



# Multi-sectoral Nutrition Programming

A review of current  
literature and evidence



## Author

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## Definitions

### Definition of multi-sectoral nutrition programming

- Programmes implemented by more than one government sector/ ministry

OR

- Programmes/ interventions that address malnutrition through both nutrition specific and nutrition sensitive pathways

### Definition of nutrition-specific interventions

- Any interventions that contribute to addressing the direct determinants of malnutrition (undernutrition/ overnutrition)
- Any interventions that address the immediate determinants of child nutrition—adequate food and nutrient intake, feeding, caregiving and parenting practices, and low burden of infectious diseases

### Definition of nutrition-sensitive interventions

- Any sector interventions (other than health) that incorporates nutrition objectives into programmes
- Any interventions that address the underlying determinants of child nutrition— food security; adequate caregiving resources at the maternal, household and community levels; and access to health services and a safe and hygienic environment—and incorporates specific nutrition

## Acronyms

CDP	Community Development Plan
CHAIN	Childhood Acute Illness and Nutrition Network
DDC	District Development Committee
DHS	Demographic Health Survey
DNCC	District Nutrition Coordination Committee
ECD	Early Childhood Development
ENGINE	Empowering New Generations with Improved Nutrition
ENN	Emergency Nutrition Network
FNS	Food and Nutrition Security
IDS	Institute for Development Studies
IFPRI	International Food Policy Research Institute
IYCF/IYCFE	Infant and Young Child Feeding/Infant and Young Child Feeding in Emergencies
M&E	Monitoring and evaluation
MQSUN+	Maximising the Quality of Scaling Up Nutrition
MSNP	Multi-sector nutrition plan
NGO	Non-governmental organisation
NIL	Nutrition Innovation Lab
NIPN	National Information Platform for Nutrition
NNP	National Nutrition Plan
NPC	National Planning Commission
PNCC	Provincial Nutrition Coordination Committee
SBCC	Social and Behaviour Change Communication
SDG	Sustainable Development Goal
SISAN	National Food Security and Nutrition System (Brazil)
SN4A	Sustainable Nutrition For All
SPRING	Strengthening Partnerships, Results and Innovations in Nutrition Globally
SUN	Scaling Up Nutrition
UNAP	Uganda Nutrition Action Plan
USAID	United States Agency for International Development
VDC	Village Development Committee
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization



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FFA participants at Manjerajera Nutrition Garden, Zimbabwe. Photo: WFP/ Matteo Cosorich

# 1 Introduction

In recent years, there has been an increasing focus on multi-sectoral nutrition programming (MSNP) given the renewed emphasis on addressing both the direct and underlying causes of malnutrition to achieve nutrition impact. In 2017, ENN began exploring country examples of MSNPs in order to describe the structures and programmatic details of multi-sectoral interventions to address undernutrition and highlight currently implemented programmes by governments and their partners in countries with a high burden of undernutrition. In 2019, with three case studies published<sup>1</sup> and another three in development<sup>2</sup>, ENN recruited a consultant to develop a broader literature review in order to explore if the common findings identified in the 6 country examples bore resemblance to the wider evidence base.

This review of multi-sector nutrition literature published in the last 10 years considers lessons learned, best practices, challenges and bottlenecks to the implementation of multi-sector nutrition plans and programmes at the sub-national level. From March to September 2019, ENN identified relevant literature on the topic through key word searches on Google Scholar, PubMed, and specific website searches such as on SPRING, MQSUN+, the SUN Movement Website. Further included in the literature report was documentation shared through ENN's internal networks and contacts. These were provided to the consultant who further utilised her networks to obtain additional grey literature on the topic. Both grey and published literature were included in the review and key search terms included: 'multi-sector nutrition', 'multi-sectoral nutrition', 'nutrition sensitive', 'nutrition specific', 'intersectoral nutrition response', 'agriculture AND nutrition', 'WASH AND nutrition', 'social

protection AND nutrition', 'education AND nutrition'. In total, 68 articles were identified as relevant. The following types of literature were included in the review: syntheses, single and multi-country reviews/ evaluations, end-of-project reports, single and multi-country case studies, programme mid-term and final reports, blogs, published reviews and studies, and meta-analyses. Due to time constraints, national multi-sector policies and plans and single-sector documents were not included in the review.

The review aims to unpack key emerging themes and issues relating to multi-sector nutrition planning and programming and synthesise emerging themes and trends, with a particular focus on sub-national programming. Key programmes examined included interventions in which multiple sectors converged on a demographic group or area determined to be vulnerable to undernutrition as well as nutrition-sensitive sectors changing or adding inputs into programmes to be more nutritionally focussed. Key thematic areas relating to multi-sector nutrition emerging from the literature included: awareness of and communication regarding nutrition at national and sub-national levels; capacity and human resources; coordination and collaboration; sub-national delivery mechanisms; combination of sectors and mix of interventions; target groups; monitoring and evaluation; evidence; advocacy; accountability; and finance.

<sup>1</sup> Countries initially explored included: Kenya, Senegal and Nepal.  
<sup>2</sup> In Ethiopia, Bangladesh and Niger.





Fruit and vegetables at a market in Kampong Speu province, Cambodia. Photo: WFP/David Longstreath

# 2 Findings

The literature reviewed considered various aspects of multi-sector planning and programming across a wide range of contexts and countries, including: Bangladesh, Benin, Brazil, Burkina Faso, El Salvador, Ethiopia, India, Madagascar, Malawi, Nepal, Pakistan, Peru, Rwanda, Senegal, Sri Lanka, Tanzania, Uganda and Zambia.

This section considers the various themes emerging from the review.

## 2.1 Awareness, communication, dissemination

Lack of awareness of nutrition by key actors at the national and sub-national level was identified as a key barrier to effective multi-sector nutrition implementation. The review reveals that there is a need for a clear understanding of stunting and other forms of undernutrition in terms of their presentation, causes and consequences, and for governments and other partners to better understand the linkages between multiple sectors and nutrition. It is important for the different sectors to recognise their roles and responsibilities and effectively communicate the need for engagement on nutrition with their peers within and across sectors. However, there are many instances where this has not been achieved; particularly in communicating around nutrition as a driver of economic benefits and other desired outcomes across sectors (1). In Nepal, for example, policy-makers were noted to have a limited understanding of nutrition, which constrained their

motivation and ability to take action. The need for specifically developed training, management and communication strategies on nutrition and the need for a multi-sector approach were highlighted, with a focus on local government and community-level stakeholders (2).

To expand awareness and understanding around nutrition, multi-sector approaches beyond the national level are also critical. Awareness of the Ethiopia National Nutrition Strategy and Policy was found to be substantially lower at sub-national level than at national level, and there were stark differences in awareness of the policy across the different regions of the country and across different sectors, with the greatest level of awareness within the health sector (3). Although national-level implementers in Nepal were aware of the SUN framework and multi-sector approaches to addressing malnutrition, awareness at sub-national level was more limited, with a narrower understanding of the goals and actions included in a multi-sector nutrition plan (MSNP) (4). District authorities had limited understanding, but were expected to take on MSNP functions in addition to existing responsibilities. Ownership of nutrition in Nepal and the greatest level of awareness was seen to be within the Ministry of Health and Population, with much lower levels of awareness in other sectors (4). It is clear that there is a need for awareness, understanding and communication of these elements to permeate all levels and all sectors (5-8), increasing the awareness and understanding of nutrition among government staff and, more broadly, the population in general. Consideration of language and literacy barriers to communication campaigns on nutrition and enforcement of legislation is also critical (7).



Community visit in the IMCN programme, Bangladesh. Photo: WFP/David Peterson

Mejia-Acosta et al (11) emphasise the importance of common recognition of the seriousness of malnutrition by all country actors at all levels and inclusion of nutrition as a core indicator of development; strongly associated with poverty reduction (11). This facilitates an understanding of nutrition as a broader issue than just health (12). Levinson et al (13) describe the benefits of communication of a country multi-sector nutrition strategy at different levels. District staff are often unaware of initiatives and agreements made at central level and need to understand how an overarching, collaborative strategy relates to and benefits their work if they are to work effectively together (13).

Nepal has taken steps to improve awareness on nutrition through the Nepal Nutrition and Food Security Portal (9), which aims to raise awareness and improve knowledge on nutrition through an open-access 'one-stop shop' which houses information on nutrition, resources, updates, multi-sector approaches. Furthermore, experience from both Nepal and Ethiopia (9) demonstrates that developing enthusiasm for nutrition among the different sectors encourages a shared sense of ownership and shared commitment, and participation in the development and implementation of an MSNP (9).

## 2.2 Capacity/human resources

Much of the literature reviewed identifies significant gaps in capacity for nutrition and emphasises the urgency of the need for capacity-strengthening at

all levels for effective multi-sector implementation. An 'egregious gap' in human resources for nutrition is identified (14); filling this is essential in supporting multi-sector nutrition approaches (14). Lessons learned from Peru and Nepal (15) show that education, training and work experience are usually sector-specific and additional capacity-building in nutrition may be required, tailored according to the roles that different sectors play in improving nutrition (15). There is also a need for incentives to improve performance and technical support to government and healthcare providers in the field (15).

Jerling *et al* (51) highlight the need for a diverse nutrition workforce that includes programme staff, frontline workers and researchers/evaluators with a combination of technical, managerial and leadership competencies. Many of the other challenges associated with multi-sector nutrition implementation can be addressed by having dedicated staff and clear procedures. The IFPRI *Stories of Change* series (15) describes how a small number of capable and strategic individuals can make progress in nutrition, highlighting the importance of strengthening individual capacity. Strengthening capacity in monitoring and evaluation (M&E) and functional capacities for multi-sector governance for nutrition is also crucial (16).

Strategies to improve human-resource capacity for nutrition include: development of formal training plans for sector actors; supporting multi-sector nutrition mechanisms (17); maintaining the same sector focal points at working group/multi-sector nutrition meetings; integrating specific roles and responsibilities relating to nutrition in staff job descriptions; and measures such as training and incentives to reduce high staff turnover (51). MQSUN+ experience in Zambia (18) highlights the need for more dedicated human resources for nutrition, particularly at district level, as well as workforce-planning exercises involving assessment of capacity and knowledge needs across different ministries at different administrative levels and a review of the capacity of education and training facilities to produce recommendations for an adequately qualified workforce that can effectively deliver the MSNP (18). Jerling *et al* (51) highlight the need for revised programme curricula for training, credentialing a nutrition workforce, and propose a mix of informal education, vocational training, certification and short courses (including online courses such as the London School of Hygiene & Tropical Medicine nutrition-sensitive course (19)), adapted to specific country needs.





Camels and cattle in the Somali Region of Ethiopia.  
Photo: WFP/Peter Smerdon

A ‘trickle down’ approach to cascade training down to district level in Tanzania (20) involved training a group of dedicated facilitators to lead participatory workshops on multi-sector nutrition; then further layers of regional and district officials and sector staff were trained in planning and budgeting (20). This was considered to have greatly contributed to raising the profile of nutrition in regions and districts, convincing decision-makers to integrate priority nutrition interventions into sector plans and budgets and to set up nutrition steering committees at the district level (20).

A lack of guidance on multi-sector nutrition was described in the literature (21-24), particularly with regard to sub-national implementation and integration of nutrition into local planning processes. In the absence of guidance on decentralised, multi-sector nutrition implementation in Nepal, scaling up nutrition has been achieved through a ‘learn-by-doing’ approach (52). The use of technology in providing support and guidance to volunteers and workers at community level implementing multi-sector nutrition actions is an emerging theme in the literature (49). For example, a WhatsApp messaging group was used in Ghana to provide guidance to health workers in remote areas and training videos were used to educate fathers’ groups on the importance of nutrition (49).

Experience from Nepal (25) emphasises the importance of training in nutrition right down to community level

to create an environment supportive of the rollout of the MSNP at grassroots level (25). This includes training community health workers, community groups and non-health-sector actors at community level and strengthening capacity of health workers at community level to monitor nutrition status of women and children and conduct nutrition assessments and social and behaviour change communication (SBCC), including nutrition messages (25).

### **The development of soft skills**

A number of papers emphasised the need for skills and capacity beyond technical issues at both individual and institutional level in areas such as advocacy, communication and monitoring and evaluation. *The Lancet* 2013 nutrition series (26) notes the need for soft skills to operate across boundaries and disciplines in addition to technical skills in nutrition. Pelletier *et al* (27) describe how ‘soft’ or ‘intangible’ accomplishments are associated with the successful implementation of a multi-sector nutrition approach (27). Coordinators have an important role in areas such as networking, diplomacy, partnership-brokering, negotiating, listening, sense-making, trust-building, conflict-resolution, coordinating and convening; bringing together diverse groups of people from different professions, sectors and organisational backgrounds with a sense of a common purpose (27). This type of role is often expected of sector representatives with no prior experience of multi-sector nutrition implementation and on top of existing roles and responsibilities. The case is made

for dedicated staff at national level who can fulfil a coordinator role and cascade multi-sector nutrition structures and procedures to sub-national level (27). These staff could become a focus for ongoing capacity-strengthening and support (27). The capacity for academic institutions with expertise in nutrition at country level to fulfil this role is proposed (27).

## 2.3 Coordination/ collaboration

Coordination was identified as a major theme in the literature. Key areas include: ensuring visibility of high-level, multi-sector nutrition commitments and reaching wide consensus on priorities; formalisation of coordination mechanisms; donors' role in coordination; broadening the focus of coordination efforts; developing both vertical and horizontal coordination; establishing platforms for nutrition coordination; and the inclusion of non-traditional partners in coordination.

### Visibility of high-level, multi-sector nutrition commitments and consensus on priorities

Those at district level are often unaware of initiatives and agreements made at a higher level and for stakeholders to work effectively together at local level, an understanding of the overarching strategy on nutrition and the role of coordination in ensuring a multi-sector approach is needed. Lessons from Nepal and Peru (1) show that well-facilitated, high-level, multi-stakeholder steering committees strengthen collaboration and coordination on multi-sector nutrition programming, and the inclusion of civil society and the private sector can extend the reach of nutrition efforts (1).

### Formalising collaboration and coordination

A number of papers identify the need to formalise coordination activities- noting that coordination can't be assumed but must be carefully planned for (9, 24). Levinson *et al* (13) note that the terms "coordination", "collaboration" and "integration" are often used interchangeably and point out that coordination is inherent in collaboration, which requires that actors are already effectively coordinating with each other (13). A number of core issues were identified on coordination and collaboration from three country experiences: prioritisation of collaboration as a core activity; development of a common strategy for collaboration; communication of the strategy's

goals and expectations at all levels; understanding and addressing challenges and bottlenecks to collaboration at sub-national level; accountability of all stakeholders for the achievement of the collaboration strategy; directing resources to collaboration; setting objectives and indicators for collaboration; and sharing learning between the partners (13).

The absence of defined intermediate outcomes for coordination of the Community Health and Improved Nutrition (CHAIN) project in Rwanda describing how this activity contributed to the overall goal of the programmes meant that it was difficult to evaluate its progress (28), highlighting a need for a formal coordination strategy and guidance on how to measure coordination efforts (28). A case study in Bangladesh notes that collaboration was something pursued opportunistically, rather than as a strategic component of a work plan, and a more structured approach is proposed (31). This includes, for example, incorporating responsibility to support coordination in job descriptions, inclusion of clear objectives and indicators for coordination as part of a coordination strategy, and a mechanism for follow-up, as well as holding actors accountable for collaboration (31). In Brazil, a multi-sector, coordinated approach is aligned to the federal constitution (30), which states that public policy, including SISAN (Brazil's National Food and Nutrition Security system), must be managed through integrated and coordinated systems, including citizens' participation in formulation, implementation and control of public actions (30).

### Donor/partner role in fostering coordination

According to experience from Bangladesh (31), donors should play a stronger role in fostering intersector coordination of government programmes, ensuring coherence of nutrition interventions across sectors, rather than just focusing on accountability at sector/programme level. It was felt that donors have not done enough to discourage and avoid funding of parallel programmes in sector siloes, resulting in a "feedback loop of fragmentation" in many areas of nutrition programming (31). The need for harmonised support from partners for multi-sector coordination and implementation is echoed by Jerling *et al* (51).

### Broadening the focus of coordination efforts

A study in India depicts an indicator/target-focused and 'service-specific' approach to sub-district and district-level coordination meetings and raises the concern that this narrow focus, which can prioritise





A smallholder farmer at a farming project in Pedro Moncayo Canton, Ecuador.  
Photo: WFP/Gregory Barrow

some services over others, can hinder improvements in coordination and service delivery of a broader range of nutrition interventions (32). A more integrated approach to coordination meetings would allow for delivery of a combination of nutrition-related services to the mother-child dyad in the first 1,000 days (32).

### Vertical and horizontal coordination

In Uganda, multi-sector nutrition, as outlined in the Uganda Nutrition Action Plan (UNAP), is coordinated at three levels: policy, technical and decentralised coordination, with defined vertical and horizontal linkages. Policy coordination structures are situated at national level and chaired by the Permanent Secretary of the Office of the Prime Minister; a series of trainings has been launched to orient District Nutrition Coordination Committees (DNCCs), which are responsible for effective delivery of the UNAP (33). More work is needed to improve coordination between the different layers of government from national to sub-county level, including building the capacity of DNCC members (particularly those with responsibility for priority-setting and resource allocation) to assess nutrition issues (33).

Insights from multi-sector nutrition coordination in Zambia (33) show that Provincial Nutrition Coordination Committees (PNCCs) need to be functional in order for nutrition activities to be coordinated both horizontally (across sectors) and vertically (between national and the various sub-national levels) (33).

In Peru, there was good multi-sector coordination between national and regional level, although gaps in coordination were significant between regional and municipal level. Means proposed to address these gaps include politically incentivising local officials, dedicated career promotion, training schemes and ensuring funding is secured at all levels (15, 16).

### Platforms for multi-sector nutrition coordination

Actors at the district level are already working together and there is a need to find ways to augment or adapt coordination platforms already in existence at district level. For example, multi-sector coordination has been more straightforward below the district level in Zambia (33), where the implementation focus is on the frontline and uses school, health and agriculture catchment areas and structures for the alignment of multi-sector nutrition activities. The Joint Action Development Forum, which operates at district level in Rwanda (28), coordinates multi-sector activities at district level. It is not restricted to nutrition and works with local authorities to ensure proper targeting and avoidance of overlap in activities. Experience from Nepal draws attention to the need to understand the activities of a multitude of community-level actors at ward level and to organise the relationship and interaction between them in order to facilitate the coordination and delivery of a combination of efforts to reduce stunting (34). Frequent intersector coordination occurred at grassroots level in Bangladesh and actors across

different sectors have worked together informally for many years, sharing basic needs for goods and materials (although this is not reflected in finance or programming decisions or in building capacity and developing tools for more effective coordination by local government). (31).

### **Inclusion**

Experience from Zambia/Uganda (33) suggests it is easier to bring ‘non-traditional’ partners, including the private sector and non-governmental organisations (NGOs), into the multi-sector mix when DNCCs are newly established than to bring new partners into long-established coordination structures (33). Means of making existing platforms for coordination more inclusive and open to new partners need to be investigated (33). CARE International notes the need to encourage and support increased women’s and minority group participation in coordination platforms (35).

## **2.4 Sub-national implementation/delivery**

### **Motivating/mobilising delivery at sub-national level**

Experience from Zambia highlights the importance of cooperation between multiple levels of sub-national governance for nutrition (18), requiring legal frameworks, technical capacities and the political motivation of stakeholders to share information, transfer resources and be accountable to one another, with a ‘trade-off’ between centralised planning and commitment and capacity to deliver at a local level (18). A multi-country analysis of political and institutional determinants of delivering a multi-sector nutrition response notes evidence to suggest that local actors are motivated to implement national policies when given direct responsibility and commensurate funding for implementation. This analysis also observes that if the national-level agenda is promoted without coordination at a local level, delivery at sub-national level is likely to be fragmented (11). Involving actors from multiple sectors at multiple levels in the development of policy and guidelines increases their commitment and understanding (1). Strong national leadership and vision, as set out in the Multi-sector Nutrition Programme in Nepal, has supported a decentralised rollout process (25).

Kennedy *et al* (9) highlight the potential for incongruity between a national nutrition plan and local

implementation realities, noting that each region of Ethiopia has existing nutrition programmes and there is a need to include these in the national nutrition plan and strengthen these. Although the Ethiopia National Nutrition Plan has guiding principles, there is a need for it to be adaptable and context-specific (9). The SUN Civil Society Alliance in Nepal (5) underlines the importance of understanding delivery mechanisms at grassroots level and ensuring the involvement of other actors beyond health in local government-led, multi-sector nutrition action. An MQSUN+ case study in Benin (7) underscores how a lack of acknowledgement of socioeconomic and cultural elements can hinder implementation progress and recommends that sociological/anthropological analysis is integral to the planning stage (7).

The SISAN in Brazil allowed for policy consultation and implementation of the multi-sector plan at all levels, with bipartite agreements between regional and local government discussed with national-level officials and final approval by the President (30). Effective coordination between the different levels is facilitated by clear organisational structures (30, 16).

### **Structures/mechanisms for delivery at sub-national level**

Kennedy *et al* (9) note the need for effective mechanisms to link national and sub-national officials involved in nutrition-related programming across sectors, based on lessons learned in Nepal and Ethiopia (9). Gaps in understanding of plans at district level hinders sectors’ abilities to work together in a consolidated way; the need for roadmaps to guide the implementation of national nutrition plans at all levels of government is emphasised (9).

The SUA AHARA II Good Nutrition Project in Nepal (25) identifies several implementation levels and their respective roles in the delivery of multi-sector action in nutrition: national (support to policies, strategies and investment); district (strengthen nutrition service delivery); community (improve access to quality services); and household (support improved family nutrition actions). The National Nutrition Plan itself has acted as a platform from which to translate nutrition plans and targets from the central sector ministries into bottom-up nutrition plans at community and district levels (52). Food and Nutrition Security Committees have been set up at district level and nutrition ‘focal officers’ have been identified who are trained on MSNP planning and implementation. This model of scale-up has been used in the majority of districts in Nepal (52). There is still much work to do





WFP Supported Kortowa Self Help Group members in Dail Para, Bangladesh. Photo: WFP/Shehzad Noorani

in terms of strengthening local government capacity to mobilise resources and manage the MSNP through annual district FNS plans and budgets supporting village-level FNS plans (5). Districts and village-level MSNP committees need to take responsibility for all activities and focus on local governance and community capacity-building, developing annual plans and budgets for activities across sectors, increasing buy-in from other sectors, and expanding their involvement (5).

Sustainable Nutrition for All (SN4A) (33) recommends that multi-sector nutrition platforms are replicated and aligned from national to sub-national level to ensure community reach, especially to the most vulnerable households.

In El Salvador, collaboration with the national body responsible for decentralisation (Ministry of Governance and Territorial Development) has been instrumental in the implementation of the MSNP at sub-national level through engagement with local executive authorities, promoting their leadership and alignment of efforts behind common results through a participatory process, as well as the creation of decentralised Food Security and Nutrition Councils (36). This decentralised structure has allowed for maintenance of commitments at a local level during changes in political authority, while a flexible policy has allowed for adaptation to territorial priorities, increasing the MSNP's adoption at departmental and municipal level (36).

Integrating nutrition into existing district plans and the formulation of District Nutrition Action Plans

has been challenging in Uganda (33), where the national Nutrition Action Plan did not define specific roles, responsibilities or benchmarks for DNCC performance (although the order was given for their establishment). In response, the Office of the Prime Minister Nutrition Secretariat and the Ministry of Local Government, supported by USAID and FANTA, have launched a series of trainings to orient DNCCs on the nutrition planning process. Positive experience from Kasese District demonstrates how the development of a District Nutrition Action Plan can guide the implementation of nutrition activities in a district through their inclusion in the district budget and five-year development plan (33). Some DNCCs in Uganda are now platforms where activities can be shared and harmonised and where local government officials can learn about what strategies work best and how challenges can be addressed. DNCCs can also conduct advocacy and awareness-raising among local leadership and mobilise resources at a local level (33). In Zambia, SN4A has been providing support to district-level nutrition action plans to enable their integration into the next five-year National Development Strategy (33).

An analysis of local planning processes and integration of nutrition into community development plans (CDPs) in Burkina Faso (22) also notes how the translation of national policies into concrete actions at sub-national level is a pre-requisite to scaling up nutrition actions, and that this varies from one municipality to another. Numerous obstacles to integration are documented, including ignorance of malnutrition by local officials, weak planning capacity and non-inclusive planning processes, scarcity of resources, and lack of guidance on how to integrate nutrition (22). Key factors that facilitate integration are identified as: presence of nutrition partners in municipalities to facilitate integration and support to planning processes, finance for nutrition in the CDP, and the use of CDP revision processes as an opportunity to integrate nutrition (22).

## 2.5 Combination of sectors/mix of interventions

As Weisman (37) notes, the question remains which approaches to improving nutrition in what combinations are affordable and feasible for widespread government implementation (37). Although evidence from *The Lancet* (26) spelled out the need for a multi-sector approach to addressing

malnutrition, the means by which this is done is less clear. More clarity is needed around the mix of interventions that will achieve the maximum impact for nutrition in different contexts, as well as how best to integrate sectors at service delivery points to achieve this (1). The *Stories of Change* series (15) highlights the complexities of delivering a set of interventions spanning multiple ministry mandates when these can change frequently and, in some cases, new ministries are created. Lessons learned from the ENGINE project in Ethiopia (38) stress the need to work with sectors' current mandates when developing a multi-sector plan. Kennedy *et al* (9) note the need to strengthen existing sector activities before integrating nutrition components across sectors. Aspects to strengthen include policy development, social mobilisation and collaboration (9).

### How involvement of sectors is defined

The literature suggests that opinions and approaches can differ with regard to which sectors are included in multi-sector nutrition programming. Although health; agriculture; water, sanitation and hygiene (WASH); social protection and education sectors are commonly referred to in the literature, not all appear to be systematically included and what drives the decision on which sectors to include is not always clear: this may be based simply on the level of awareness of policy/strategy leaders rather than a robust multi-sector nutrition causal analysis. A lack of evidence on the impact of nutrition-sensitive interventions may be one driver of this lack of clarity. Little has been done to understand how each intervention contributes and interacts with the others as part of a package of interventions (2). The sectors that appear most commonly with regard to addressing nutrition and leading a multi-sector approach are health and agriculture/food security. Indeed, nutrition is often closely linked to food security at policy level (for example, Food and Nutrition Security, Food Security and Nutrition Plan/Policy, Food Security and Nutrition Councils), which may limit the extent to which the contribution and responsibility for nutrition of other sectors is recognised. In an observational study on multi-sector interventions to accelerate reductions in child stunting in nine sub-Saharan African countries, Remans *et al* (29) note that the optimal mix of interventions to address stunting is not clear, but highlight research which shows that combining health-sector efforts with those to enhance food and livelihood security can achieve gains in a short time, even in deeply impoverished situations (29).

The Compendium of Actions for Nutrition developed by the UN Network for SUN/REACH Secretariat (39) specifies four key sectors that need to engage for improving nutrition: food, agriculture and healthy diets, health (which includes WASH), maternal and childcare (IYCF) and social protection. According to *Frontiers in Nutrition* (2), three key sectors need to engage, collaborate and contribute: agriculture, health and WASH. The African Development Bank Group notes that there is a need for investment in five sectors in Africa to address underlying drivers of malnutrition: health, agriculture, education, WASH and social protection (40). The SDG fund in Sri Lanka describes a multi-sector approach to scaling up nutrition through a combination of education, economics, 1,000 days and food security sectors (41). *Stories of Change* in Rwanda attributes key success factors to investment in health and education infrastructure and sanitation behaviour change, as well as market and policy-oriented poverty reduction (42). Programmes in Burundi, Ethiopia, Mozambique and Rwanda addressed malnutrition through a multi-sector approach, particularly involving agriculture and WASH sectors (43).

The lack of clarity on the role and contribution of sectors such as civil society, the media, private sector in multi-sector nutrition implementation and the need to reinforce engagement with these sectors is also noted in the literature, as well as the importance of their involvement and capacity-strengthening (4, 5, 25). Innovative involvement of the private sector through public-private partnerships where strategic interests coincide and its potential to enhance nutrition outcomes through food security, nutrition, health and WASH behaviours needs to be further investigated. Experience from El Salvador (36) suggests that a challenge to private-sector involvement lies in the reticence of some multi-sector partners due to potential conflict of interest and need for avoidance of private-sector influence in policy-making (36).

Types of intervention by individual sectors were not extensively discussed in the literature on multi-sector, nutrition-sensitive approaches and appears to be restricted to sector-specific literature and national multi-sector nutrition plans, which were not included in the review. The need for context-specific situation analysis and assessment to define appropriate interventions by sector, according to the causal pathways identified, was a recurrent theme in the literature reviewed (this is further explored in the section below).



### Needs assessment/gap analysis

The *Stories of Change* series (15) emphasises the importance of understanding context-specific drivers of undernutrition in order to be able to devise strategies which address these; for example, through ‘decomposition analysis’ to assess the relative contribution of household, mother and child-level factors significantly associated with stunting. Experience from the SUAHHARA II project in Nepal (25) notes the need for in-depth understanding of underlying factors, including gender, culture and socioeconomic influences, and the importance of tailoring response to this at the district and group level. Local problem assessment and solution development should underpin more active community participation in the management of community resources (5). The inclusion of sociocultural and anthropological analysis in assessing needs and designing interventions is important (18).

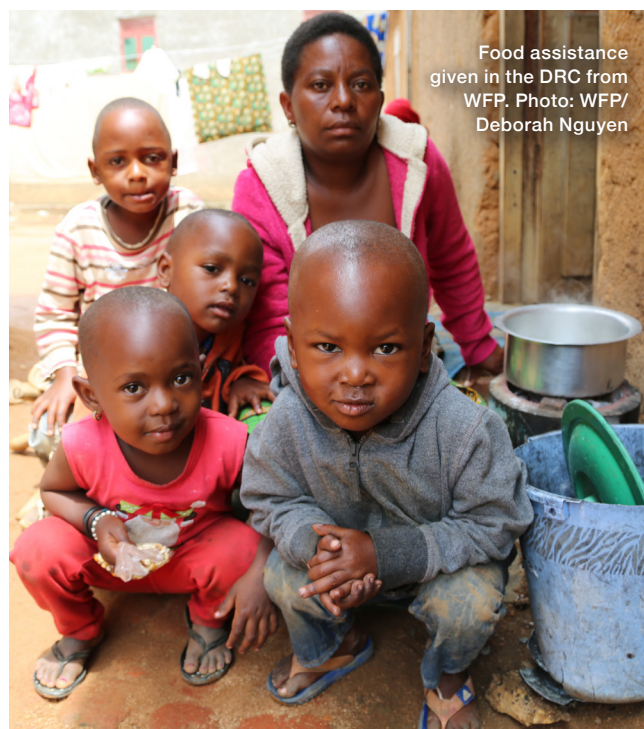
The Fill the Nutrient Gap tool, developed by World Food Programme (WFP) in collaboration with partners (45), is one example of a range of tools designed to strengthen analysis of the nutrition situation and barriers to inform decision-making processes and advocacy to facilitate multi-sector discussion and implementation for nutrition (45).

### Leadership of a multi-sector nutrition approach

Much of the literature acknowledges the need for nutrition to be coordinated above ministry/sector level, to leverage more convening power and to avoid allocating responsibility for overall coordination for nutrition to a particular sector. However, in many cases, responsibility for nutrition is considered that of the Ministry of Health and, in some cases, that of the Ministry of Agriculture. At a sub-national level, the principal agency leading and implementing nutrition actions tends to be in the health sector. In Pakistan, for example, there is a need for a neutral or ‘higher’ convening body for the national and sub-national coordination of nutrition across sectors at any level (10). Sub-national, multi-sector governance and coordination is weak in most provinces due to lack of dedicated support staff to oversee implementation of actions and lack of legitimacy of the health sector to effectively steer other sections (10).

## 2.6 Targeting/equity

The literature clearly shows that the predominant target groups of multi-sector nutrition plans and interventions are infants and young children under



Food assistance given in the DRC from WFP. Photo: WFP/Deborah Nguyen

24 months old and pregnant and breastfeeding mothers (i.e., those who fall within the 1,000-day window of opportunity), in line with the findings and recommendations of *The Lancet* nutrition series (26). However, the pivotal role of adolescent and maternal health in influencing child stunting is also underlined (2). The terms “undernutrition” and “malnutrition” are often used interchangeably, although how multi-sector nutrition plans should address the increasing problem of overweight and obesity/double burden of malnutrition is not discussed in any depth in the literature reviewed.

The *Stories of Change* series of case studies (15) reveals how, despite overall improvement in nutrition indicators at national level, the difference in stunting levels is widening between the highest and lowest wealth quintiles in Nepal (1, 15). Income inequality is rising in countries including Bangladesh and Zambia, with little change in extreme poverty levels, highlighting the need for multi-sector approaches that target the most vulnerable, addressing exclusion and inequity barriers to improved nutrition (15). This finding merits further investigation in other contexts.

### Convergence approach

Literature reviewed on the subject of convergence was generated from experiences in India (46, 32, 15). Menon *et al* (46) list 13 interventions which they classify as nutrition-specific and six nutrition-sensitive interventions, all of which should converge

on the same mother-child dyad/household in the first 1,000 days (46). Focus is more on the design and implementation of a framework to ensure convergent action and convergence action-planning rather than on the type/mix or quality of interventions to include or ensuring that sector nutrition-related interventions are adapted to be more nutrition-sensitive (46).

## 2.7 Monitoring and evaluation (M&E)

The literature suggests that a robust M&E component is lacking from many country multi-sector nutrition plans. Kennedy *et al* (3) state the need for a “data revolution” to improve knowledge on how nutrition is improving on the ground and to increase transparency and accountability. Mejia Acosta *et al* (11) propose that a commitment to developing accurate indicators for nutrition should be a core ‘pillar’ for delivering a multi-sector response. Evidence suggests that countries that have been successful in reducing malnutrition have invested more resources in the generation of good-quality nutrition data, conducted systematic nutrition surveys, and developed consensus around applied methodology and existing indicators (11). Countries where progress in reducing malnutrition has been unsatisfactory lack reliable data sources and methodologies, as well as consensus regarding the country’s main nutrition challenges. Experience from Brazil demonstrates that dissemination of good-quality nutrition data (generated through the Unified Health System and gathered through municipal administrations, including anthropometric, food consumption and nutrition status indicators, in addition to nutrition survey results), made available in real time, not only ensures transparency but allows governments to claim progress on nutrition indicators and allows others to confirm successes (30).

An ongoing challenge to multi-sector programming is a lack of indicators to measure the results of nutrition approaches that span multiple sectors, as well as indicators that capture the benefits of a multi-sector approach over a more siloed one (1). M&E systems have focused more on inputs than outcomes in Bangladesh, where they are infrequently measured (for example, in DHS surveys every five years) (31). In Pakistan, a lack of target-setting by ministries and an absence of performance-tracking systems limit oversight of multi-sector nutrition implementation, underlining the need for integrated resource-tracking, planning and monitoring systems (10).

In Uganda, SN4A highlighted the need for a systematic and harmonised M&E tool for multi-sector nutrition that can be integrated within departmental plans (33). Although there has been some success in terms of the development and implementation of sub-national nutrition coordination committees and plans, there is a need to improve M&E at sub-national level, including the disaggregation of nutrition data and ensuring monitoring of nutrition activities is embedded in district plans. At district level, capacity should be built to acquire and use data relevant to nutrition targets in DNCC planning; for example, by integrating national plan target indicators into systems such as DHS2 for local government planning (33).

Various country information systems in Nepal were not suitable or were too complex for guiding decisions relating to stunting reduction by local government through MSNP implementation, coupled with a lack of M&E tools and precise guidelines, emphasising the need for the construction of key MSNP input, outcome and impact indicators and for a mechanism to bring data together across sectors, assess quality, and promote use of the data in answering questions about programme needs and their effectiveness (4). Strengthening capacity for M&E, including provision of equipment such as computers for Village Development Committees (VDCS) and training of staff to keep databases updated is also important, in addition to guidance on key data to be collected, frequency of collection and level of aggregation (4). The potential for the use of technology, including mobile phones to revolutionise data collection for M&E and geographic information systems (GIS) for mapping, targeting and coverage purposes, is an area for further research and development (5).

Donor and partner support to nationally-led M&E systems is needed; building this capacity should be centrally prioritised by both national government and donor-funded activities and included from the beginning of policy development processes and implementation (11). Measures to improve multi-sector nutrition M&E should consider factors including: timeliness of data collection; differences in data quality and variations between geographic, ethnic and religious groupings; rural/urban populations; socioeconomic status; inclusion of outcome indicators in addition to process indicators; agreement on additional indicators of anthropometry and coverage that reflect nutrition-sensitive interventions in other sectors; provision of adequate equipment to collect data; and incentives for data collectors (11).



As an example, the European Union-funded National Information Platform for Nutrition (NIPN) project aims to support countries with large burdens of undernutrition to create multi-sector national information platforms for nutrition by strengthening capacity to analyse existing data, improve data quality, provide evidence on drivers of nutrition, and support better tracking of programmes to support nutrition.

### Monitoring of other factors – multi-sector processes (governance, coordination, capacity)

Challenges to multi-sector programming such as organisational structures, politics, capacities and relationships are not captured in M&E systems

and need to be made more explicit, linking them to decision-making structures. Other key aspects of a multi-sector nutrition approach such as governance, coordination/collaborative efforts, training and application of information from training are also not measured. A number of authors point to the need for metrics in these aspects of multi-sector nutrition action. Lamstein *et al* (14) propose a systems approach to the evaluation of the policy cycle that includes attention to unpredictable actions among actors, sectors, disciplines and determinants of nutrition, as well as bottleneck analyses of breakdowns in policy cycles. Monitoring of inputs, processes and outcomes needs to be improved if NNP and SDG country goals are to be achieved (12).

## Examples of multi-sector nutrition M&E models

### Assessing co-coverage convergence in India

An approach to monitoring effectiveness of multi-sector nutrition implementation is the use of data on co-coverage of nutrition-specific and nutrition-sensitive activities to evaluate how they converge in women with children aged 6-24 months. This can be used to plan for or assess the success of efforts to reach mother-child dyads in the first 1,000 days with a multi-sector package of interventions and diagnose gaps that need to be closed to ensure more effective convergence (46, 3). Strategic use of indicators that align to core sectors in an action plan can provide information on the state of effective convergence of sector activities and draw attention to specific gaps. A key challenge is the availability of credible data to drive accountability of all actors; survey data is useful but its use is limited in enforcing accountability. Improving the availability of data is proposed through the provision of smart phones with apps to frontline staff, so actions can be captured in real time and supervisors can keep track of the reach of interventions. Another promising approach is the use of biannual third-party household surveys, which track progress and infrastructure indicators with potential to affect nutrition outcomes. In combination with data that highlights the extent of effective convergence, this can equip decision-makers to support effective action by increasing access to data and making it central to programme action.

Monitoring of the convergence of interventions implemented by different frontline workers can be measured through the use of low-cost tools, such as a single registration sheet by family/beneficiary (46).

### Establishing a Multi-sector Nutrition Information System in Malawi

The national Multi-Sector Nutrition Information System in Malawi, initiated in 2017, was designed to address data management gaps for the national Food Security

and Nutrition Programme and to resolve the challenge of multiple information systems at district level (48). The system collects data from key government sectors (including health, agriculture, education and gender) and implementing partners and converts the information for use in planning and evidence-based decision-making at both district and national level (48). The operationalisation of this system involved: the identification of bottlenecks to effective M&E at district level for data collection, processing, reporting and usage; harmonisation of existing sector nutrition indicators and alignment to SDGs and their inclusion in data collection tools, including registers and report formats; the development of a multi-sector nutrition information system and advocacy on the use of information at district level; capacity-building of district M&E teams from all key sectors in data collection, data quality and data analysis; development and dissemination of standard operating procedures with a dashboard link to form charts, graphs and reports; rollout and follow-up (48). The integration of this system into the national Food Security and Nutrition Plan ensures that information generated is disseminated and used by partners; this facilitates capacity-building of government and implementing partners (48).



Children at Koge Primary School in Kauda, South Kordofan, Sudan. Photo: WFP/Abeer Etefa

## 2.8 Evidence

Kumar *et al* acknowledge some emerging nutrition-sensitive approaches with sufficient evidence to justify scale-up in some contexts in areas including agriculture, social transfers, ECD and education, although not all have been shown to have direct impact on anthropometric indicators or address underlying causes (47). Policy-makers need timely, relevant and accurate information about which nutrition policy processes can effectively support nutrition action and need to understand which interventions are most effective for inclusion in policies and plans (47). Nutrition actors need to focus on developing evidence that is useful for decision-making that can facilitate the monitoring of practical measures of governance and financing by national/district stakeholders (47). In this respect, evidence from the SPRING ‘Pathways to Better Nutrition’ case study, the Nutrition Innovation Lab ‘Health, Agriculture and Nutrition’ study in Nepal and Uganda’s ‘Cost of Hunger’ study, for example, have been instrumental in providing evidence for nutrition policy and planning (28).<sup>3</sup>

Examples of areas where further evidence is needed are: the impact of multi-sectoral approaches, the relative cost-effectiveness of different approaches to delivering multi-sector nutrition interventions; affordability, feasibility and acceptability of implementing different interventions (28); factors affecting successful implementation (11); how multi-sector interventions influence nutrition (51); and testing new innovations (such as mobile technology) (51).

A critical step is to convert knowledge into action; efforts have been made in Malawi to ensure government and partners are using evidence for decision-making, setting targets and action planning at national and district levels (48).

## 2.9 Advocacy

### Role of civil society

A number of authors highlight the key role played by civil society in advocacy and accountability for multi-sector nutrition.

Civil society plays an important role in Bangladesh in holding government accountable for inputs and outcomes and nutrition-policy measures, whereby government is often focused on the coordination of response, management and funding mechanisms and

donor relationships (31). Civil society actors are instrumental in ‘spotlighting’ nutrition to decision-makers, including policy-makers and programme managers in Zambia (18). The *Stories of Change* series (15) also underlines the “pivotal role” of a strong and vibrant civil society in fuelling improvements for nutrition, ensuring policy is implemented to positively impact malnutrition, and overcoming exclusion and inequality barriers to improved nutrition. The availability of good-quality data is also critical in supporting civil society groups to advocate for more focused and sustained government interventions; a lack of good-quality data makes it difficult to reach consensus for advocacy on what needs to be delivered to address undernutrition (11). Insights from SN4A in Uganda and Zambia (33) note the need to support local governance structures and civil society groups to develop social accountability mechanisms.

### Highlighting the benefits of nutrition to other sectors

Lessons from Peru and Nepal (1) describe how advocacy for nutrition can be more effective when developmental benefits are identified for non-nutrition sectors, rather than just aiming to persuade sectors to adopt nutrition goals; for example, through presenting and quantifying potential gains in health, human capital, economic productivity and education (1).

### Community-led advocacy

Strengthening community-led advocacy can build social commitment to multi-sector nutrition action and create demand for political accountability (33). DNCCs in Uganda can act as a platform where communities are able to lodge complaints, highlight issues, improve their knowledge on rights and demand better nutrition. Strengthening community dialogue on nutrition helped to raise awareness around rights to nutrition services at community level in Senegal (15).

<sup>3</sup> In Nepal, the case study assessed qualitative changes in each sector as measured by changes in perceptions, behaviours, structures and implementation. It found widespread improvement in involvement, understanding and knowledge at the national level but less at the local level. A critical findings of evidence was that the increased priority in the sector ministries resulted in real yearly increases in nutrition-related funding of about 17 percent. In Uganda, a similar analysis found that there was an increase in understanding and penetration into existing nutrition stakeholder organisations although while there were anecdotal increases in planned nutrition activities, no systematic increases in planned nutrition activities were found. The study further found that although sector ministries and government planning agencies began to find ways to increase funding for nutrition, these efforts had not yet affected the budget and central ministry allocations for nutrition remained flat (8 percent change after adjusting for inflation) between 2013–2014 and 2014–2015.





A groundnut field in Gondokoro County, South Sudan. Photo: WFP/Giulio d'Adamo

## 2.10 Accountability/ recognition

Experience from Peru and Nepal (1) notes a lack of incentives to policy-makers and practitioners to adopt multi-sector approaches to nutrition. There is also a need for district/sub-national authorities to be accountable for achieving MSNP outcomes and impact targets. Levinson *et al* (13) describe the need to report on collaborative efforts of the different sectors as well as the importance of recognising how these sectors have contributed to the achievement of objectives. Insights from Uganda and Zambia (33) demonstrate increased transparency and improved teamwork as a result of different sectors becoming more aware of the activities of others. Menon *et al* (46) also highlight the need to explore accountability mechanisms that reward the collaborative actions of different sectors.

## 2.11 Finance

The existence of a costed MSNP can have the effect of increasing allocation of resources for nutrition, although attributing funds for nutrition-sensitive

interventions is still problematic (9). The allocation of adequate funding for nutrition interventions, managed through centralised funding mechanisms for nutrition, can also encourage intersector cooperation and provide incentives to sectors to work together in the design, implementation and monitoring of nutrition interventions (11). Peru and Brazil offer unique examples of using centralised funding mechanisms to generate greater incentives to cooperate in the design, implementation and monitoring of nutrition interventions. In Peru, a results-based budgeting process is used to strengthen the linkages and communication between different sectors while in Brazil, the central government has designed an Index of Decentralized Execution (Indice de Gestao Decentralizada) to gauge the municipality's capability of using government funds, and has allocated additional support to help poor municipalities execute programmes (11).

Working with heads of departments of different sectors to review how nutrition relates to items already included in budgeting can help to facilitate this (9). Nutrition budget analysis exercises are instrumental in developing a picture of government

investments and for use as an advocacy tool to push for more resources for nutrition. Insights from Uganda (33) underline the importance of identifying activities in sector plans that are nutrition-related and note existing funding gaps.

At the devolved administrative level, however, budget and decision-making capacity can be very limited and the majority of budget is often dedicated to operational costs, limiting ability to take initiative and engage with partners (18). SN4A emphasises the importance of improving domestic funding for multi-sector nutrition approaches, the creation of mechanisms to protect and earmark nutrition funding in line departments, and the need to advocate for decentralised budgets, channelled through a single funding mechanism (33). Funding from donors can be restricted in terms of the types of activities to be implemented; those with responsibility for allocating resources and setting priorities need to be sensitised, ensuring the finance department is included in nutrition dialogue (33).

### **Nutrition-financing models**

Pooled funding, as piloted by Zambia SUN Fund, enables a single line of communication between government and donors on funding priorities for nutrition (15); whereas a variety of funding mechanisms and timelines between donors and government can complicate implementation of unified government nutrition policy (4). Experience from Bolivia (36) demonstrates how non-aligned funds, directly from donors to NGOs, have created challenges with sub-national coordination, implementation and reporting (36).

An example of a national nutrition-financing model is the Basket Fund for MSNP at the Financial Comptroller General Office (FCGO) in Nepal (4). The secretariat of the National Planning Commission (NPC) maintains the account, monitors contributions and releases funds to sector ministries and District Development Committees (DDCs), which have a separate account for the MSNP (4). Funds are disbursed to the DDCs in three instalments on the recommendation of the NPC and subject to submission of progress reports and statements of expenses. DDCs, municipalities and VDCs are also expected to contribute funds from development grants and their own resources (4).

Implementation of the National Nutrition Strategy in Tanzania 2011-2016 involved decentralised, participatory planning and budgeting whereby

villages, wards and districts planned and conducted assessments and prioritised and costed actions accordingly, ensuring nutrition was incorporated into annual district plans and budgets, and conducted high-level advocacy for budget release for nutrition at district level. As a result, a presidential directive was passed to provide a financial allocation per child per year for nutrition for fiscal year 2016-2017 (20).

The private sector can be an important source of financing for nutrition (for example, through public-private partnerships, increased tax revenues and tapping into private foundations and donors) that should not be neglected (11). For example, the Global Alliance for Improved Nutrition (GAIN), which has secured commitments of almost US\$350 million from private companies to fund nutrition initiatives over five years. GAIN has also entered into a public-private partnership with the Government of Ethiopia to increase nutrition funding, especially around food fortification (11).





A family meal in South Sudan.  
Photo: WFP/Gabriela Vivacqua

# 3 Summary/Conclusions

The literature reviewed highlighted a number of key issues in the effective implementation of multi-sector nutrition programmes and interventions:

## Awareness/communication on nutrition

- Raising awareness on nutrition among policy-makers and increasing understanding across sectors can increase motivation to work multi-sectorally and recognition of sector roles and responsibilities.
- Increasing awareness of nutrition among government officials and other actors at different sub-national levels and across sectors is essential. This includes dissemination of and communication on national nutrition policy and planning and other initiatives and commitments at national level, such as nutrition-related legislation/regulation.

## Capacity/human resources for nutrition

- There are significant gaps in capacity that hinder the successful implementation of multi-sector nutrition policy and plans at all administrative levels. Many countries suffer a lack of nutrition specialists across the different sectors, particularly in the non-health sectors.
- Many of the challenges related to multi-sector nutrition programming can be addressed with dedicated, trained staff and good-quality guidance and procedures. Additional capacity development is needed, in addition to incentivisation to work multi-sectorally for nutrition. A diverse nutrition workforce is needed with a range of technical, management and leadership skills, in addition to 'soft' skills, to span sector boundaries and work with multiple actors.
- There is a need for workforce planning to deliver

multi-sector nutrition plans, along with formal training in nutrition across sectors through a variety of mechanisms.

- Guidance on aspects of nutrition programming, particularly multi-sector nutrition implementation and nutrition-sensitive programming by sector, is required, particularly at sub-national level.
- The provision of training and guidance on nutrition needs to reach community level.

## Coordination/collaboration

- Increasing visibility of high-level, multi-sector nutrition commitments at sub-national level is essential, and sub-national-level actors should be involved in reaching consensus around context-specific priorities for nutrition programming.
- Multi-sector coordination/collaboration can be improved through formalisation of processes and its acknowledgement as a core, rather than peripheral, activity in multi-sector nutrition programming. This includes: defining a coordination strategy; setting targets and indicators and reporting on coordination activities; and allocating dedicated human resources and finance for coordination.
- The focus of multi-sector coordination needs to be broadened beyond discussion of sector-specific activities to allow for discussion on joint strategy, targets, reporting, etc.
- Coordination efforts should aim to include a broader range of stakeholders beyond technical sectors/ministries, encompassing partners from the private sector/industry, civil society and the media, for example.
- Existing platforms for multi-sector collaboration at sub-national level can be used on which to build multi-sector nutrition mechanisms.



Khadeeja school in Tur  
Al-Baha district, Lahj,  
Yemen. Photo: WFP/  
Mohammed Awadh

### Sub-national delivery mechanisms

- In addition to strong leadership at national level, devolved leadership for implementation of multi-sector nutrition plans at sub-national level is essential. The inclusion of government bodies responsible for decentralisation and local development actors can facilitate this process.
- Local officials and other actors at sub-national level should be involved in the design and planning of a multi-sector nutrition response that should acknowledge and integrate relevant existing sector and multi-sector initiatives at the sub-national level.
- The health sector is often the principal agency involved in a nutrition response, particularly at sub-national level, and there is a need for greater involvement and integration of sectors other than health in addressing nutrition.
- The development of sub-national, multi-sector plans and budgets can help to increase buy-in of other sectors. Local officials need guidance on how to integrate nutrition plans at district/village level.
- Various mechanisms for multi-sector nutrition plan implementation at sub-national level were identified by the review; more work is needed to formalise these in some cases, as well as strengthening capacity and mobilising resources to support them.

### Combination of sectors/mix of interventions

- The delivery of a set of interventions that span the mandates of multiple ministries is complex. More clarity is needed around the mix of multi-sector interventions that can achieve the greatest nutrition impact in different contexts.
- Ensuring sectors are able to implement quality nutrition-sensitive interventions is an important precursor to their integration within a multi-sector approach.
- The sectors that are most commonly referred to in multi-sector programming for nutrition are health, agriculture, social protection, WASH and education, although not all are systematically included in guidance, planning or implementation and the rationale for the combination is not always clear. There is a lack of clarity around the role of other sectors, including the private sector, civil society and the media.
- The importance of understanding context-specific drivers of malnutrition and devising strategies accordingly is a recurrent theme in the literature.
- The health sector is often the lead of a multi-sector approach and there is a need for a more neutral, overarching body to have oversight of nutrition.



## Target groups

- The main target of multi-sector nutrition intervention are women/children in the 1,000-day window of opportunity (i.e., from conception to 24 months of age), although the importance of addressing adolescent and maternal health and nutrition is emphasised in the literature.
- The double burden of undernutrition and overnutrition is not addressed in the literature.
- The increasing differences in stunting levels between children in higher and lower wealth quintiles and increasing levels of inequity are highlighted in the literature.

## Monitoring and Evaluation

- There is a need for more evidence on effective multi-sector nutrition interventions to inform decision-making, particularly in relation to nutrition convergence.
- M&E is a missing link in many multi-sector nutrition plans, where it should be a core component, and more resources need to be invested, including for capacity-strengthening and equipment.
- Measuring results from multiple sectors is challenging and there is a need for multi-sector M&E tools for use at sub-national level to be developed and piloted. There is a potential for technology, such as mobile phones and GIS, to revolutionise data collection.
- Increasing the dissemination of data from M&E will increase transparency and draw attention to the successes and challenges of a multi-sector approach, as well as increase recognition of the contribution of different sectors.
- Other processes involved in multi-sector nutrition planning and programming need to be monitored and reported on, including aspects such as governance, coordination and capacity-development.

## Advocacy

- The literature highlights the key role that civil society can play in conducting advocacy for nutrition and bringing government to account. There is a need to strengthen knowledge on rights and advocacy for nutrition at community level.
- Effective advocacy should highlight the benefits of nutrition to non-nutrition sectors.
- There is a need for good-quality data to support effective advocacy.

## Accountability

- District authorities should be accountable for nutrition targets and outcomes.
- The contribution of different sectors to nutrition objectives needs to be recognised.

## Finance

- Success in MSNP implementation is underpinned by the allocation of adequate resources; the existence of a detailed, costed MSNP can be a key catalyst for this.
- Analysis of existing budget items that are nutrition-related and identification of gaps can help to inform advocacy to push for more resources.
- There is a need for mechanisms to earmark and protect nutrition funds in line-ministry departments and for decentralised budgets for nutrition.
- Pooled funding from government/donors aligned around country nutrition priorities could offer a solution to the conflicting timelines, funding mechanisms and priorities of donors/government.
- The private sector is highlighted as a potential and largely untapped source of funding for multi-sector nutrition.

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The village of Al Safira, Syria.  
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