

Synthesis: Multi-sector programmes at the sub-national level: Insights from Ethiopia, Niger and Bangladesh





As part of ENN's knowledge management (KM) role to support the Scaling Up Nutrition (SUN) Movement, in-depth documentation on how multi-sector nutrition programmes are being implemented at the sub-national level began in 2017, initially in Kenya, Senegal and Nepal. In 2018, ENN conducted additional case studies in Ethiopia, Niger and Bangladesh. Countries were selected based on either national progress in reducing undernutrition; the presence of multisectoral structures and strategies at a national and sub-national level; or evidence of large-scale, multisector nutrition programme implementation at sub-national level. Although programming looks very different in each of these countries, they each offer examples of how to develop coordination structures to enable MSPs at a sub-national level.

In Ethiopia, ENN, with the support of the Government of Ethiopia (GoE), examined sub-national developments in relation to the *Seqota Declaration*, a commitment made by the GoE in 2015 to end stunting among children under the age of two by 2030. In Niger, ENN looked at the 'Commune de Convergence' (C2C) approach, which offers a promising example of how the Government of Niger and partner agencies can improve multisectoral collaboration including convergence by working through communes (the lowest level of governance in the country) and in Bangladesh, ENN explored the country's second multisectoral nutrition plan, the National Plan of Action for Nutrition 2 (NPAN2) (2016-2025), which aims to improve the nutritional status of mothers and children in the 1,000-days period, as well as that of adolescents, the elderly, disabled and pre-school and primary schoolchildren.

The Seqota Declaration

The main goal of the Seqota Declaration (SD) is zero stunting among children under two years of age by 2030. The SD is implemented by six sectoral ministries; Agriculture and Natural Resources, Livestock and Fishery Resource Development, Health, Water, Irrigation and Electricity, Education, and Labour and Social Affairs. Their activities are aligned to the second National Nutrition Plan (2016-2020) and 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 interventions. The innovations (outlined below) were selected based on global experience of successful delivery of stunting prevention approaches as well as gaps identified during the final review of the first National Nutrition Plan (2008-2015):

- A coordination team, known as the **Programme Delivery Unit**, consists of multisector experts at both a federal and regional level and employs advisors to regional presidents to ensure that nutrition remains a priority;
- **Community Labs** in which communities are able to contextualise solutions to problems through a participatory approach;
- Web-based data platforms to facilitate the monitoring and evaluation of multisector interventions and create a **data revolution** in Ethiopia;
- Demonstration farms, known as **Agriculture Innovation and Technology Transfer Centres**, that aim to improve the nutritional outcomes of the agriculture sector;
- Developing local level/**woreda-based costed multisector plans**;



- Utilising a ‘**First 1,000 days plus public movement**’ approach in which critical sociocultural barriers to undernutrition prevention are identified and utilised for opportunities to intervene.

Added to the innovations, another *key difference between the Seqota Declaration and other multisector programme approaches in Ethiopia is the political ‘face’ that has been mainstreamed into its day-to-day roll-out*. Both having regional presidential sign-off on the SD and the appointment of advisors at this level have enabled political buy-in to the SD agenda at the subnational level that has so far ensured nutrition remains a political priority at regional level.

The communes de convergence (C2C) approach

The **C2C approach** was rolled out in 35 pilot communes over a four-year period from 2013- 2018, led by the UN agencies and the ‘les Nigériens nourrissent les Nigériens’ (3N initiative), a high-level government body mandated to coordinate nutrition across different sectors and implementing agencies in the country. Communes were selected based on vulnerability. The core concept of the approach involves each commune developing its own annual plan through a consultative process and bringing together all the main agencies involved in implementing nutrition activities in that commune.

This is formalised into a commune plan, which aims to provide a complete picture of what is to be done, how much each agency is committing to spending on what, which specific activities are to be carried out, and a timeline. The UN has played a critical and central role in developing and designing the C2C, including changing its own ways of working to support the convergence approach. Government partners, implementing actors and UN agencies worked together to design and plan nutrition programmes to be delivered in the chosen communes.

The National Plan of Action for Nutrition 2 (NPAN2)

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. The plan involves 17 ministries¹ and

¹ Ministry of Health and Family Welfare, Ministry of Agriculture, Ministry of Food, Ministry of Fisheries and Livestock, Ministry of Women and Children’s Affairs, Ministry of Local Government, Rural Development and Cooperatives, Ministry of Primary and Mass Education, Ministry of Social Welfare, Ministry of Disaster Management & Relief, Ministry of Education, Ministry of Environment and Forest, Ministry of Finance, Ministry of Industries, Ministry of Information, Ministry of Planning, Ministry of Commerce, Ministry of Religious Affairs.

is costed at US \$1.6 billion. It is not a specific programme in itself but an operational framework that sets out how the objectives of the 2015 National Nutrition Plan will be achieved. NPAN2 specifies priority action areas and major activities which fall under three broad themes:

1. Comprehensive and integrated social behaviour change communication agenda;
2. Research to generate evidence to inform policy and programming; and
3. Capacity- building, which targets all relevant sectors at different administrative levels. A key component of the NPAN2 is the revitalisation of the Bangladesh National Nutrition Council (BNNC) as the highest-level coordinating mechanism for nutrition, chaired by the Prime Minister.

Key findings

Whilst, as expected, the three approaches to MSP differ greatly between Ethiopia, Bangladesh and Niger, certain similarities emerged that are worth highlighting:

1 Multisector programmes are, in general, about bringing sectors together rather than introducing new forms of programming

In all three countries, there were not many tangible departures from what sectors were already doing in relation to nutrition sensitive activities and activities that were already aligned within individual sector workplans. The focus was on coordination and convergence rather than shifts in programming or developing new programmes. This was particularly visible in Niger where the focus was on joint planning to reduce duplication and increase visibility of the different programming in communes.

2 It takes time to appropriately communicate and plan a multisector nutrition strategy

This was particularly seen in Ethiopia and Bangladesh. In Bangladesh, the NPAN2 began to be developed in January 2016 and in 2019, it is still in its preliminary phase of implementation, with sub-national inaugural meetings only recently having been conducted. However, at the time of field visits, all sectors were aware of the renewed focus on nutrition in the country and the new multisectoral focus. This highlights the importance of taking time to communicate around multisector plans and programmes. In Ethiopia, a similar finding was noted. Having launched in July 2015, activities for the SD only began in early 2017

with the recruitment of staff to the PDU. During the delay, the 15-year road map was developed and the key areas for innovation and expansion were determined. One finding ENN identified from interviews with actors at federal, regional, zonal, woreda and kebele levels was that the SD goal of zero stunting among children under two by 2030 has been embraced as a worthwhile national ambition and is also owned by actors from development agencies and religious institutions. This highlights the need for time to be allocated within planning for communication and 'getting people 'on board with plans.

3 Setting up high level coordination structures is useful for facilitating multisector nutrition programming

In all three countries, high level coordinating bodies were set up to drive implementation of a multisector approach. In Ethiopia, the SD was signed by the Regional Presidents and the Deputy Prime Minister. The Programme Delivery Unit was developed to drive the MSP agenda and provide technical support to the sectors. It consists of well recognised and experienced experts with the social capital in each of the government sectors to which they are assigned. This has helped drive coordination among the SD, sectors, partners and implementation of the SD as a whole. A similar high level body was set up in Niger where the current President with the establishment of the 'les Nigerien Nourrissent les Nigerien' (3N) initiative in 2012, with its own High Commission. This high-level body resides in the President's office and has a mandate to coordinate nutrition across different sectors and donor development programming in the country.

Furthermore, in Bangladesh, the Bangladesh National Nutrition Council (BNNC) was revitalised in 2015 and was established as the highest-level coordinating mechanism for nutrition, chaired by the Prime Minister. The BNNC is headed by a Director General (DG) with a team of nutrition professionals and managerial staff. Key responsibilities of the BNNC as defined in NPAN2 include providing technical policy advisory guidance to the Executive Committee, ensuring multi-sector coordination and monitoring and evaluation of NPAN2.

4 Political will at national level is not enough

A key finding in the case studies was the importance of developing and driving political will at a level beyond that of national structures. This was



particularly evident in Ethiopia where the SD has a dedicated human resource position in each region whose role is to engage the political class and sector heads to drive the MSP agenda of the SD. This has provided traction in enhancing accountability across different sectors for the SD commitments and has ensured that sectors and development partners come together to plan and cost multisector implementation activities.

In Niger, the 3N has a national bureau of staff overseen by a High Commissioner who answers directly to the President, and branch offices in all eight districts of the country (Niamey, Agadez, Diffa, Dosso, Maradi, Tahoua, Tillabéri and Zinder) to support regional cooperation and cross-sector action. This provided visibility of the multisector approaches at the regional level.

5 Government priorities are gradually being seen to influence partner and sector planning

The display of heightened government cohesion, as evidenced through the development of joint policies and plans seems to have influenced many partners to reflect government's priorities in their own plans. In Ethiopia, a number of implementing partners identified the need for breaking down their future plans by woreda and using government timelines. This alignment has been attributed to the political framework of the Seqota Declaration. Sector commitment to nutrition outcomes were also seen, such through the Ministry of Agriculture hiring a team of nutritionists to support this work. In Niger, the C2C approach compelled agencies to combine

individual plans and activities, which in turn enabled them to reduce duplication and address coverage gaps. Although in the early stages of implementation, in Bangladesh, all sectors expressed their willingness to collaborate with other sectors and noted activities that are already conducted jointly. However, it was noted that these were generally ad hoc opportunities and there was, at the time of study, no evidence of joint planning and action. This, appears to reflect the early stage of implementation of the NPAN2.

6 Interventions proposed within multisector plans are similar but convergence at the household level is at times challenging

Proposed interventions outlined for each sector within these multisectoral plans were similar between the three countries. For example, within the C2C approach, WASH interventions focussed on community-led total sanitation, improving drinking water and water and sanitation facilities in schools and health centres. Similarly, the Seqota Declaration focussed on increasing coverage of safe and adequate water supplies.

In both Ethiopia and Niger, the multisectoral plans enabled joint planning at a local level and vulnerable districts have been targeted. However, there exists only limited examples of convergence of services at the household level. One example, however, was seen in Ethiopia where by undertaking shared work plans, the health, agriculture, livestock and education sectors used a shared beneficiary list of vulnerable children. This enabled a convergence of services to the most vulnerable in the communities. In Niger, the



C2C offered a platform for stakeholders, particularly UN partners, to plan together and implement in a more coordinated and aligned manner. The focus on a local level further facilitated the development of context-specific services that were appropriate to each commune. However, while the plan enabled convergence of interventions at the commune level, it did not result in convergence of interventions at the household level due to different targeting criteria of sectors. In Bangladesh, given the early stages of implementation, joint targeting has not, as yet, been given much attention although targeting interventions to economically disadvantaged groups is prioritised. There is mention of formation of an inter-ministerial assessment committee to revise targeting criteria of programmes but work on this has not yet started. It is critical for multisectoral nutrition plans to consider joint targeting so that multiple interventions target the most vulnerable households.

7 The level of multisectoral engagement is varied

In all three countries, the level of engagement of the different sectors and implementing partners varies. In Ethiopia, sector engagement has been influenced by the prior existence of nutrition-sensitive plans and the presence and availability of nutrition staff in these other sectors, such as agriculture. In Bangladesh, although at this point there is limited engagement within all sectors as their role within NPAN2 is still not clear to them, there is a focus within costed activities for those within the Women's Empowerment, Education and Social Safety Net sector.

8 Monitoring and evaluating plans is challenging

In all three countries, monitoring and evaluating multisector nutrition programming remains a challenge. In Ethiopia the need for a 'data revolution' was recognised by the PDU. However, this has hampered by a lack of consistency in terms of indicators collected and frequency of data collection across the sectors. As a means of mitigating this, quarterly and six monthly review meetings are held that enable sectors to jointly appraise their progress. In Niger, M&E mechanisms to measure impact have not been given sufficient consideration at the time ENN was documenting the learning. There was no visible alignment across M&E systems for sectors within the C2C and while a baseline survey was conducted, a mid-term survey was not carried out. Thus, while there is a 'broad understanding' or widely held view that the C2C approach has improved the nutrition situation in the country, it is not possible through data collected to determine whether this has been the result of the C2C approach or other activities. In Bangladesh, developing a comprehensive M&E framework and collating data from all ministries and all districts was noted within the BNNC to be a formidable task. At the time of writing, it remains to be seen who will lead data collection in each of the sectors and collate the data every quarter. A lack of resources and capacity within the government further hampers efforts and it is unclear whether this task will eventually become that of the NGO most involved in nutrition in the district to carry this activity out at the behest of government authorities.



9 Understanding the financial aspects of multisectoral plans is critical

In Ethiopia, ensuring financing for the SD has been critical. One of the initial actions was to develop a detailed cost for the Declaration's innovation phase (estimated to cost US \$538 million). Based on the costed woreda-based plans, the government has contributed an estimated 37.2% thus far with partners contributing an estimated 14%. There is currently an absence of a routine, GOE-embedded system to monitor and track funding though it is clear, financing remains a challenge despite good progress. In Niger, most of the funds for the C2C approach have been funnelled directly to both national and international NGOs and UN agencies rather than through Government who have no oversight of the funds. This is reported to have created distrust between Government and UN agencies, which at times has been viewed as having impacted the quality of C2C implementation. In Bangladesh, the costed NPAN2 (estimated to be US \$1.6 billion), is currently not fully financed. Meetings were held with donors and development partners to present detailed, costed activity plans for the short, medium and long-term. However, based on the information obtained from sub-national level stakeholders, the roll out of NPAN 2 has not yet been accompanied by any additional financial allocations to districts, except for ad hoc allocations for events like National Nutrition Week.

Remaining questions

While the MSP case studies have shed light on implementation at the sub-national level and provide insights into how countries are rolling out multisector nutrition programmes, there remain many unanswered questions. These include:

- Can, and should, **multi-sector programmes** move beyond convergence of sector activities to a **greater emphasis** on increasing nutrition sensitive components of programming?
- How to determine whether to sectors can **implement more nutrition sensitive activities** – should the evidence base for this derive from global and/or country level experience?
- How to develop and use advocacy to **enhance the nutrition sensitivity** of sector programmes?
- How to **identify and target vulnerable households** to receive a package sector of interventions? How to develop a **common measure** of vulnerability across sectors?
- Which sector should take the lead within **multisector nutrition interventions** or what criteria are important to identify a lead sector?
- How to design and set up an **monitoring and evaluation system** that is able to appropriately measure the value add of a multisector nutritional intervention?
- How to **measure impact** of a multisector approach?

