

The 7th Abraham Horwitz Lecture

Bringing nutrition into the political and technical mainstream: the role of effective communication

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In a 1995 interview with *SCN News*, Dr Abraham Horwitz remarked

The contributions of basic and operational research for better understanding the causes and consequences of malnutrition, and the bases for controlling it, have been crucial. *However, if governments and international agencies do not ascribe priority to nutrition and do not invest in what is needed, the situation will deteriorate further* (emphasis added)¹.

In making this statement, Dr Horwitz had already summarized what a variety of recent reviews on the nutrition situation in Asia (the Asian Development Bank Regional Technical Assistance series, for instance) and other parts of the world (eg the UNICEF-World Bank Assessment) have shown to be a key barrier to achieving nutrition-related human development goals in the years ahead, ie a lack of adequate political commitment and investment in programmes and policies to improve nutrition.

Although the process of planning for policy change is long and complex, case studies of policy change and policy-making related to nutrition² have all shown that information and how it was used by policy entrepreneurs (ie communication) was key to achieving policy change. Two broad audiences can be identified for the purpose of communicating nutrition to achieve commitments to improve child nutrition. First, the policy and programme planning community, which provides a variety of resources and support for improving nutrition. And second, caregivers of children participating in nutrition programmes. Nutrition professionals often lie in between these two groups; attempting on the one hand to leverage resources, political will and support from the planning community, and on the other hand influencing changes in resource allocation and actions related to nutrition on the parts of programme participants. We have been much more successful with the latter than with the former, and have honed our skills in changing nutrition behaviour at the caregiver and household level. Numerous examples of successful attempts at nutrition behaviour change at this level provide us with a set of basic criteria and methodologies for developing effective behaviour change communication (BCC) programmes. These, in combination with recent developments in policy science and a better understanding of the process of policy-making, provides us with valuable insights on the development of effective communications strategies for mainstreaming nutrition at the policy level.

This paper combines the lessons learnt from nutrition BCC strategies with current knowledge related to the policy science frameworks and the policy-making process to provide some ideas for strategies that can be used to develop effective political and policy change-oriented communication. A planning framework is presented, which was devised for the development of a BCC programme in Haiti. A brief example of successful policy communications in the area of child nutrition and mortality is also reviewed. Finally, a set of current resources for policy mainstreaming is listed, as well as some of the gaps in these resources.

Levels of mainstreaming nutrition

The well-developed efforts of development programmes and policies to address gender equity and equality provide a framework for organizing priorities and activities in nutrition. In the literature on mainstreaming gender, one finds two major steps. The first is called "political mainstreaming" (referred to here as policy mainstreaming), which is designed to ensure that women are actively represented and that they participate in decision-making. The next step has been called "technical mainstreaming", where all programmes, policies and activities involving women are taken account of, and adapted as needed to ensure equitable participation of women. In the case of nutrition, policy mainstreaming will require that the significance of poor nutrition be presented to political decision-makers and policy-makers in terms that resonate with their priorities, ie that nutrition should be a priority at all levels in order to achieve overall development goals. The technical mainstreaming of nutrition is what is needed to turn political/policy attention into action. In the case of nutrition, this requires that communication moves from advocacy-based communication to solid, action-oriented communication that provides the policy and programme community clear solutions to improving the nutrition situation in different contexts. Ideally, the two should go hand in hand.

The need for combining policy mainstreaming with technical mainstreaming

There is a large body of empirical epidemiological research that supports the proposition that improving nutritional conditions in populations requires simultaneous improvements in resources and knowledge within the household. In particular, neither one alone is ever sufficient to bring about significant improvements in health and nutrition in conditions of poverty and underdevelopment. For instance, research on the role of education in improving nutrition at the house-

hold level suggests that neither education nor adequate household resources alone have the same type of impact on child nutrition as do the combination of improved education and adequate resources. Specifically, there is a synergistic effect of improving both knowledge and available resources that make it capable for caregivers to use improved knowledge^{3, 4, 5}.

The case for combining technical and policy mainstreaming is similar to this synergies analogy. Neither one will be sufficient in bringing about the necessary actions to improve nutrition. For improvements in nutrition that stem from policy commitments to nutrition, we will need to ensure that policy-makers are made aware of the availability of technical and human resources that can act on policy changes. In the case of policy-makers, these resources are the technical and human resources that can ensure that policy commitments and changes are born out in terms of effective nutrition actions. Thus, an effective communications strategy to address improvements in nutrition should simultaneously provide policy-makers with a strong basis for investing in nutrition as well as context-specific technical and human resource solutions for that investment. Considerations related to the development of human and technical capacity to transform policy commitments to effective nutrition programmes are an integral part of an overall long term policy change strategy.

This paper focuses mainly on policy mainstreaming because there already exists a strong resource base for technical mainstreaming, including capacity development in nutrition. Moreover, recent efforts to synthesize and analyze past experiences with improving nutrition have all concluded that political commitment is key to improving nutrition, but that nutrition advocacy has been ineffective^{6, 7}.

Lessons from successful BCC programmes

A recent review of BCC programmes related to complementary feeding practices provides evidence that BCC programmes can be effective in reducing child malnutrition in a variety of contexts⁸. This, and other reviews on successful BCC approaches⁹, suggests that the successful BCC programmes in nutrition shared most or all of the following characteristics:

- they were based on formative research that included:
 - a review of existing materials related to infant feeding in the programme areas
 - ethnographic studies to understand current infant feeding behaviours and motivations for these behaviours; and
 - an assessment of current complementary foods, and recipe trials to develop enriched complementary foods
- the programme communications strategies in the successful cases:
 - used findings from formative research
 - focused on a small number of actionable recommendations

- used multiple communications channels to reach caregivers, including individual counselling based on negotiation (rather than messages) and mass media
- included other household members
- worked with women's groups.

One of the main challenges of developing a BCC programme based on formative research is organizing the vast amounts of data generated in a useful way to develop a programme that will be meaningful and effective for its context. Nutrition BCC programme planning manuals, like the *Designing by Dialogue* manual¹⁰, provide some suggestions for how to organize findings from formative research in order to develop a programme strategy. In the following section a BCC programme planning tool developed for use in Haiti will be presented. This tool was used not only to organize formative research information to facilitate programme planning, but also in order to communicate the results of the formative research to programme staff at all levels in an NGO and stimulate discussion related to programme options. Discussion will follow on how this tool can be adapted using current understanding of decision-making in nutrition policy to develop a tool for designing effective and situation-specific strategies for policy change communication.

A BCC programme planning tool applied in Haiti

A recent experience with programme planning activities in rural Haiti provides an example of how a formative research study was used to fill the information gaps in a programme planning tool for BCC^{5, 11}. The formative research in Haiti was conducted as part of a larger programme evaluation, a collaboration between International Food Policy Research Institute (IFPRI), Cornell University and World Vision-Haiti. The objective of this formative research study was to provide information that would allow the development of improved BCC strategies for infant and young child feeding behaviours, focusing on children under 24 months of age. The formative research was grounded in ethnographic research methods and provided information on infant and young child feeding practices in programme areas, as well as on opportunities and constraints for behaviour change. Further, information was also gathered on the BCC activities within the current programme structure of World Vision, Haiti, to understand how the improved BCC programme could be set up to use the resources of the current programme structure.

The programme planning tool organized the results of formative research in a way that compared current practices to recommended infant feeding practices. Then, for each individual practice, evaluated the facilitating and constraining factors of the behaviour change that would be required to bridge the gap between the current practices and recommended practices. Using this process in Haiti, it was seen that a key barrier to improving exclusive breastfeeding rates were women's work patterns and the use of breastmilk sub-

stitutes to feed infants in their mother's absence. The formative research showed that the use of expressed breastmilk was an acceptable option for women, but that they were constrained by a lack of training on techniques of expressing breastmilk and its appropriate storage. The planning tool organized this information in a way that pointed in the direction of establishing support through the BCC programme for the use of expressed breastmilk. In addition, it showed that family support and positive role models were a key factor in women's successful experiences with exclusive breastfeeding. The formative research results related to women's work patterns outside the home also suggested that encouraging women to take their children to work with them was simply not culturally viable in this setting. Further, asking women to resume work outside the home a few months after child birth was not economically feasible, and would require strategies that went beyond BCC. These two factors were, therefore, not considered as feasible strategies to address through the BCC programme. Thus, the programme planning tool provided information on what strategies would be feasible to promote through a BCC programme and those which are not.

Once the behaviours to be promoted through the BCC programme were identified, the development process for a BCC strategy went on to evaluate the following factors for each behaviour:

- ❑ who needed to be targeted
- ❑ where (ie which programme venues) could best be used to target them
- ❑ what modifiable behaviours, facilitating and constraining factors could be addressed
- ❑ when should these behaviours be discussed for maximum effect (ie what were the key learning windows for each behaviour?)
- ❑ how should this be presented to the target audience?

The answers to these questions suggested that the individuals to be targeted (*who*) included pregnant and lactating women, their husbands, older women, and eventually, the larger community. Some key behaviours that needed to be targeted (*what*) included appropriate initiation of breastfeeding, frequency and intensity of breastfeeding, ways to deal with infant colic, and training in the use of expressed breastmilk. The most appropriate timing for addressing these different behaviours (*when*) was before the birth of the infant, ensuring support during early stages of breastfeeding as well as support to maintain exclusive breastfeeding. Finally, with regard to the *how* and *where* of communication, it was decided that peer group communications sessions, held separately in small group sessions for pregnant and lactating women, and based on principles of adult learning would be most effective.

The final programme model now provides support for behaviour change related to exclusive breastfeeding in a number of ways¹². Special Mothers' Clubs have been set up for lactating women (first six months), where

topics of discussion include infant colic, importance of exclusive breastfeeding, and problem solving and training in use of expressed breast milk. Further, these issues are reinforced at clinic-based pre- and post-natal consultations and Clubs to prepare pregnant women for breastfeeding and for exclusive breastfeeding. Finally, the food aid component of the programme for lactating women could possibly alleviate tiredness due to lack of food and also possibly delay return to work outside the home. Clubs for fathers and other communications activities targeted to the larger community (posters, radio spots, etc.) are currently being planned. Thus, from start to finish, the programme planning process was based on a systematic analysis and organization of available information. Operations research planned for 2003 will evaluate this BCC programme and provide further information on barriers to behaviour change using this model and possible solutions.

Developing policy change communications

Applying the principles of successful BCC programme development to communication for policy change suggests that effective planning must also be grounded in 'formative research'. As with planning formative research for nutrition BCC programmes, the challenge is to identify the most important decision-makers to target, and how to address them in the most effective way. Experiences with the programme planning tool in Haiti suggest that formative research for policy change communications should be oriented towards gathering information on specific policy change goals. It should also provide information on the current policy environment conditions that can facilitate the achievement of a specific policy change, as well as conditions that can constrain the achievement of this change.

In particular, the formative research for policy-making will have to shed light on:

- ❑ the decision-making and policy implementation processes at different levels of the policy-making institutions or organizations
- ❑ the values and priorities of institutions and/or decision-makers
- ❑ the environmental conditions (eg influential people with other agendas, lack of resources, etc) that drive the decision-making process.

One of the most important factors here is to understand where, how and by whom decisions are made in the public policy arena (and not just related to nutrition).

One of the major challenges in designing effective policy change-oriented communication is the identification of what types of information to gather and how to organize this material in a way that provides direction in developing a communications strategy. Formative research tools developed for use with households and communities cannot serve the purpose of gathering information on the policy process, and therefore, obtaining this type of information at the policy-making level will be challenging. The type of data that provides most information on the who, what and how as-

Rationalities in Public-Policy Decision-Making

Technical (based on cause-effect research, interventions, effectiveness, efficacy, etc.)

Economic (based on opportunity costs, incentives, cost benefits, etc.)

Social/Normative (based on rights-based, fairness, equity, ethics, etc.)

Political (based on participation, resources, groups, alliances, etc.)

Organizational (based on rules, authority, jurisdiction, etc.)

Legal (based on laws, rights, enforcement, etc.)

Multiple/integrative (based on judgement, competence in analysis, etc)

pects of policy change-oriented communication has been labelled soft data by Milio². This type of data relates primarily to the decision-making process itself and should reveal who the influential people are, what their values, priorities and decision-making rationalities are, who can influence them, and how they might be convinced to change nutrition policy or programme allocations. There are no prescribed methodologies for obtaining such information. However, a recent publication by Clark¹³ provides a framework for analyzing the policy process and also lays out some of the questions that should be asked when analyzing the social process dimensions (ie the who, what and how) of policymaking.

Under conditions where most of the relevant information can be gathered, the programme planning tool used by the team in Haiti can be used to identify communication activities in the short term and long term. It may also monitor and evaluate the environment for communication activities for other goals, so as to "strike" when the context and timing are most conducive to achieving commitments to change.

Understanding decision-making in public policy

Current thinking on the application of the frameworks of decision-making to nutrition¹⁴ suggests that it is crucial that formative research identifies and understands the rationalities that underlie the thinking and decision-making process of key policy-makers (see box for a list of the most common rationalities in public policy decision making). This sheds light on how the same problem is viewed differently by different rationalities. This in turn can provide insights on how communications strategies should be designed to address specific policy-makers or institutions. Additionally, this understanding will also suggest what types of information should be communicated to those individuals or institutions for maximum impact.

Examples of how the different rationalities presented in the box above play out can be illustrated by considering the types of questions that are asked by policy-makers who operate within the major rationalities outlined above. Using the example of a Vitamin A capsule distribution programme to prevent child mortality, the following types of questions might emerge from policy-makers operating with different decision-making rationalities:

- technical: which age group of children do we need to give Vitamin A capsules to in order to ensure

maximum effectiveness?

- economic: how much does it cost per life saved, and how should the programme be designed in order to minimize the cost per life saved?
- social/normative: how can the programme be designed to ensure that all vulnerable populations receive it?

The answers to the above questions illustrate how the final design of the programme (in terms of the age of the beneficiaries, social and geographic targeting, how it is evaluated and monitored, etc) can be different depending on the decision-making rationality of the policy-maker in charge. Thus, the onus of identifying these rationalities, and the implications of them for programming decisions is very much on the "designer" of the communication strategy. They will have to gather this type of information, organize and analyze it in a way that eventually leads to a strategic and "customized" communications plan. An example of the type of assessment that could be conducted using a policy change communications planning tool similar to the nutrition BCC programme planning tool used in Haiti includes:

- specific nutrition related policy commitments to be achieved: specifying nutrition policy related goals
- level of current commitment: assessing the current status or level of the desired action or resource allocation
- evaluating the environment for policy change (*who, what, how*) and opportunities (*when*), and organizing this information into:
 - conditions that facilitate achievement of advocacy goals
 - potential constraints to achieving advocacy goals.

Overall, this process provides a strategy for identifying what actions are necessary to achieve specific advocacy goals with specific decision-makers and how these might be facilitated or constrained by the current political, social or economic climate. Following such an analysis, a strategic plan for communication could be developed for each advocacy action that evaluates the following:

- where are policy decisions made (ie identifying key institutions and departments/divisions within institutions)
- who to direct communications and advocacy to-

Stage 1: Assessing the current situation, facilitating and constraining factors

Desired status of policy actions	Current status	Factors that facilitate and constrain bridging the gap
Examples include: -legislation -funding allocations -staff allocation -types of programmes desired	Evaluate current status based on hard data related to the status of the policy action. Examples include: -department budget and staffing data -current legislations -current status of programmes	For both facilitating and constraining factors, the following should be assessed: -where decisions are made -who makes them -who can influence the key decision-makers -what their operating “rationality” is and how this might facilitate or constrain the process of achieving change -what goals or inputs do they value -what resources are available for change -when are key decisions made

Stage 2: Planning a communications strategy (using information from Stage 1)

Strategies should be made based on:

Where & Who?	What?	How?	When?
Decisions about -which organizations should be targeted -which individuals within those organizations should be targeted	Design communications content based on -decision-maker/organizational priorities -nutrition as an input into those priorities -how to change or develop policy decisions to influence nutrition	Design communications <i>strategy</i> using understanding of the decision-making rationality and orientation. Specifically, -develop appropriate tools and methods of communication -identify influential agents of communication	Identify the most appropriate timing to target communications based on -policy and budgetary cycles -decision-making moments within those cycles

Table 1 Adapted from the BCC programme planning tool described in Ruel et al., 2003 and Menon et al., 2002

wards, and who will conduct such activities:

- decision-makers within organizations
- agent of change
- what to communicate
 - decision-maker/organizational priorities (key outcomes of interest, eg mortality, productivity, child health)
 - nutrition as an input into those priorities
 - information on programme and policy changes that will provide the most benefit as well as on their implementation and maintenance (ie technical mainstreaming)
- how to communicate: using understanding of the decision-making rationality and orientation to:
 - develop appropriate tools and methods of communication
 - identify influential agents of communication
- when to address different audiences
 - based on an understanding of policy and budgetary cycles, and decision-making moments within those cycles.

These steps towards developing a policy change communications tool that is based on our current understanding of successful behaviour change communications programmes in nutrition are summarized in Table 1.

An example of successful policy change communication

This section briefly describes how some of the strategies described above were used to ensure that child nutrition was considered in the revision of the mortality attribution chart (Figure 1, next page) used at WHO.

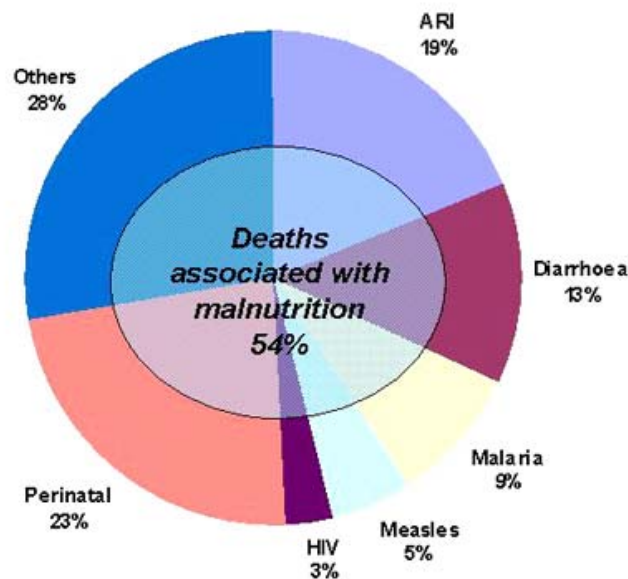
Current status vs. desired status

The child mortality attribution chart had traditionally been used for fund raising within WHO and with other donors. Prior to the research at Cornell University that demonstrated that child underweight contributed to 54% of child deaths from infectious diseases¹⁵, the chart had indicated that child underweight contributed to only 4% of mortality, with diarrhea, pneumonia, malaria, etc., contributing to a much larger proportion. Consequently, programmes aimed at controlling child deaths due to infectious diseases focused primarily on the disease prevention and treatment, rather than nutrition.

The environment for policy change

Some of the factors that facilitated easy reception of the results of the Cornell research were that infectious disease practitioners recognized the role of nutrition, as did a number of nutritionists. However, the Cornell research provided an empirical basis for this relationship and translated it into public health terms such as

Major causes of death among children under five, worldwide, 2000



Sources:

For cause-specific mortality, EIP/WHO

For malnutrition, Pelletier DL, et al. *AMJ Public Health* 1998; 88:1130-3.

Figure 1

case fatality. Further research conducted by other researchers on this topic—including those who worked primarily in infectious diseases rather than nutrition—strengthened the findings by coming up with similar numbers. This ensured that overall, their "message" was consistent. One of the possible constraining factors was that nutrition actions aimed at decreasing child mortality were in fact likely to be less cost effective than other actions. However, the larger role of nutrition for child development and other outcomes was already well-recognized in the public health community, and thus, this constraint did not deter the recognition and promotion of the role of underweight in child mortality.

The communications strategy

The research on the association between child underweight and mortality was presented simultaneously in the United States (to audiences such as the World Bank and USAID) and at WHO headquarters in Geneva. The research was presented by academic researchers who were likely considered highly credible by the receiving audiences and who were able to translate the research into the rationalities favoured by the receiving audiences. Further, the presence of nutrition researchers within WHO promoted the research to the infectious disease-oriented audiences within the organization and ensured that the mortality attribution chart, would be changed to reflect these new findings. All of this ensured that at WHO, nutrition entered into

the newly developed protocols on the Integrated Management of Childhood Illness (IMCI). The figure of 54% mortality caused by child underweight simply did not allow professionals who worked on child health to ignore nutrition. However, this translation of the pie into action was still a long process since the "how to" of improving nutrition within the IMCI clinic-based setting was complex.

Although nutrition has entered the IMCI protocols in a large way, and these protocols have been adopted by many countries across the world, there is still a long way to go. The information from WHO has yet to reach and influence various governmental policies other than IMCI, for example. This will need the same concerted communication efforts as within WHO to achieve nutrition commitments from other policy and political audiences.

Current status and resources for political and technical mainstreaming

Fortunately, this decade finds the nutrition community endowed with numerous resources to achieve the goals of communicating nutrition to achieve political commitment. Nutrition interest groups can indeed feel fortunate that the importance of nutrition is now widely recognized at some of the highest policy levels. For instance, both the MDGs and the World Summit on Children's goals include nutrition as a key element. This is combined with ample research that links nutrition to other sectors, such as health, economics, agri-

culture, education, populations, environment, etc. The current research has even been summarized in such publications as the SCN's *Nutrition as a Foundation for Development*¹⁶. Second, data sources such as the Demographic and Health Surveys (www.macint.com/dhs) provide key national and sub-national level data on nutritional status and its determinants. The availability of programmes like PROFILES¹⁷ provides tools to quantify and present the consequences of nutrition for various non-nutritional outcomes, and also quantify the improvements in these outcomes that investments in nutrition will yield. This has already proven to be effective in influencing nutrition policy in some countries¹⁸. Further, tools like the Essential Nutrition Action Toolkit from BASICS provide tools that take a potential user from advocacy for nutrition to the design of nutrition programmes¹⁹. In Asia, the Asian Development Bank Regional Technical Assistance (RETA) series^{6, 20, 21} provides nutrition advocates with policy and programme-relevant information that will be necessary to strengthen both political and technical mainstreaming activities.

Finally, we are beginning to have a better understanding of policy processes in general, but need much more information on how specific policy changes can be achieved in governments and other organizations. What is needed is to understand how nutrition related decisions, as well as non-nutrition decisions that affecting nutrition, are made at different policy and programme levels. This will provide us with the key to using the available resources for policy and technical mainstreaming to develop more effective ways of mainstreaming nutrition in policies and programmes worldwide. In order to achieve this, both human and financial resources to support policy research are key, as are the training and development of professionals who are capable of conducting sound policy research and directing policy change-oriented communications activities.

Conclusions and steps forward

In summary, policy change communication (or advocacy) is key to solving nutrition problems. Our understanding of the principles of behaviour change suggests that effective policy change communication will also be grounded in a good understanding of how policy processes work in each context, and an evaluation of the environment for policy change at every level. Further, the key dimensions of *who*, *what* and *how*, should be considered in developing methods for policy change communications, that should then tap into key opportunities for change (*when*). Still urgently needed are the financial and human resources to support and implement the process of developing policy-change communications.

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