Tool for collecting evidence on CARE's advocacy and influencing wins – Peru Nutrition
(31 Jan 2018)

Success – Peru: influencing policy and practice on nutrition	
1. What is the advocacy or influencing success? Include any incremental wins that happened along the way. 2. Is this win part of a larger advocacy or long-term program goal? If so, what is this larger advocacy/influencing goal? 3. What outcome area(s)/ sector(s) of CARE's strategy is this associated with? 4. Who are the main decision makers CARE and partners have been influencing?	CARE Peru formed an advocacy coalition (the Child Malnutrition Initiative - CMI) in 2006, that got Presidential candidates, and then the new Government, to prioritize tackling stunting – and has sustained this political commitment across three electoral cycles (10 years). Government initially committed to reducing stunting by 5 percentage points over 5 years, with commitments from subsequent Governments to continue these reductions, focused particularly on rural and poorer segments of the population, as well as to reduce high levels of anaemia. Throughout this period, CARE has also been actively involved technical support on nutrition to Government at national and subnational levels, as well as promoting accountability at different levels for progress towards national and subnational targets. This has been a critical part of CARE Peru's Long-Term Program focused on nutrition and food security. Influencing has been targeted at local and national Government officials, with donors and NGO staff as secondary targets. This outcome is related to the FNS & CCR outcome area (resilience capacity), with demonstrated impact on stunting (CI Indicator 14).
Potential Impact/Reach:	
5. What impact population is expected to benefit from the advocacy/influencing win? How will the win translate into a better life for these participants? 6. If the change we have influenced is fully implemented, can you quantify the number of lives that could potentially be reached by this advocacy win? *Please explain how you calculated this number.*	Impacts were expected to be seen in reduced levels of chronic malnutrition (stunting), particularly in rural areas (where rates were 3 times higher than urban areas). Increased political commitment to tackle malnutrition was expected to lead to increased funding, more effective government programs, greater accountability, and ultimately reductions in stunting and anaemia amongst children under 5. Over 800,000 children under 5 were chronically malnourished in Peru in 2006, when stunting levels were 28%.
Actual Impact/Reach:	
7. Do we have any evidence to date that these expected outcomes have been achieved? Can you quantify the number of lives that have been improved? *Please explain how you calculated this number.*	National statistics show that stunting has more than halved (28% to 13%), from 2006 to 2016, after a decade when stunting rates were stagnant (1995 to 2005). This means that over 690,000 children were not stunted who would have been otherwise (250,000 by 2011, when stunting had fallen to 19.5%, and a further 440,000 by 2016, when stunting had fallen to 13.4%). We can therefore reasonably say that **CARE has made a significant contribution to improved nutrition security for over 690,000 children and their families - or around 2.8m people.**
Contribution:	
8. On a scale from high, medium, or low, how would you rate CARE's contribution to the advocacy/influencing win? *(please refer to the scale below the table)* 9. Describe CARE's contribution, as well as the contribution of other main actors. What evidence is there that backs up our claim to have contributed to this win?	CARE's contribution to this change is **high**. The CMI and its advocacy campaign would not have existed without CARE Peru, and CARE's consistent convening and facilitation of the alliance (of 20 different organizations) has been critical for it continuing to advocate on the issue, and keeping it on the political agenda across three successive changes in Government. Evidence to support this contribution claim includes the agreements signed by Presidential candidates in 2006, 2011 & 2016, as well as documented independent analysis of the key role civil society has played in the Peru nutrition story, from IDS and from the World Bank. In Contribution Tracing language, the World Bank evidence is particularly strong: it is exceptionally unlikely that the World Bank would highlight the

	critical role of the CMI in contributing to Peru's nutrition success if this "contribution claim" were not true.
Reflection and Learning:	
10. What were the main challenges you faced, and were they overcome? If so, how? 11. What influencing tactics were particularly effective/ineffective? 12. What would you do differently next time?	The main challenge has been sustaining funding to support the advocacy work, and CARE's convening and technical support role. Initially funded from the last year of funding of CARE Peru's Title II program, it has since then been funded from a combination of unrestricted resources, and some project-specific funding. Keeping this work as a top priority for CARE Peru (Milo Stanojevich, the CARE Peru National Director is the convenor of the CMI) has been essential to weather the gaps between institutional funding. The lessons learned have been captured and shared in CARE's global FNS workshop (in 2016 – summarized in this 5 minutes of inspiration), and in external publications (SUN CSN, IDS, IFPRI, UNICEF, World Bank, etc.). The main influencing tactics that worked included: taking advantage of policy windows of opportunity around national and subnational elections, generating consensus around common positions and clear messages amongst alliance members, and having strong catchy messages (the "5 by 5 by 5" commitment to reduce malnutrition in children under 5 by 5 percentage points, or "10 recommendations for the first 100 days"). Having an organization (CARE Peru) playing the convening role is essential in making advocacy coalitions work, including the rather unglamorous, often neglected aspects, such as arranging meetings, circulating notes, keeping alliance members informed, etc. Having a diverse alliance has also been critical – with members from international and national NGOs, academia, UN agencies, and donors, as well as the "National Roundtable for the Fight Against Poverty", a multi-sectoral, government-civil society forum to facilitate dialogue and participation in public policies on poverty reduction. Importantly, the alliance managed to get the heads of these organizations actively involved, rather than leaving all the work to nutrition specialists, so there were credible, high-level representatives who could meet with a new Prime Minister, say, and keep on message. Providing technical support to government, as well as advocacy & promoting accountability, was also key. Sustaining this work to coordinate an advocacy coalition, in periods where we had no specific project funding covering this, was also essential, to be able to keep the pressure going over time: leading to high levels of political commitment on nutrition being continued, across three changes of Government (in 2006, 2011, and 2016). Adapting approaches over time has also been essential: the commitments promoted at each election have changed over time: in 2016, candidates signed up to reducing stunting in rural areas and the poorest quintiles from 34% to less than 20%, and anaemia from 43% to 20%.

Rating scale[1]:
High: There is reason (evidence) to believe that the change would not have happened without CARE's efforts. This could also include significant actions from partners which we support technically or financially.
Medium: There is reason to believe CARE contributed substantially, but along with other partners
Low: CARE was one of a number of actors that contributed, but this change may have happened regardless of CARE's involvement

[1] This rating scale has been used by Save the Children to measure contribution in advocacy work