

Commitments and Accountability

Peru's Unique Nutrition Journey

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PERUVIANS HAVE MUCH to celebrate in regard to the rapid progress the country has made in reducing malnutrition. In 2013, only 3.5 percent of children under five years of age in Peru were underweight.¹ Even smaller proportions—0.5 percent and 0.1 percent—were moderately or severely wasted.² But the statistic that many nutritionists point to when lauding the country as a nutrition success is Peru's rate of childhood stunting ([Figure 14.1](#)). In 2014, 14.6 percent of children under five years of age were stunted.³ While this rate is not as low as the country's other nutrition indicators, it reflects a remarkable improvement. Less than a decade earlier, the prevalence was twice as high (29.5 percent).⁴ How was this rapid progress achieved—not only at a national level, but across all of Peru's diverse regions, even poor rural ones including the Andean Highlands, and even amongst the poorest 20 percent of the population?

A first glance suggests that strong economic growth may have been the main driver of this dramatic change in nutrition. From 2002 to 2010, Peru enjoyed a 6.4 percent average annual economic

growth rate.⁵ In about the same period, the public budget doubled.⁶ However, an analysis of economic performance and fiscal spending alongside changes in malnutrition rates by region shows little correlation. Nor is there a direct correlation between malnutrition reductions and other factors such as urbanization or mining revenues.⁷ While clearly important, economic growth cannot fully account for the nutrition transformation.

Closer examination reveals three main factors that likely underlie Peru's successful fight against child malnutrition over the past decade.⁸ The first is multisectoral cooperation, with central roles played by civil society and national and regional levels of government, and the use of "sheltered conveners," that is, actors who can coordinate others without being hampered by institutional conflicts. The second is political will, underlined by a pledge to invest in and prioritize nutrition that has sustained momentum for the fight against malnutrition through multiple political administrations. And third is a prevailing commitment to accountability that extends from national-level politics to

more mundane, day-to-day budgetary processes. This chapter looks at the role of these factors and the ways they interconnect across Peru's recent journey in nutrition, to help us understand how countries can achieve and sustain national- and regional-level improvements in nutrition.

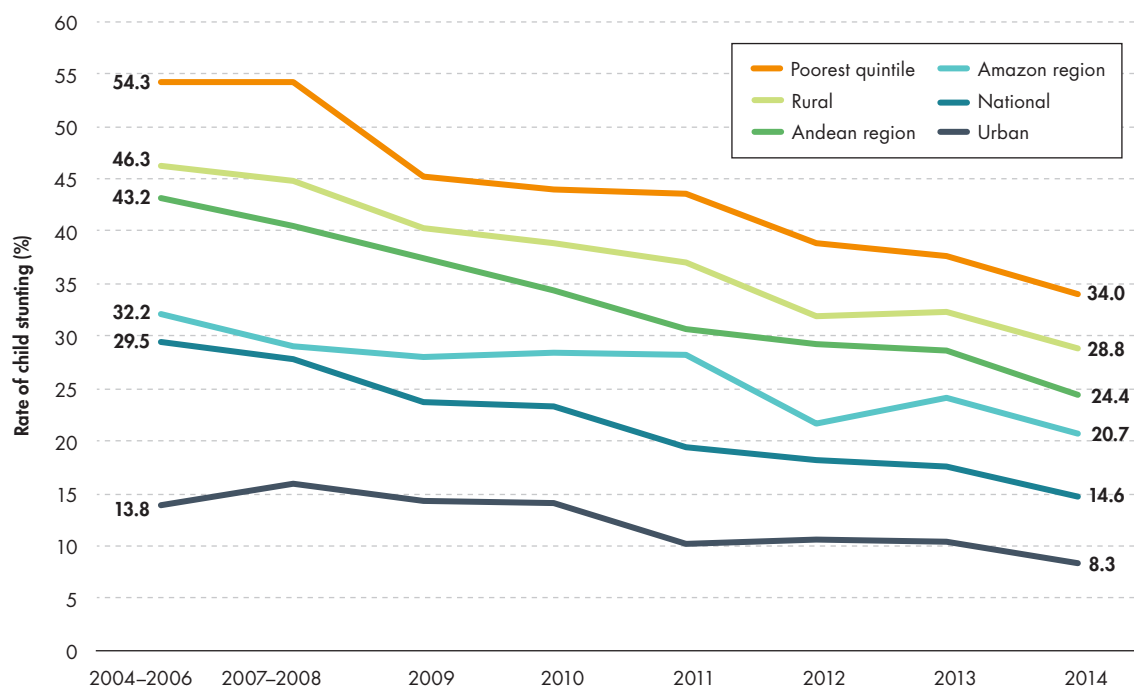
Setting the Stage: 1970–2005

Peru's early years of nutrition policy focused on food distribution. In the 1970s and 1980s, the country's efforts on hunger and malnutrition were largely limited to food aid, coordinated primarily by nongovernmental organizations (NGOs) and two large food assistance programs, Programa de Asistencia Directa (PAD or Direct Assistance Program), an employment-based program targeted to marginalized urban and rural areas, and Vaso de

Leche (Glass of Milk) targeted to children under six years of age. In the 1990s, the National Program for Food Assistance managed most of the country's food assistance programs, including a network of nearly 20,000 direct feeding sites or soup kitchens (Comedores Populares). PAD was eventually merged into the National Program for Food Assistance along with other food-related programs, with the exception of Vaso de Leche.⁹

By the early- to mid-2000s, Peru was at a crossroads. In 2000, Vaso de Leche and Comedores Populares comprised nearly 60 percent of Peru's food assistance budget but were having no discernible impact on malnutrition, such as child height.¹⁰ Rates of childhood malnutrition, especially in the form of stunting, had been stagnant since 1996—the slow national rate of decline of 0.3 percent per year persisted and rural rates of malnutrition

FIGURE 14.1 Child stunting in Peru, 2004–2006 to 2014



Source: Authors, based on Demographic and Health Survey data.

remained unchanged at 40 percent between 1995 and 2005.¹¹ The prevalence of stunting was among the highest in Latin America and the Caribbean, 7 percentage points above the regional average—surprisingly high considering Peru’s status as a middle-income country that was enjoying the second-highest rate of economic growth in the region.¹² Furthermore, only 28 percent of individuals eligible for services from food assistance programs were able to access them.¹³

In 2001, newly elected President Alejandro Toledo launched a broad reform of social policy that included guaranteed access to healthcare and greater government accountability, promoted the Millennium Development Goals, and created institutional infrastructure for social protection as a poverty-reduction strategy. The National Strategy for Food Security approved in 2004 was never implemented but nevertheless established the organizational processes that supported a later poverty and nutrition program (CRECER).¹⁴ In 2005, President Toledo also set up Juntos, a conditional cash transfer program designed to reduce poverty as well as malnutrition and mortality among children and infants. The prime minister’s office was responsible for running this program, which included mechanisms to promote intersectoral coordination.



Reuters/E. Castro-Mendivil

Peru’s CRECER program aimed to improve nutrition during the first 1,000 days of a child’s life.

Under Juntos, households received a monthly transfer of 100 *soles* (US\$30) on condition that they keep their children in school, complete health visits including prenatal and postnatal visits, and use the National Nutrition Assistance Program package for children under three years of age.¹⁵ Uniquely for a social protection initiative, Juntos also provided reparations to communities affected by violent conflict. Unfortunately, the program did not include an impact evaluation framework at its outset, which would have facilitated evaluation.¹⁶ The program expanded rapidly, from serving 110 districts and 37,000 households in 2005 to 1,140 districts and 810,000 households in 2012.¹⁷

Momentum Builds: 2006–2011

In 2006, momentum increased significantly for improving nutrition in Peru. The Child Nutrition Initiative (CNI), an advocacy coalition of civil society, UN agencies, and donors working on health and nutrition, with CARE-Peru in a coordination role, was formed. CNI took on a central role in the nutrition movement—advocating for making nutrition a key part of all poverty-reduction initiatives, promoting greater coordination of external donor funding, and publicly monitoring political commitments to nutrition. Rooted in this monitoring work, CNI launched a nutrition campaign during the 2006 presidential election season that enlisted 10 presidential candidates to pledge to “5 by 5 by 5” if elected: to reduce chronic child malnutrition by 5 percent in children under 5 years of age within 5 years. The pledge also included a commitment to closing the urban-rural gap in malnutrition rates. To our knowledge, this type of high-level advocacy on nutrition had never been undertaken before anywhere in the world.

When President Garcia was elected, he went a step beyond the “5 by 5 by 5” pledge and, with support from CNI, increased the national goal

BOX 14.1 Results-based budgeting

The annual budget for the CRECER strategy more than doubled between 2007 and 2011, from US\$216 million to US\$495 million.¹⁸ Much of this funding was administered through results-based or performance-based budgeting. Beginning in 2008, the Ministry of Economy instituted this approach for five programs, including the Joint Nutrition Program, a new nutrition funding mechanism, and the Newborn and Maternal Health program. These programs were funded according to activity lines that reflected international evidence on effectiveness, and were monitored regularly based on annual evaluations. Findings from the evaluations were incorporated into subsequent program reforms. This process was a significant one, considering its uniqueness and the scale of funds. Progress was measured according to the program's success in achieving planned outcomes and in achieving efficiency and equity (spending per household affected). Consensus-based monitoring was undertaken both at the national and regional levels and involved the participation of civil society, including women and farmer groups. These processes now need to be improved at the municipal level, although there is disagreement as to whether municipal governments have the same technical capabilities as regional governments to absorb and use funds accountably.¹⁹

for stunting reduction to 9 percentage points over 5 years. He also set up a temporary strategy team (ST-CIAS) to coordinate across ministries and to report progress on nutrition directly to the prime minister, reflecting the priority given to nutrition.

The new government also created a multi-sectoral strategy, CRECER (“to grow” in Spanish), by executive decree in 2007, managed directly from the prime minister’s office. CRECER took the government’s existing portfolio of more than 82 social programs and winnowed it down to 26 programs focused on poverty and child malnutrition. These programs heeded the call of CNI and the Pan American Health Organization to go beyond food distribution and moved to promote initiatives in other sectors considered critical to achieving nutrition gains, such as complementary foods (foods other than breast milk or formula fed to an infant); water, sanitation, and health; and conditional cash transfers. CRECER also focused attention on the first 1,000 days of a child’s life, from conception to 2 years of age, considered to be the window of opportunity for making lifelong nutrition impacts. Results-based budgeting was introduced by the Ministry of Finance and supported by the World

Bank, with a nutrition program as one of the first priorities (see [Box 14.1](#)).

Under a program of decentralization, responsibility for these nutrition-related initiatives was devolved to several ministries and to regional and municipal governments, in partnership with civil society and NGOs, with significant funding support from the national government and external donors. Decentralization was strengthened when regional presidents—convened by the government with the support of CNI—signed the Lima Declaration on Child Nutrition in 2006, which aimed to reduce chronic child malnutrition by 5 percent by 2011. Facilitated by legislation that devolved the CRECER agenda to municipal and regional governments, CRECER was implemented in more than 1,100 districts, targeting the two lowest poverty quintiles of the population.²⁰ Regions and provincial and district municipalities were encouraged to develop explicit targets for nutrition, with mixed results.²¹ Indeed, regional disparities remain large, with some regions suffering from stunting prevalence rates as high as 35 percent (Huancavelica), while others boast rates as low as 3.7 percent (Tacna).²² Nevertheless, between 2007

and 2012, CRECER-targeted districts experienced a 21.4 percentage point reduction in the prevalence of stunting in children under five years of age (54.7 to 33.3 percent), compared to a 10.4 percentage point reduction nationally (28.5 to 18.1 percent).²³

Many of CRECER's interventions focused on health, with a significant amount of funding also going to Juntos. In 2007, Juntos was redesigned to include nutrition-related conditionalities, such as growth monitoring and promotion.²⁴ An evaluation of Juntos in 2012 found that the program reduced moderate and extreme poverty gaps among beneficiaries by 14 percent and 7 percent, respectively. The household transfer of 100 soles represented 15 percent of total monthly household consumption, considered moderate compared to other conditional cash transfer programs in Latin America.²⁵ Beneficiary households consumed 15 percent more food items.²⁶ A more recent study found that the prevalence of severe stunting was reduced among Juntos participants, with a sizeable increase of 0.13 in height-for-age Z-scores (HAZ or linear growth).²⁷ Another found that participation in Juntos was associated with a 0.43–0.52 increase in HAZ among boys aged 7–8, and a 0.60 decrease in body mass index-for-age Z-score and 2.7 percentage point decrease in overweight among girls aged 7–8.²⁸

Multisectoral coordination also characterized this period in Peru's nutrition journey. CRECER was placed within the prime minister's office, under the interministerial Commission for Social Affairs, to ensure that CRECER had sufficient political and institutional leverage to carry out its mandate, in terms of both implementation and evaluation. The commission was able to coordinate the nutrition activities of CRECER with ministries such as Agriculture, Education, Finance, Health, Woman and Development, and Work and Job Creation.²⁹ CNI continued to release annual progress reports, and helped develop national and regional guidelines and strategies for presentation to the president,

prime minister, and ministries. It also launched national and local media campaigns around its reports and during national and subnational elections. In 2010, the country joined the international Scaling Up Nutrition (SUN) movement.

Nutrition data formed the cornerstone of Peru's renewed commitment to accountability. Annual Demographic and Health Surveys provided vital information on nutrition trends, and possible links between nutrition results and various initiatives. The availability of such data on a yearly basis was impressive, and the sample sizes were large enough to allow for changes to be tracked at the departmental level and for large geographic groupings, such as urban and rural areas, the Andean highlands, and the Peruvian Amazon region. The Ministry of Finance also provided line-item data on budgeting and expenditures, which were used for sophisticated monitoring of equity and efficiency in the consensus-based monitoring mechanism.

Testing the Commitment: 2011–2016

A new election cycle in 2011 raised the question, would Peru's commitment to nutrition weather a new political administration? Nutrition proponents within CNI decided to not wait to find out: a pre-election campaign was launched once again to garner commitments from national and regional candidates.

With the election of President Ollanta Humala, political will was indeed renewed. Humala set new targets of reducing stunting from 23 to 10 percent and reducing childhood anemia from 50 to 20 percent, both by 2016. He reorganized the administration of nutrition within the government, creating a Ministry of Development and Social Inclusion (MIDIS) and immediately tasking it with coordinating a revised nutrition strategy as part of the government's overall social inclusion strategy—*Incluir para Crecer* (Include for Growth). *Incluir*



Reuters/M. del Triunfo

A boy gets a height check during a health campaign; Peru cut its rate of child stunting in half in less than a decade.

para Crecer provides interventions throughout the life cycle of at-risk individuals, from early childhood through adolescence, adulthood, and old age. It also seeks to reduce gaps in access to basic social services for the vulnerable, and improve the performance of public management for social programs and services. The new ministry was also responsible for five social programs.

The new administration showed an understanding of the key role decentralization was playing in Peru's nutrition fight. With financial assistance from the European Community and the World Bank, local governments were provided incentives in the form of funding increases of up to 50 percent for successfully aligning their health and nutrition policies with those of the national government, under a conditional transfer program known as the Municipal Incentives Plan. While experience with this scheme has reportedly been positive, a recent assessment suggested that regional

governments were often more motivated by a desire to maintain good relations with the Ministry of Economy and Finance than by financial incentives, and that poorer areas and less densely populated ones performed worse than more affluent, urbanized areas.³⁰ Regions were also given incentives to meet region-specific targets. The majority of the indicators under the Incentives Plan relate to project management, but a few are focused on nutrition and health: immunization coverage; growth monitoring; iron supplementation for children; and iron/folate supplementation for pregnant women. As of 2013, targeted regions have received approximately 75 percent of the total incentive funds they would get for perfect performance.³¹

Lessons Learned

Peru's nutrition journey continues today. The country faces disparities in nutritional status among its

regions and between urban and rural areas, particularly small, remote communities. And iron-deficiency anemia remains a serious problem.³² However, Peru's success in reducing childhood stunting deserves recognition and provides some lessons. The use of sheltered conveners emerges as a critical determinant of the country's success. During the 2006–2011 administration, for example, Peru delegated responsibility for moving nutrition forward to a single player—the prime minister's office—that had the leveraging power, sanctioned by the president, to convene multiple sectors, mostly free of institutional conflicts.³³ Strong support for a multi-sectoral approach that allows for coordinated policy interventions and approaches is essential for improving nutrition. Interestingly, the radical changes in Peru's approach to nutrition took place in a context of widespread mistrust of government and other public institutions. As of 2008, Peru had much lower levels of public confidence in its Congress and political parties than neighboring countries (12 percent of Peruvians trusted Congress and 11 percent trusted political parties compared with the Latin American averages of 32 percent and 21 percent, respectively).³⁴ Also of note was that members of Congress and of political parties had very limited knowledge of nutrition policy. On the one hand, this shielded the process from political influence and partisanship; on the other hand, nutrition initiatives can benefit from congressional support, including nutrition legislation, monitoring of the executive branch, and direct accountability to voters.³⁵

Strong buy-in to the idea that nutrition matters among diverse stakeholders and at high levels, including buy-in from presidential candidates and government ministries, also likely contributed to Peru's success. The clear and shared narrative on nutrition created by the members of CNI, including a clear framework of the direct and underlying causes of malnutrition, also fostered a strong commitment on nutrition.³⁶ This seemingly simple

narrative was not only useful for seizing opportunities, such as national elections, but also ensured that nongovernmental actors—civil society, donors, academic institutions, and UN agencies—were coordinated and aligned in their engagement with the government. Indeed, joint projects carried out by UN agencies and some of the primary civil society organizations supported implementation of the CRECER and *Incluir para Crecer* strategies. Such coordination seems to be relatively rare. In many other countries participating in the SUN movement, there are separate SUN networks for civil society, donors, UN agencies, and other sectors (such as academia or business), and a clear, shared position or approach is not developed.

The Peru case also underlines the importance of collecting national and subnational data, allowing for timely monitoring of vital nutrition indicators. The availability of annual data on results, coverage, and financing was critical for enabling a collaborative approach to monitoring and to adjusting programs as required. High-quality data can flag potential problems with program design. An early evaluation of *Juntos*, for example, suggested that impacts on diet quality were mixed. Beneficiaries were consuming greater quantities of nutritious foods such as vegetables (2.86 *soles* monthly per capita expenditure versus 2.52 in control) and fruit (2.06 versus 1.40), but also more breads and cereals (10.15 versus 8.15) and sugar (3.17 versus 2.65).³⁷ These numbers suggest that nutritional implications need to be more carefully assessed in any future redesign of *Juntos*, especially considering that obesity in Peru doubled between 1996 and 2011.³⁸

One challenge that lies ahead for Peru is the need to build capacity for implementation and monitoring and evaluation at the regional and municipal levels.³⁹ The government's commitment to decentralization and the alignment of donor, NGO, and local strategies with the national

strategy were key factors in its success. However, decentralization combined with results-based budgeting meant that districts with better results, usually those with more NGOs present, received more technical assistance. This may have left poor performers lagging further behind. These lagging regions and municipalities need greater capacity

to receive and process nutrition funds, as well as to implement programs and comply with targets. Capacity building will be critical so that Peru can sustain its successes in nutrition and increase its focus on the geographical and population groups where the highest rates of malnutrition are now concentrated.