

Sub-national, multi-sector nutrition programming: Key findings from eight country case studies





Students of Gelcha Elementary School, Ethiopia. Photo: WFP/Michael Tewelde; Cover image: Zeinabou and baby Osman, Senegal. Photo: WFP/Jenny Matthews

Introduction

There has been growing attention to multi-sector nutrition programmes (MSNPs) to accelerate action on the determinants of undernutrition, integrate nutrition considerations into broader sector programmes and increase policy coherence to improve nutrition outcomes.

In 2017, Emergency Nutrition Network (ENN) began exploring the nature of MSNPs to unpack the 'what' and 'how' of multi-sector nutrition activities. ENN's primary objective was to develop detailed case study-based descriptions of implementation at the local level to understand the structures and programmatic details of government-driven MSNPs, often supported by development partners.

Countries were selected based on various criteria, including being part of the Scaling Up Nutrition (SUN) Movement, displaying national progress in reducing undernutrition, the presence of multi-sector structures and strategies, and evidence of large-scale programme implementation at sub-national level. From 2017-2019, ENN carried out eight case studies, in Senegal, Kenya, Nepal, Ethiopia, Niger, Bangladesh, Zimbabwe and the Philippines, representing a broad range of contexts, as outlined in Table 1.

This short paper is a synthesis of the key findings from the eight case studies and is primarily intended for government actors and their nutrition partners, either considering or developing a multi-sector nutrition response.

Table 1: Multi-sector nutrition programmes by country

Country	Sub-districts visited	Year case study conducted	MSNP studied	Brief description of programme examined
Senegal	Matam and Kédougou	2017	Yaajeende project and the Integrated Nutrition Project in Kolda and Kedougou programme (PINKK)	PINKK provides an integrated package of health, nutrition and food security measures to combat direct and indirect causes of undernutrition. The project began in 2015. In Matam, the Yaajeende project phase 1 (2010-2017), which focused on agricultural measures to address high wasting rates in the region, was explored
Kenya	Homa Bay and Makueni	2017	Accelerated Value Chain Development (AVCD) programme	The AVCD programme began in 2015 to sustainably reduce poverty and hunger, focusing on four value chains: livestock, dairy, staple and root crops. The programme aims to impact nutrition through agricultural production, women's empowerment and an increase in income.
Nepal	Kapilvastu and Jumla	2017	Multi-Sectoral Nutrition Plan 1 (MSNP 1)	MSNP 1 is a framework for bringing identified sectors together to combat malnutrition. The case study further reflected on the SUA AHARA programme, which focuses on improving health and nutrition behaviours at the household level.
Ethiopia	Naedir Adet and Ebinat	2018	Seqota Declaration (SD)	The main goal of the SD is zero stunting among children under two years of age by 2030. The SD is implemented by six sector ministries. Their activities are being piloted in 33 woredas (districts) in two regions (Amhara and Tigray) and involve six innovations to accelerate the delivery of existing evidence-based intervention.
Niger	Djirataoua and Chadakor communes in Maradi district	2018	Communes de convergence (C2C)	The C2C approach was rolled out in 35 pilot communes over a four-year period from 2013-2018, led by UN agencies and the 3N (les Nigériens nourrissent les Nigériens) initiative, a high-level government body mandated to coordinate nutrition across different sectors and implementing agencies in the country. The core concept of the approach involves each commune developing its own annual plan through a consultative process, bringing together all the main agencies involved in implementing nutrition activities in that commune.
Bangladesh	Sunamgunj and Rangpur	2019	National Plan of Action for Nutrition 2 (NPAN2) (2016-2025)	NPAN2 builds on work done in Bangladesh's first National Plan of Action for Nutrition and aims to scale up nutrition-specific and nutrition-sensitive interventions and improve the coverage of programmes to ensure that the most vulnerable are targeted. It is not a specific programme in itself but an operational plan that sets out how the objectives of the 2015 National Nutrition Plan will be achieved.
Zimbabwe	Chipenge and Chiredzi	2019	Multi-Sectoral Community Based Model (MCBM) programme	Launched in 2015, the MCBM programme aims 'to reduce food and nutrition security challenges in vulnerable districts of Zimbabwe through a multi-sector, community-based model approach and systems strengthening'. In 2017 a rollout process for the MCBM across Zimbabwe was started. This is currently at various stages of development in 38 of Zimbabwe's 59 rural districts.
Philippines	Gingoog City – Region X and Region II (Cagayan Valley), Quirino Province	2019	Philippine Plan of Action (PPAN) 2017-2022	PPAN (2017-2022) is a blueprint for an integrated programme of nutrition interventions under the leadership of the National Nutrition Council. It consists of 12 programmes and 46 projects serving as a framework for actions that could be undertaken by member agencies.

Implementation should focus on convergence and targeting

In the eight country programmes visited, **very few 'new' activities were introduced and very few tangible departures from what sectors were already doing to enhance nutrition sensitivity** were seen. Some programmes, however, displayed renewed efforts to focus on nutrition messaging. In Nepal, for example, social mobilisers, who support women's credit and savings groups, have also taken on responsibility for delivering nutrition messages since the latest multi-sector policy. Similarly, in Bangladesh, farmers have been given messages on the importance of nutrition and health in training sessions on improving farming methods.

Rather than 'new' activities, the focus of MSNPs has been far more on **establishing joint targeting and convergence mechanisms** (although these are still only considered nominal in many MSNPs). Some countries (such as Zimbabwe, Niger and Nepal) have targeted vulnerable districts for joint programming and others have developed joint targeting criteria,



A worker in Cox's Bazar, Bangladesh.
Photo: WFP/Saikat Mojumder

such as a focus on families in the 'First 1,000 days' (as seen in Nepal, the Philippines and Ethiopia). While it is commonly understood that households who receive a comprehensive package of services that simultaneously address the underlying causes of undernutrition have better outcomes, **few countries have been able to develop structures and systems in which vulnerable households receive a package of services**. One example of this was seen in Ethiopia, where the health, agriculture, livestock and education sectors used a shared beneficiary list of vulnerable children. This enabled a convergence of services to be delivered to the most vulnerable in the target communities.

While achieving convergence of services on specific geographic areas or households may be desirable, this approach can be **limited by existing sector mandates and siloed approaches**. For example, in Niger, the development and humanitarian sectors were largely separate; so, while the Communes de convergence (C2C) approach was seen by many as an opportunity for humanitarian-focused initiatives to consider longer-term programming through co-targeting vulnerable community members, it was unable to achieve this because of a lack of funds to support co-targeting efforts.

Monitoring and evaluation requires much more consideration

Mechanisms for effectively tracking indicators and results in multi-sector efforts remain a critical challenge in most countries. A significant challenge to multi-sector nutrition programming is a lack of indicators at the sub-national level to monitor the benefits of a multi-sector approach compared to those of single-sector interventions. A lack of consistency in terms of indicators collected and frequency of data collection across sectors remains a major challenge to developing effective monitoring and evaluation (M&E) systems. Many countries have developed means to mitigate these challenges, although mechanisms still require improvement. For example, in Ethiopia, quarterly and six-monthly review meetings are held at both national and regional level to enable sectors to jointly appraise their progress and discuss reporting indicators across their sectors. The Philippines has a culture of documentation, which is utilised in a performance-reward system in relation to nutrition indicators. This system provides recognition for local-governance areas with exemplary performance in nutrition programme management and delivery of nutrition services.

Although not without its challenges, the M&E system in Zimbabwe offered one of the most advanced examples with a ‘Near Real-Time Monitoring System’, which was implemented as part of the Multi-Sectoral Community Based Model (MCBM) with funding from external partners. In this system, the community health workers and volunteers collect data from the community which is then fed to the local and regional Food and Nutrition Steering Committees and entered onto Android tablets to be uploaded onto the national Food and Nutrition Council’s database. Key indicators are measured against set thresholds and results are provided to sub-national structures through SMS messages and a traffic-light coding system. However, due to a lack of funding, this system encountered several challenges and its effectiveness and coverage declined.

While these case studies have offered important insights into potential M&E systems, it is imperative that much more is done to understand how nutrition-sensitive interventions contribute and interact with other activities as part of a package of interventions for vulnerable households. **More resources need to be invested in the generation of high-quality nutrition data**, including resources for capacity-strengthening and equipment. This is also essential to generate evidence around multi-sector nutrition interventions.

Costing and financial considerations are essential

When nutrition is mainstreamed into sector work and a multi-sector approach is embedded into national and sub-national structures, adequate financial resources must be allocated for implementation. Very few countries have collected data on the added cost of implementing nutrition-sensitive, multi-sector programming and its coordination. While some countries (such as Nepal, Bangladesh, Ethiopia, the Philippines and Zimbabwe) have costed nutrition plans that cost each intervention, plans do not include the additional cost of coordination and incorporating a nutrition-sensitive lens into programming. **Understanding the cost of multi-sector action is vital, and currently it is difficult to assess its cost-effectiveness and therefore to understand what funds are needed to enable programming at scale.** Partly as a result of this, most of the countries lack MSNP funds and clear information on the expected sources of funding from both government and development partners. Ethiopia stands out as an example of a country where considerable effort has been made to understand

the spread of funding sources. The initial three-year innovation-phase investment plan, estimated to cost USD538 million, consisted of contributions from federal, regional, community and development-partner commitments. At the time of writing the case study, there was a reported 36% funding gap.

Funding becomes even more critical in countries experiencing fragility: often, where externally funded humanitarian programmes dominate, they define and limit the nutrition landscape. In such an environment, as seen in Niger, it is challenging to get donors to align to a cohesive set of long-term, multi-sector actions and to channel financing through government. As donors had not fully endorsed the C2C approach because it did not align with their strategies and plans, programming continued to be siloed between the humanitarian and development budget channels.

High-level political commitment with a focus on sub-national political ownership

For MSNPs to be effective, there is a need for **high-level commitment and momentum to drive nutrition action forward.** In most countries, high-level platforms have been developed to advance the nutrition agenda and there is increasing visibility of nutrition in political discourse. In Senegal, the Cellule de Lutte contre la Malnutrition (CLM) is overseen by the office of the Prime Minister and has the authority to coordinate national nutrition platforms. In Niger, the 3N (‘les Nigériens nourrissent les Nigériens’) initiative is situated in the President’s office under the direct supervision of the President to drive forward the multi-sector mandate.

While countries have been able to develop national-level commitment, the **translation to sub-national structures** is much more challenging and limited. For example, in Bangladesh, while the political commitment and will to prioritise nutrition at the highest level of government have been secured, the wherewithal to develop sub-national ownership and to translate this into action, down to the lowest structural level, still needs considerable attention. One clear mechanism to develop sub-national ownership was seen in Ethiopia, where dedicated positions have been appointed in each region whose role is to engage political appointees and sector heads to drive the MSNP agenda.

In Kenya, **devolution** was seen to have facilitated multi-sector engagement at the sub-national level



A child has a check up in the Kabasa camp for Internally Displaced Persons in Dollow, Somalia. Photo: WFP/Will Baxter

because there are fewer bureaucratic hurdles to overcome. In the Philippines, devolution has enabled significant governance powers to be shifted to Local Governance Units, each with considerable autonomy and capacity, which many have seen as a positive factor in their MSNP. However, slow bureaucratic processes in dealing with national government and the centralisation of procurement was seen to negatively impact their programming. Critically, MSNPs need to take account of context-specific devolution structures to maximise their potential and mitigate inhibitors to progress.

Build on existing structures and history to advance the nutrition agenda

Almost all eight countries have a **long history of designing and implementing MSNPs**. The Philippines has had six successive national plans of action on nutrition and has well established nutrition committees, even at the lowest level of governance. Similarly, Zimbabwe has been rolling out MSNPs since the 1970s. Such a history of multi-sector collaboration has played a role in enhancing progress towards a multi-sector nutrition agenda. In almost all countries, **government ministries with a history of collaborating with other sectors, perhaps unsurprisingly, seemed more at ease** and flexible in executing multi-sector activities (such as the ministries of health, education and agriculture).

A long history of collaborative ways of working was particularly notable at the lower echelons of

governance. For example, in Ethiopia, district and community-level actors already work together through existing **coordination mechanisms**. In other countries, 'organic' collaboration was seen at the community level, where different actors in different sectors were well known to one another. Where there are existing coordination structures, either formal or informal, it is valuable to build on these platforms rather than recreate new structures and systems. It is imperative to take **time to understand collaboration mechanisms at the local level and to build on these structures**.

Incentives to coordinate are valuable

Coordination is at the heart of the multi-sector nutrition agenda, yet available guidance on how to coordinate MSNPs remains largely generic, 'high-level' and less relevant to sub-national levels. **Coordination processes are highly context-specific** and it may be unwise to generalise about the optimal processes for enhanced sub-national, multi-sector coordination. However, some general patterns have emerged from the eight case studies. First, incentives to coordinate are needed and **the lack of incentivisation was noted to be a key barrier to multi-sector collaboration**. For example, in Senegal, coordination platforms were seen as purely for information sharing and, as such, the excessive number of meetings was criticised for adding to already-high workloads, being overly time-intensive and for placing a significant burden on public services. In Niger, the schedule for commune-

level meetings was noted to be very ambitious and proved unsustainable for communes. Similarly, in Bangladesh, the purpose of coordination meetings was not clear. As one stakeholder noted, “We are willing to coordinate and conduct the meeting ... we would like to know, however, what the purpose of this coordination is. Coordinate to do what? We do not know yet.”

In contrast, the Nepal Technical Support Unit (TSU), which is responsible for coordination, has a clear agenda for each meeting and **meetings are seen as a valuable mechanism for decision-making on joint monitoring and planning**. It was clear from the case studies that there is a need for coordination to focus on maintaining momentum towards clear, long-term collaboration goals and a common framework for results. There needs to be a perception of a ‘win-win’ benefit of coordination meetings for all sectors and the value of meetings need to be much clearer.

Coordination **requires a strong and influential coordinator at the helm** who is responsible for networking, diplomacy, partnership-brokering and trust-building, as well as bringing together diverse groups of people from different professions, sectors and organisational backgrounds to develop a common sense of purpose. In different countries, various coordination bodies have been set up to conduct these valuable roles (the TSU in Nepal, the Programme Delivery Unit (PDU) in Ethiopia, the CLM in Senegal). A critical consideration in this is the importance of adequate financial resources to effect sub-national-level coordination. In Niger, key stakeholders reported a lack of transport to attend district-level meetings, which limited their ability to coordinate.

Multi-sector nutrition programmes require additional capacity

A key element of MSNPs is **the need for additional capacity at the local level**. These case studies highlight the challenges that limited manpower brings to successfully coordinating and implementing a multi-sector nutrition plan. It was noted in Senegal that the multi-sector approach was demanding on those at local level, who lacked the time, resources and skills for implementation. Coordination structures also lacked capacity; it was noted that there were only six regional offices to cover the 14 regions in the country and offices had insufficient staffing. Furthermore, at the municipal level, there were no qualified nutrition staff or other dedicated staff to

take the multi-sector nutrition agenda forward. In Ethiopia, having noted this barrier in previous multi-sector nutrition plans, the PDU was set up to lead on implementation and to accelerate multi-sector engagement at federal and regional levels. In order to ensure sufficient capacity for implementation, the Ministry of Agriculture at federal level employed 10 staff members focusing on nutrition, including nutrition staff members at the regional levels. Having nutrition staff in the sector has reportedly helped drive the nutrition agenda in the Ministry of Agriculture.

Concern was raised in several case studies (particularly in Zimbabwe and Kenya) on **how increasing the range of multi-sector activities can result in the overburdening of frontline workers**, who are often poorly paid community health workers or volunteers. These individuals are, it was noted, required to take on multiple tasks and responsibilities and incorporate additional components and messages into their work. The extent to which these staff cadres are able to successfully incorporate nutrition activities into their work was noted to be a significant problem in rolling out multi-sector interventions.



An old woman in Melauli, Nepal. Photo: WFP/Lilu KC

Sectoral engagement is varied and often context-specific

An important consideration in MSNP is **identifying and establishing consensus around which interventions and sectors to prioritise in a multi-sector agenda**. The core sectors that were generally engaged in the country examples included health; agriculture; water, sanitation and hygiene (WASH); social welfare; and education. However, the number of additional ministries included in an MSNP varied substantially across the countries, from six in Kenya to 18 in the Philippines. The specific reasons for this were not explored, although it is notable that the literature points to a lack of clarity around the role of sectors in a multi-sector agenda. It seems axiomatic that the appropriate ‘mix’ of sectors should depend on the context-specific causes of malnutrition.

There were **vast differences in the level of multi-sector engagement across countries**. For example, in the Philippines, the Ministry of Education has embraced a nutrition focus, with every government-run school having an assigned nutrition coordinator, nutrition education being included in the school curriculum and a school garden being used to deliver healthy school meals. In other contexts, the Ministry of Education's efforts and resources are devoted to keeping children in school and advancing their school education. **Exploring these country and context-specific understandings of sector buy-in is important to consider before rolling out an MSNP**.

Messaging and advocacy to ensure sector buy-in

Messaging and advocacy around nutrition, as well as the benefits of improving nutrition, **need to be emphasised in the design and rollout of plans and programmes in order to achieve multi-sector efforts**. While each sector has its unique mandate, priorities and target groups, highlighting the value-add of incorporating a nutrition lens and objective into its activities in order to help it achieve its objectives while improving the nutritional status of the population in question is both critical and complex.

In Nepal, messaging and advocacy at all levels on the importance of the first 1,000 days of life (known in Nepal as the ‘Golden Thousand Days’) resulted in a broader understanding of why nutrition is relevant to people working right across the sectors engaged in the MNSP. A similar focus on the first 1,000 days

was noted in the Philippines and in Ethiopia, where the goal of zero stunting by 2030 was taken up as a national ambition. In contrast, a lack of messaging and advocacy was seen as a key barrier to effective MSNP implementation, as noted in Niger.

Developing a unified vision requires sufficient time, resources and skills. For example, in Bangladesh, the NPAN2 began being developed in 2016 and in 2019, it was still in its preliminary phase of implementation though sector awareness of the renewed focus on nutrition and the new multi-sector focus was evident during field visits. Similarly, in Senegal, it was noted that the MSNP required an intense period of relationship-building, advocacy and engagement across multiple sectors and levels. To this end, it was noted that **multi-sector work requires substantially more ‘lead time’ than more direct nutrition interventions offered, for example, through the health sector**.

Engaging NGOs, civil society and the private sector

It is commonly understood that **governments cannot succeed alone** in scaling up nutrition efforts and, in most cases, MSNPs have been implemented in close collaboration with non-governmental organisations (NGOs) and UN bodies (or have even been led by NGOs, as seen in Senegal and Kenya, or UN bodies, as seen in Niger). NGOs and, in some cases, UN bodies have made important contributions to advancing a multi-sector nutrition agenda in countries and this should be developed in appropriate ways at each level. For example, in Nepal, some partner-led programmes are at significant scale, and the MSNP was able to build on these programmes in their planning, ensuring alignment with and integration into the MSNP structures.

NGOs have been important in contributing significant resources and manpower to a multi-sector nutrition agenda. Several countries (particularly Bangladesh and Ethiopia) have received technical assistance from NGOs to develop multi-sector plans, cost them, and support their operationalisation. The Bangladesh National Nutrition Council received support from development partners and international NGOs through the secondment of professionals. Furthermore, there are several NGO-run nutrition projects in every district in the country, and recent initiatives have seen a focus on supporting and strengthening government systems. Such examples can be valuable in driving forward



Tilapia harvested from the freshwater pond in Kabacan, Philippines. Photo: WFP/ Jacob Maentz

nutrition action, particularly when governments do not have sufficient resources to drive forward action themselves. In Niger, the limited resources available to the government has led to a considerable reliance on NGOs. Although, at times there has been a lack of communication between NGOs and government mechanisms, which has led to confusion and duplication of interventions.

Other civil society groups have also been important in driving forward the multi-sector agenda. In Ethiopia and Zimbabwe, religious groups have been important in that they influence people's food choices. Zimbabwe explicitly involved local chiefs and headmen in the Food and Nutrition Security Councils and nutrition activities at the community level, given their significant role in influencing local practices. However, few examples of private-sector involvement in MSNPs were seen in the country examples and more should be done to engage actors from the private sector in a manner that does not present a conflict of interest for a multi-sector approach.

Conclusion

The eight case studies offer rich learning and insights for other countries. However, more information is needed on what implementation looks like at the local level, how national structures facilitate sub-national nutritional progress and, critically, the impact of multi-sector nutrition programming needs to be measured. Furthermore, most programmes have yet to go to scale, in spite of national rollout ambitions. The challenge countries face is that blueprints or formulaic approaches developed in other contexts or acquired from pilot experiences may not lead to successful national MSNPs. Instead, tailor-made, context-specific solutions are needed to deliver programmes that have appropriate levels of financing, human resources and robust M&E systems if they are to successfully reduce current levels of malnutrition.

Pamhidzai Kanguwo at
Manjerajera Nutrition Garden,
Zimbabwe. Photo: WFP/
Matteo Cosorich

