best delivery mechanisms)
2. omitted variables?
3. any unnecessary variables?

Vitamin A group 1 (just Malawi & South African participants)

Why not sugar the vehicle?

- Maybe obesity
- Maize flour everyone buys – there was alternative carriers in addition to sugar with less conflict, costs,
- Might be lobbying against sugar by different parties… but the big negatives against sugar only came on-board in the past 6 years and thus probably was not really lobbying
- Could also be governing departments

Do these policies require a review considering the bad rap of sugar?

- Assuming there ARE negative health findings with sugar – because it is debatable, and what is better in nutrient poor communities – low calorie intake or empty calorie intake. Has sugar come to a public health concern? This is not established.
    - In Malawi everyone eats maize – everything else is under-consumed even sugar. But maize is mostly produced by home-scale millers.
    - What if nobody in Malawi eats sugar, i.e. what if it is under-consumed, is it still a good vehicle?
- Yes – if there is an alternative but no because sugar had the highest consumption in terms of exposure. Because flour is not necessarily purchased at retail level, but milled at home so not really a vehicle in Malawi
- Yes – high consumption of sugar could be risk for vitamin toxicity in setting where consumption can be extremes.
- Do people even consume enough sugar? Or is the issue obesity and NCDs linked to sugar?
    - Cooking oil is also fortified with vitamin A in Malawi. Consumption has now increased. But might also be linked to NCDs.
- Rural areas do not have much sugar, urban areas consume more sugar. Might be a bigger problem in developed communities due to NCDs and obesity.
- In rural areas expenditure for calories are higher because you do more physical work, so need more calories (even empty calories). But rural does not necessarily mean does a lot of work.

- Sugar consumption is going up – what if in 10 years we consume more than 10% of our energy from sugar then it becomes a problem. SA is a model of what could go wrong in other countries – increase in obesity and diabetes as people urbanise and change diets to higher processed foods.
- More questions than answers… more research is needed

What should be the advocacy agenda going forward?

- Find answers to the above questions

What responsibility do donors bear?

- Donors need to come in to lobby with policy makers
- Obligation to ensure that there is continued monitoring of their current policy positions so that when we get a position to shift or change policies – they can deliver data for M&E
- Government can't force down any responsibility on a funder
- The funder can decide what they support – only then is there a responsibility
- Sometimes a donor may have something to offer, but gets lost in translation and can't convince the policy maker – lots of disconnect. i.e. lack of adequate use of communication to translate your "good intention" into the language of government officials who see GDP and money as the most important.
- Address the priorities of government
- Donor thing is a bit of a strange concept –in SA very small influence – own money in government programmes
- Capacity problem to implement programmes even when money has flowed
- Taxed to monitor implementation of the product – i.e. ensure that the money is actually put to use
- Check & monitor institutional capacity
- Responsibilities should be in negotiation between state and donor

What should be the policy options in the future:

- There should be good balance between fortification, supplementation and food-based approaches. Maybe they can support each other rather than replace each other
- Food-based approaches are difficult as roll-out depends on changing behaviour – i.e. OFSP is not a staple food, small part of population eats it – only available in a short term
- Biofortification of maize is a possibility in Malawi, but in SA it might be a consumer acceptance issue because of yellow maize stigma– but no policies, only plant breeders act. It should be a policy arena we should push.
- How do you make a policy to change people's behaviour? How do you make a policy? Maybe a diversification policy?? With time there is a combination of nutrition and acceptability issues and commercialisation. If this supports adoption it will be successful.
- What is policy? Is it government saying that you need to do something? In the Agricultural policy in Malawi there is an agricultural policy that says "diversify out of

maize to other agricultural commodities" – so this policy might support programmes such as OFSP if there are incentives for industries/people to change the food system. Incentives, i.e. farmer subsidies could be a possible incentive – or conditional cash transfers.
- Include it in school feeding programmes could also be a policy/program way to promote production and consumption. But school feeding could potentially be relatively small. But it could help communities to supply the schools and they are probably scaling up primary school schemes. Even prisons – but in many prisons families need to bring the food, or inmates need to produce their own foods and even produce more food to sell back to communities.

What lessons are there for policy advocates?

- Since this is being pushed at a global level, advocates need to understand that at grass-roots level it is a different situation for everyone. They need to understand how to differentiate prescriptions based on the context.
- There are no magic bullets – do not lose track of the wider strategies and complimentary strategies.
- Monitoring & evaluation is very important
- Drawing inspiration from best practices from other countries is important i.e. learn from one another
- Compare the options between interventions

Vitamin A Group 2

Group members: Ali, Paul van Jaarsveld, Kumbukani, Benadetta

Sugar fortification – why yes in Malawi & Zambia and no in SA?

- Malawi sugar was based on the results on analyses that most people consumed sugar so it was decided to use it for coverage. Salt was already used for iodine, and it was also one of those that was considered. Salt is not locally produced, i.e. usually imported. Illovo is a producer of sugar in Malawi.
- Zambia the reasons are similar, according to some analyses performed there are two regions who are very poor – but most have access to sugar at all levels (accessible by all consumers from all socioeconomic groups). The major producing company of sugar has dominated the market and deemed as the price setters, they own 95% of the market – so prices have been increasing. It questions the availability. Competition commission is putting forward cases to allow imports to create a more competitive market.
- South Africa – driven by dietary guidelines. In SA we have other options of foods that all people from all poor communities have access to.
- South Africa had other options.

- Also sugar in SA is regarded as a strategy commodity for GDP, i.e. should not be tampered with. (government by DTI & price controlled).

What about brown vs white sugar?

- In Malawi it is mostly brown sugar that is most commonly consumed and the price is lower.

Do we need to change these policies?

- For Africans – sugar might not be reaching everyone. Mostly in the rural areas people do not have sugar in the households. Home fortification might be an issue.
- Yes - Health findings about sugar might mean obesity and diabetes – maybe we need to have different strategies between urban and rural areas (Malawi).
- Zambia, the opposition is coming from consumers demanding review because of the price hikes observed in Zambia. Zambia and Malawi companies are both owned by Illovo – strange to see they oppose it in one country and support it in another.
- South Africa – it will not really be an option. Even a sugar tax for beverages.

What would be the advocacy agenda going forward?

- Revisiting sugar as a vehicle for fortification
- Is vitamin A deficiency still an issue?
- Where is the data? Maybe the benefit is still outweighing the risk

What is the responsibility that donors have?

- Participate in policy formulation process
- Support with empirical evidence
- Disseminating evidence about nutritional events
- How do we empower our consumer to make choices – that is often lacking. And it always goes down to marketers, and they just push their product. Then governments acts immediately

Where to focus going forward?

- Consumer education – using evidence based information

What general lessons for nutrition policy advocates should we take home?

- Need of more specific and targeted policies/programmes

Kaleidescope model important variables:

- Words are good but it seldom to get translated into policy
- Qualifying nutrition to the policy people into something that is visible to them
- Translating knowledge and information to something understandable – does not come out clearly in the model test

- Communication channel is needed for knowledge and information sharing

Vitamin A Group 3

1. Sugar fortification:

Why yes in Malawi and Zambia but no in SA?

- For SA we don't need fortified sugar for vitamin A
- Why was this vehicle chosen for fortification? Not necessarily because it's a healthy food but because it's all round consumed.
- What is the interest that is motivating action? Speak to the interest and find who wants what from the policy and draw it all together. You have to convince someone that this interest is important.
- Why was it not adopted – the primary interest is financial and nutrition and health. It is not their concern. Money talks, it's about import and export.
- There are different goals – sugar SA (monetary), Government (policy health)
- Zambia put the issue on someone's desk and they took it to the bureau of standardization. Importing of fortified products.
- Malawi pressure from UNICEF and donor driven. Sugar fortification is not compulsory in Malawi. People have a choice of which sugar hey wish to consume. Consumers are not aware of the choice that they have. Consumers need to know the benefit of the product.
- Has there been surveys to determine whether the implantation has contributed reducing the deficiency.
- Malawi choice to buy fortified or unfortified.
- Zambia, is there a choice between sugar products? This will lead to a difference in the implementation and whether it worked. The policy needs to be tested to see whether it worked in the area where it was implemented. Education to teach consumers to buy the right fortified sugar.
- Education/ awareness campaigns should be a bigger part of the policy. Sensitization to the consumer so that they are aware of the product. Process for fortified and unfortified products are the same.
- If a project is donor driven what will happen when the donors withdraw. Direct interaction is needed between all role players when implementing the policy.
- The fortified product is aimed at the people who don't have access to information are the people that most commonly need the fortified product.
- SA sugar is protected reached a ceiling with sugar prices, could not fortify because they could not make the product more expensive, could not make profit out of it. Don't want to lose money. What was the interest that led to the sugar fortification? In order to reach all levels of society sugar was the chosen vehicle. SA was based on an economical vehicle.
- In SA there are other fortified foods
- Increase in the consumption of the vehicle chosen for fortification (5 spoons sugar) Higher consumption of the product.
- Review policy to being this in line with the consumption patterns.
- The interest of the industry and the goals at the time. We don't need sugar fortification as it was not needed at the time by the necessary parties. This may lead to over consumption of a product.
- It is not sustainable if the fortification is paid for by private parties.
- Donors are eager to supplement/help to prove a point and as soon as they have proven their point they withdraw and move on. They make it the governments problem again.

What is driving the donor interest? How to sustain the donors and keep them. Technical support might go forth but the funding can be limited.
- Incentive to do it is to prove that it works, that fortification works.
- Determine what the ToRs/collaboration for a donors are? Are they doing it for the right reasons. Country incentive rather that donor incentive.

Do these policies require review in light of recent health findings about sugar?

- What advocacy agenda going forward?
- What responsibility do donors bear?

2. Policy options

Where to focus going forward

- Surveys
- Clarity on consumption
- What the levels are
- Food consumption survey
- Bio fortification maybe in another vehicle.
- We want people to eat food not supplements. An alternative agricultural nutrition department of health policy a collaboration between members.
- There needs to be a review of the status and the intervention.
- Agriculture needs to be part of the solution – Harvest plus – get the focus right, the whole value chain. Orange flesh sweet potato.
- Plant a crop that is going to be healthy, and provide them with the necessary resources.

What general lessons for nutrition policy advocates?

- Take the consumer into consideration. Cannot force something which the consumer does not want.
- Take all the different sectors into consideration. Multi stakeholder consideration.

Kaleidoscope questions

1. most important variables
   - Resources
   - Consumption of the product that changes
   - Changing consumption patterns, regular food consumption surveys
   - Sample size
   - It was focused on an event a specific happening (global or local crisis)

2. Omitted variables?
   - None

3. any unnecessary variables?
   - None

Anything to add to the wheel?

- A positive health outcome

Nutrition Policy Process

Policy process questions

1. Cross-ministerial coordination

- In South Africa the DPME reports to the Presidency. The implementation plan in SA cannot be finished because there are power struggles between clinics and municipalities to decide who should be in charge. Who should own the policy? Who is responsible for drafting the first draft of the policy? DSD and DAFF are jointly responsible for food security and nutrition. Translating this into implementation was a challenge because of the coordination. The presidency took responsibility for drafting the implementation strategy.
- The Presidency cannot be the implementing agency. It can only monitor.
- In Malawi officers in different Ministries were responsible for making inputs in the sectoral strategies and policies. The department that was established was more of a coordinating department. If it were under health, it would be considered more of treatment than prevention.
- In terms of HIV it was also considered multi-sectoral and other people thought that it was a health issue. Fighting for turf is not just at government level, it's also at national level. In other SUN countries they have national nutrition coordination committees. These committees find it difficult to do their jobs. It is driven by people's capability to lead other. The structures might be there, but the structures don't help people implement. It is the leadership capacity that makes it work. Behavioural theories were important.
- Is Mary Shawa's moving the reason that nutrition lost its political will? Is it because she fell out of favour with the new leadership? How do you streamline these issues into the system? The broader-based nutrition leadership capacity is equally as important as the champions. The sustainability of this lies within the system. The developing of people within the system is important.
- On-going institutional capacitation, not only at a technical level. Champions can mentor someone in the department.
- In Zambia one of the things is to take collective responsibility. IFPRI wrote that there is no one that is getting the good image. Everyone is chipping in. It is a deliberate system that is developed, so that not one person is getting the credit. The idea of collective responsibility and developing systems is what we are trying to do in Zambia.
- Policy structures are needed for coordinating policy formulation and implementation
- High-level (presidency, cabinet) coordinating unit
- PS-level committees
- Coordinating units under MOH
- Managing and enforcing policies is needed across ministerial lines

2. Private sector policy implementation (fortification, bio-fortification)
• incentives for private sector implementation

- How do you mitigate challenges of fortification vehicles?
- We think that sugar has negative side effects, but even if we tell people to not eat sugar they still will. It would not be a good idea to do away with it. You need a committee in the private sector which interacts with the government. Don't give up on sugar, it's possible. You have to regulate for bio-fortification, you need to consult the industry before you act.

- From a South African perspective private-public-partnership mechanism would need to be established, this would include legislation and compliance monitoring.
- What are the incentives for the private sector to assist with fortification and bio-fortification?
- You can use the approach of social responsibility. If its costly, raise the price, but within reason. It is dangerous to claim incentives for a public health issue.
- Incentives should be country specific and public policy should make it clear that industry may not take advantage of a public good.
- There is a financial gain purpose with industry and it makes it very difficult to make PPPs. Unilever and UNICEF example, there are challenges.
- When you put in place regulations, there has to be a consultative process. Things are regulated in such a way that they are easy to implement by the industry.
- There should be no reason for the private sector to refuse because they are already implementing.

• enforcement issues

• lobbying

- How do you strike a balance between the private sector and government? Lobbying by NGOs and CBOs. Cross-lobbying. Powerful CSOs are needed for communities to be represented.

• seeking buy-in

- Seeking buy-in could be seeking consensus, or finding a new mandate. It's a multi-directional term, it includes the consumer as well.
- How can government go to the private sector to seek buy-in, what approach can be used?
- You need to find common ground with the private sector, you can enforce it, but that is not buy-in.-
- All the major socio-economic policies are supposed to go through NETLAC in SA.
- SUN uses a lot of this type of methodology. They try to bring together the various networks.

2. Policy advocacy

• lessons for effective advocacy

- Johann's study, found that there was an expectation from a number of officials to see advocacy around nutrition. To see advocacy taking place for nutrition as an indicator for a public need. If it wasn't there then they would not think it's important. Nutrition is lacking that level of attention, that suggests to government that there isn't a need.
- Who would play the role of the public?
- We don't see people singing and dancing about nutrition issues. The level of knowledge for these people on issues of nutrition and stunting are not tangible. How do you advocate for this?
- What would motivate a mother? If you say to her your child would be struggling with this and they would do better if you did this. You are not giving them a problem you are giving them a solution. Don't say your child is vitamin A deficient. Say your child can be abc…If you can get to a level where you can show them that your child has this problem.
- The advocates for nutrition are not just in one sector, there are multiple avenues that people need to use. Before the baby is born is an entry point, after the baby is born, the preparation for the mum for the birth, they all should be linked. Throughout the life cycle you can identify opportunities for advocacy, but this requires multiple role players.

- There are organisations in Malawi that use the media. They create their own team of journalists that are trained on issues of malnutrition. The team is given a month to have discussions on certain issues. The whole country is listening to the same message at once.
- School sectors are another sector that can be considered.
- Advocacy should be done at different levels. Policy, budget lines, interventions. Mass-media could focus on interventions. It has to be multi-pronged.
- Senior government officials need to be properly informed on what South Africa's obligations and commitments are. All of us have an advocacy obligation to ensure that our officials are aware of obligations related to nutrition. Things need to be simplified, as much as possible simplify the message and use vernacular.

Kaleidoscope questions

1. most important variables

- The first bit on the model is clear, but more needs to be done in terms of evaluation and reform. More needs to be done in showing how to move the policy process forward.
- The model is important in helping identify which factors should be looked at. As an advocate, it makes it clear where you should expect your bottle-necks to be.
- Design contextual factors
- There are several guideline documents. What is most credible in terms of guidelines. Who decides which should be accepted and which should not.

2. omitted variables?
3. any unnecessary variables?

18 Day 2 small group discussions

Group 1: Lab-based

What have we learned that can help countries drive policy change in nutrition?

- E.G. Using Harvest Plus as an example – OFSP for vitamin A, they used evidence to promote adoption. They are multidisciplinary around the globe, but there isn't a national policy anywhere in the world, so agriculture alone cannot drive policy change. There are also dry beans, cassava, rice etc. that are biofortified around the globe – equal in terms of production than the generic, but with better nutrition, - somewhere within this there should be room for a policy to adopt these crops at national level and not just research initiatives
- What does advocacy mean?
- Evidence should be a driving force – vitamin A, iron Zinc.
- Address the issue – need a multidisciplinary approach (including consumer education)
- It feels like all people in academia and in labs are saying the same story "We have a problem" and we generate new research to say we "still have this problem. ". But nothing happens on policy level.
- We agree on the concept of the KM – you need every element to be successful.
- Countries should be aware that in order to tackle the problem they need to support an efficient system that involves all element of the KM.
- Unpacking information in the context of mortality or burden of disease – it is measurements. agenda setting is thus important to translate in a language that has impact to those that make the policy. (monetary value/…show me the bodies).

How can advocates become more effective?

- You need the people and you need the infrastructure to support the advocate to form part of an efficient system.
- Why are world class facilities closed? Advocates didn't lobby enough for the right agenda.
- The right information must go to the right people
- Get an example, get a model and advocate for it. A baseline is also needed.
- Need incentive to do it for example, a prospective career, principle drive, have the benefit of the population at hart OR the benefit of the community / lab, recognition of the people involved. There must be an understanding of what everyone's role is.
- Unbiased view of the playing field
- They must be given positive criticism

Advocacy vehicles:

- Community level – requires to speak to community leader, then larger community, and then even department of agriculture etc. It is a cultural bottom-up approach
- There should not be an unequal emphasis on any level, i.e. don't focus on the queen and forget the community leader. It needs to be a bottom-up approach.

- How do you interpret the nutrition information to activity influence policy makers, agriculture and other parties? Agriculture knows nothing about nutrition.
- Need to cross sectors and disciplines. Need advocates that understand more than 1 field and can translate information across sectors.

What factors and actions will promote a groundswell of demand for the delivery of nutrition?

- Adoption is difficult. Consumer education.
- Historical political reason why people will NOT accept yellow maize meal.
- You need to understand the context of the population, political motivations.

What would you need to apply the KM in your own nutrition policy research and advocacy work?

- As a first step I need to understand the model better to test and promote it
- Showing examples of this model across disciplines to indicate it works.
- Implementation is still lacking.
- Advocates are not only single persons, but can be teams.
- All role players need to be involved in order to really ensure implementation. And before you start to advocate, you already need buy-in from all the sectors and their support.

Group 2: Research to Policy Interface

What have we learned that can help countries drive policy change in nutrition?

- Difficult to single out an individual factor. Heavily contextualized by country, political, nutrient, scientific evidence.
- Good data is helpful
- Willingness to accept data/info from another area of expertise. Communication across fields (2 min to grab and hook audience).
    - Break down silos
    - Put a premium on inter-expertise level communication.
    - How to bring together different views and break down resistance to indifference (i.e. get people thinking about nutrition)
    - Export promotion vs. nutrition
- Need dedicated people (not just a box ticking exercise)
- Cross ministerial coordination issues. Nutrition touches on dozens of mandates. Nutrition should not be looked on as an additional burden.
    - Other priorities often outweigh
    - Staffing issues – conflicts with nutritionists

How can advocates become more effective

- Characteristic of an advocate
    - Tenacity
    - Persistence

  - Commitment
  - Continuous access to evidence
  - Effective communication (political savvy) across diverse interests
  - Able to work in interdisciplinary/cross disciplinary teams
  - Right level to influence (link to communication)
  - Personal experience
- How can advocates be more effective
  - Incentives for becoming an advocate
  - Can't necessarily be incentivized
  - Passion (is its own reward)
  - Commitment (personally and emotionally)
  - Recognition/feeling like you're being heard
  - Seeing results
  - Provide platforms
  - Gaining additional buy in (expanding networks). Conversions!
  - Nutrition aligns with a lot of other incentives (to gain buy in)
  - Advocacy vehicles
  - Data/Research (using researchers as advocates)
  - There is an opportunistic component to it, and timing matters.
  - Civil Society Organizations
  - Personal communication/identification/stories surrounding the issue
  - Television/advertising (potentially using the above issues)
  - Outreach through people/sports people are interested in
  - Sporting events
  - Celebrity endorsements
  - Implicitly recruiting new advocates or champions

What actions will promote a groundswell of support for the delivery of new nutrition services?

- Community empowerment (demand) for these services. Community education and information.
- Public advertising about what the problem actually is (i.e. define the effects via visual media of stunting)
- Public and well known champions
- Creating emotional resonance.

How would you apply the KM in your own work?

- Better understanding of the model and relate to the policymaking process
- Show the network of who is using the model
- Research tool – Conceptual framework
- Opportunistic model. Can't make much use as an advocate. Mostly used by researchers. Identify opportunities and bottlenecks (gaps and shortcomings).

Group 3: Community based researchers

Group chair: Mangani

Group members: Mieke, Bright, Dorothy, Steve, Elizabeth, Zethu

What have we learnt can help drive policy change?

- Community champions, Mangani gave the example of a chief who was passionate about reducing child marriages and used customary means to reduce teen pregancy
- The courts have power to force governments to act, so it is important to get them involved
- Institutional capacities – building institutional capacities to have people lobby for their nutrition rights. Institutions for people to demand their rights, but institutions should be able to enforce policies on the ground
- Communication transparency – do communities understand the policy, knowledge sharing and cross-sharing of information
- Evidence is important to convince policy-makers
- Advocacy is important to create public demand

How can advocates become more effective?

Characteristics:

- Good communication
- More organized
- Strategic/organized
- Knowledge
- Have good understanding of issue
- Using regional instruments
- Technical knowledge
- Network
- Credibility: Integrity, trust
- Bold/confident
- People-centered
- Fiscal capacity/ resourceful
- Passionate
- Conviction

Incentives:

- Moral grounds
- Providing a voice to the voice-less
- An incentive is something you get in return
- Personal recognition
- Enabling environment
- Adequate funds to sustain activities (supporting resources for work)
- Remuneration (financial rewards)
- Adequate environment: social, economic, political
- Provide voice for the voiceless

Vehicles:

- Community leaders
- Media
- Faith based organisations

What factors and actions will promote a groundswell of demand?

- Information dissemination
- Knowledge
- Awareness creation and empowerment
- Mechanism for communicating needs: In Malawi there is a programme where people are asked through radio messaging to ask if policies are being implemented, if policies are not implemented then the radio people tell them…
- If there are incentives for the clinic to make sure that they always have the medication available
- Creation of discussion and action forums
- The geographical location of

What would you need to apply the K-model in your own research and advocacy work?

- In one of the courses that Dorothy teaches there is a component of policy formulation. She would use this to teach the students to understand policy processes.
- To understand the K-model more through training.
- The materials, like the moving K-model. Having the wheels that were given would serve as a motivation for the students.
- Training and the toolkits
- Opportunities for collaborative work with the people who developed the model. There are several policies that we would like to apply the K-model to. I would help to have the team mentor the people.
- The way results are presented and communicated and report – the k-model may help. The K-model can help bridge technical issues between agriculture and nutrition.

Group 4: Journalists

Why are there no journalists from SA?

- Society policy interface

What can help countries drive policy change in nutrition?

- Drivers of change- Anybody can be a driver of change, if you educate people through writing and the way you use drivers of change.
- The media, traditional leaders, writers, anybody can be a driver of change, religious leaders, social leaders, civil society organisations.
- Traditional leaders know the problem that people have and can identify the problem and address it. The chiefs, person of authority respected by community, can educate people.

- Religious leaders are respected and are good in talking to people and have authority to speak to policy makers. Preach a scripture on nutrition.
- Journalists can communicate difficult info to the people. Want to share info with the community.
- These people (journalists, community leaders) can lobby government.
- Explain who the journalist community is so that people know who to use.
- Simplifying communications- diluting the model to make it easier for people to understand. Science is too difficult to understand.
- The theory of the model is important for journalists to use.
- Scientific jargon is too difficult and journalists need to phrase it in their own understandable language. They write it the way they think is right. Scientists need to write press releases that are easier to understand that scientific articles that are difficult for journalists to understand.

How can advocates become more effective?

- Impact - For media to advocate, what drives them – the public impact is a driver of what journalists chose to follow
- Journalists want to know that what they do has an impact. Journalists have to be hard working, diligence, passionate. Someone who is focused and follows up on story and writes on continues topic. Keep the focus and repeat the topic. Have a main focus.
- Incentives- Seeing that what you write has an impact on society. What your write makes a difference. Want to see change.
- Give something back to the community.
- Financial incentives

Advocacy channels

- There are various channels that can be used. Media, civil society, nutrition champions, people with influence, celebrities, MP's, networks, unions, press clubs – motivate other journalists, trend setters through clubs, social media.

What actions and factors promote nutrition services?

- Highlighting the problems, make noise on the problem. People react based on what they read in the newspaper. Mobilising the voices that contribute. Creating knowledge on the benefit of nutrition. Explain from a food point of view and not nutrition. Highlight the befit of nutrition. Quantifying the effect of net having good nutrition.

What would you need to apply KM?

- Can write good story following the KM model. Can use KM when country is applying new nutrition policy so they will know how to follow up the policy. Can use the steps of the model. KM model helps structure writing. Can use the model as a template. To follow the processes. Need a simplified system to better understand it. How to simplify it- translating the model into other languages
- Distribution of posters and information depend if people may use it and can read. Question for further down the line. Develop posters of the model so that it can be easily accessed.