



# Understanding the SUN Movement CRF: lessons learned from five countries



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### Cover Photos

Clockwise from top:

School feeding programme in Tajikistan; WFP/Photolibrary.  
Kerauja's villagers, Gorkha, Nepal after 2015 earthquake; WFP/Angeli Mendoza.

Emergency food distribution operation in Ampanihy, Madagascar; WFP/Frederic Loward, 2007.

The Dalawege Primary School, feeding programme in Niger; WFP/Rein Skullerud.

Indigenous farmers, Puno community, Peru; WFP/Alejandro Chicheri.

Food insecurity following the 2015 earthquake in Nepal



WFP/Marco Fratini, 2015

# Introduction

This document brings together the background thinking around the SUN Common Results Framework (CRF) and a small number of case examples of country-level implementation and processes. It explains as simply as possible what the CRF concept is meant to encapsulate, how it is relevant to the SUN Movement and how countries are utilising it in order to move from policy and planning to implementation and ultimately achieve better nutrition outcomes.

The information for this document was gathered from a review of available documentation and interviews with global and country-based stakeholders. The case examples were developed from these interviews and then verified through review and approval by the respective country stakeholders.

The ENN worked closely with the SUN Movement Secretariat (SMS) throughout the process and together identified a small number (approximately 30) of stakeholders for interview, of whom 20 were successfully contacted and interviewed. This paper is not intended to be an exhaustive review of the CRF, but to give a snapshot of how processes are being implemented and to explore the perceptions of those involved in the key successes and challenges. It is

hoped that this will offer experiences and insights to other countries engaged in the process of developing CRFs.

Following a summary, this document is divided into three parts:

**Part One: *What is a CRF?*** This describes the CRF component parts and how the framework is understood by stakeholders.

**Part Two: *CRFs in practice.*** This is an illustration of particular aspects of the process of CRF development in five countries (Tajikistan, Niger, Madagascar, Nepal and Peru) and its role in advancing the nutrition agenda. These case examples describe how processes were conducted, including some of the perceived challenges and successes. The viewpoints represented here are those of interviewees and do not represent the entirety of viewpoints of all country stakeholders.

**Part Three: *Development and ownership of a CRF: what has been learned?*** This pulls together the learning from the interviews and case examples to help document what has been learned through the process of CRF development to date.



Bhutanese refugees in Sanischare  
refugee camp in Damak, Nepal

# Summary

Information was gathered from document review and interviews with 20 global and ten country-based stakeholders<sup>1</sup>. It is not intended to be an exhaustive review of the Common results Framework (CRF) but to give a flavour of how processes are being implemented and the perceived successes and challenges.

## What is a CRF?

The 2014 SUN movement Progress Report describes a CRF as a single and agreed set of expected (or common) results generated through the effective engagement of different sectors of Government and the multiple (non-government) actors who have capacity to influence people's nutrition. This set of results should be based on the national goals and targets for nutrition, and reflect the ways in which different sectors and actors can best contribute to the achievement of these targets through their individual and collective actions. While the "results" referred to in a CRF are guided by the 1000 days window of opportunity to improve nutrition, CRFs may also include targets for obesity or overweight reduction.

The CRF concept has been shaped by the SMS to facilitate a common language. According to current SMS guidance<sup>2</sup>, *"When written down, the Common Results Framework will include a table of expected results: it will also consist of a costed implementation plan, perhaps with a roadmap... describing the steps needed for implementation. There may also be compacts, or memoranda of understanding, which set out mutual obligations between different stakeholders. In practice, the implementation plan is often an amalgam of several plans from different sectors or stakeholders – hence our use of*

<sup>1</sup> While ten in-country stakeholders were purposefully interviewed, others contributed through review of case examples and the authors draw on their own experience supporting SUN in three of the countries, as well as the experience and review of SMS country focal points.

<sup>2</sup> Ref 2: Assessment Guide and Overview of Progress Markers 2015. [http://scalingupnutrition.org/wp-content/uploads/2013/02/REF-2\\_Assessment-Guide-Overview-of-Progress-Markers\\_2015-EN.pdf](http://scalingupnutrition.org/wp-content/uploads/2013/02/REF-2_Assessment-Guide-Overview-of-Progress-Markers_2015-EN.pdf)

the term “matrix of plans” to describe the situation where there are several implementation plans within the Common Results Framework. The group of documents that make up a country’s Common Results Framework will be the common point of reference for all sectors and stakeholders as they work together for scaling up nutrition”.

The CRF concept builds on previous initiatives to develop multi-sectoral plans for nutrition, including initial attempts in the 1970s and the post-International Conference on Nutrition (ICN)<sup>1</sup> (1992) National Plans of Action for Nutrition. CRFs ideally have the following features<sup>3</sup>:

**1. Expected results for improvement of nutritional status.**

A result or set of results; for example, a reduction in stunting of 10% over 5 years

**2. Defined populations in which these improvements will be seen**

**3. Interventions necessary to achieve the results and clear indications on the current coverage level and the goal coverage**

CRFs may select defined geographic areas to target, based on identified high burden contexts

**4. Identified responsibilities of line ministries and sectors within Government for implementing the interventions**

**5. The roles and responsibilities of non-government partners**

Including the private sector, UN agencies, civil society and donors

**6. A shared framework for performance monitoring and evaluation**

**7. A matrix of costs, which identifies the contribution of government (including human resources) and of other implementers**

*“The development of the Common Results Framework is informed by the content of national development policies, strategies of different sectors..., legislation, research findings and the positions taken both by local government and civil society. For it to be used as a point of reference, the Common Results Framework will require the technical endorsement of the part of Government responsible for the implementation of actions for nutrition. The Common Results Framework will be of*

*greatest value when it has received high-level political endorsement – from the National Government and/or Head of State. For effective implementation, endorsements may also be needed from authorities in local government.”<sup>4</sup>*

The process of developing a CRF, bringing plans of different sectors together and facilitating dialogue between a range of stakeholders is essential for effective implementation and accountability to be achieved.

*“The process through which a plan is developed has a critical influence on the utility of the plan or stewardship of multiple actors. A plan is more likely to be of use for stewardship if developed as a result of inclusive consultation between representatives of national governments and other in-country stakeholders”<sup>5</sup>.*

The CRF is an evolving concept. Experiences of different countries have contributed to refining the concept moving forwards. There is no standard CRF template and CRFs do not look the same in all countries. This relates to the different realities and contexts, as well as the status of the policy and strategy frameworks in each country. CRFs can be comprised of a suite of documents and commitments or alternatively, a CRF may be primarily housed in one key overarching plan or pact<sup>6</sup>.

## Development of a CRF: lessons learned

Building on learning documented by the SUN Movement Secretariat (SMS) and the SUN Independent Comprehensive Evaluation (ICE)<sup>7</sup>, the findings of this review are summarised below.

<sup>3</sup> <http://scalingupnutrition.org/resources-archive/common-results-frameworks>.

<sup>4</sup> Ref 2: Assessment Guide and Overview of Progress Markers 2015. [http://scalingupnutrition.org/wp-content/uploads/2013/02/REF-2\\_Assessment-Guide-Overview-of-Progress-Markers\\_2015-EN.pdf](http://scalingupnutrition.org/wp-content/uploads/2013/02/REF-2_Assessment-Guide-Overview-of-Progress-Markers_2015-EN.pdf)

<sup>5</sup> Planning and costing for the acceleration of actions for nutrition: experience of countries in the Movement for Scaling Up Nutrition, May 2014.

<sup>6</sup> In Guatemala, for example, the overarching document that spearheads the CRF is in the form of a pact which has been signed by all engaged parties; the pact is a signed political commitment to achieve reduction of chronic malnutrition by a specified percentage within a specified timeframe.

<sup>7</sup> Independent Comprehensive Evaluation of the Scaling Up Nutrition Movement. FINAL REPORT. 1 May 2014. Mokoro Ltd in partnership with Valid International and FEG Consulting.



## 1. How is political and social mobilisation around nutrition achieved and maintained?

SUN Movement global advocacy has played an important role in bringing awareness to nutrition and gaining high-level political commitment to move processes forward. Studies on the cost of hunger and economic effects of malnutrition have also proven effective in some countries. However, the role of nutrition champions in high-level positions at national level cannot be underestimated. These include advocates high up in government bodies, such as the Ministry of Planning or a Presidential Office, who have driven nutrition forward as a multi-sectoral issue and positioned it high on the national agenda.

Maintaining that drive towards fulfilment of a CRF can prove challenging: investment in genuine, deep consultation and development of a common understanding on nutrition across sectors and stakeholders at the start is a vital part of the process, which takes time, resources and facilitation. Enshrining a common goal for nutrition in legal statutes (policy or signed pacts) or in a national development strategy can assist as a directive to sectors to engage. However, the more inclusive the process of discussion and planning in the early stages and the broader the advocacy, creating recognition of nutrition as a priority development issue for the country, the more effective and efficient the implementation, and hence the achievement of outcomes, is likely to be.



Nutritional centre, Ambovombe, southern Madagascar

WFP/Stephanie Savariraud, 2003

## 2. Engagement of sectors to establish multi-stakeholder platforms

The process of bringing stakeholders together from across Ministries, donors, United Nations (UN) agencies, civil society, academia, the private sector and the broader population requires a high level convenor.

Where SUN Focal Points are based in a sectoral ministry, such as the Ministry of Health (where more than 20 of the 55 SUN Focal Points are based), their ability to convene across sectors is often compromised and plans may be skewed towards activities of their sector.

Alignment of different actors requires multiple stakeholders to have a common understanding and a willingness to adapt their traditional ways of working to achieve new collective objectives. It can be a big step for sectors to start thinking about nutrition and how their work might contribute towards nutrition outcomes; and a further step to integrate relevant indicators into their strategies and programming.

Building up stakeholder networks/platforms takes time. The case examples reveal that missed opportunities to engage a range of actors can result in weaker plans, with challenges arising at the implementation stage; when civil society or local government have not been engaged in planning but are called on to implement, the diversity of contexts and priorities at sub-national levels are illuminated. Madagascar, Niger and Peru are examples of countries where there has been recognition of the need for early consultation with the subnational level stakeholders to inform improved planning.

The private sector is not always aligned with the national interest. However, it can contribute beyond the restricted focus of its value chain and business interests if there is a clear strategic approach to its participation from the start; for example, in Guatemala, private sector involvement in social auditing (through corporate social responsibility) assisted identification of how health services could be improved and subsequently engaged the sector in contributing to those improvements.

Although many countries do not yet have the full spectrum of stakeholder networks proposed by the

SUN Movement (UN, Civil Society, Business and Donor), the case examples illustrate the scope for strengthening CRFs and achieving greater results if a wider range of stakeholders can be actively engaged.

### 3. Planning together and developing M&E frameworks

Investment in consultation with multiple stakeholders must be genuine and deep enough to ensure meaningful CRFs are established that are owned by all and are therefore more likely to be sustainable. Such a process can take a very long time, depending on the starting point of the different sectors.

Finding a common ground – conceptual integration – is one of the first hurdles. Each sector has its own operational plan and faces competing priorities; adding nutritional indicators may be viewed as a burden and a distraction from their core business. Information on what works, made relevant for different sectors, can contribute to an improved understanding and interest in moving forwards. However, this is somewhat frustrated by weakness in the evidence-base around nutrition sensitive programming and lack of definitive guidance on what works; weighting nutrition sensitivity of activities and allocating budget to them is currently a complex and somewhat subjective exercise that requires technical, as well as contextual, knowledge and support.

A substantial amount of high-level advocacy may be required to raise awareness and understanding of nutrition as an issue with multiple determinants that cut across a range of sectors. As noted by one interviewee, *“There is a need to bring each and every stakeholder along at each and every step of the process”*.

Contextual analysis, cost of hunger studies and programming gap analyses can help inform a common understanding of the nutritional challenges in a country and the priority actions for inclusion in a CRF.

In many countries, UN agencies are committing significant time and resources towards supporting governments to facilitate CRF development. This provides a huge benefit to time-pressured SUN Focal Points. However, there is a fine balance to maintain to avoid tipping the scales away from government ownership. Ownership across stakeholders is an



Gatlang, Langtang Valley, northwest Nepal

WFP/Laura Mello, 2008

essential component of a CRF and brokering those relationships and commitments requires full national ownership from high-level government bodies.

### 4. Implementing plans at the regional and district level

At the implementation stage, the commitment of government sectors and development partners is tested as all actors need to align firmly with what has been agreed at national level. Budgets and plans as well as monitoring are often disconnected between sectors.

One interviewee noted, *“the plan is very good on what to do, but less on how to implement these actions.”* Country experiences advocate starting slowly with gradual build up of coverage of interventions. Strong coordination teams are required at provincial/district level to link budgets, plans, monitoring and accountabilities. Funding needs to align with the action plans. M&E systems that can demonstrate achievement of objectives and results and consolidate results across sectors are required, which include sufficient flexibility to be responsive to different local realities.

## Conclusions

### Development of a CRF takes time and substantial resourcing

The development of a CRF, with inclusion of all its features is a process that may take years, rather than months.





Madagascar

WFP/Frederic Loward

The processes of galvanising political and key stakeholder interest and ownership, development of multi-sectoral approaches and M&E frameworks are complex, as well as resource-intensive, activities. Commitment of a variety of different sectors and stakeholders is required to establish a relevant, feasible and workable CRF.

Technical capacity and negotiation skills are required to facilitate the CRF processes and a question remains over how governments resource that. Tajikistan and Niger have called on development partners and engaged consultants; Nepal has employed a strong REACH-funded Secretariat to support the necessary steps to move forward; Peru has benefitted from a strong and vibrant civil society network and efficient long-standing government mechanisms; Madagascar has a designated National Nutrition Office that implemented efficient government systems and is now calling development partners and civil society to contribute to a redoubling of effort.

Stakeholders report a notable shift in the type of staff recruited by agencies such as UNICEF and WFP, from technical specialists towards upstream, strategic support personnel.

There is clearly a balance to be struck between dependence on highly invested external support and national leadership, ownership and investment. The flexibility to start small and keep plans realistic and achievable, building on what already exists, is important in this respect.

## Resourcing the development and rollout of CRFs

A key issue around funding of CRFs remains. It is unclear how donor funds are contributing to the processes of developing and implementing CRFs. While there is donor funding at country level for technical support to specified processes, it is not clear whether a strategic approach to working with countries to see through the entire process exists, or how much governments can take on support costs themselves.

Links between the global level (SUN donor network) engagement and country level appear weak. Funding approaches and mechanisms need to keep pace with country planning: funding still tends to be allocated by sector, despite donors acknowledging the need for a multi-sector approach. Achieving funding flows down to the local implementation level and retaining flexibility for contextually appropriate spending is a further challenge.

The World Bank and Results for Development estimate that to meet World Health Assembly (WHA) targets on stunting in 37 high-burden countries, development partners will need to quadruple funding and Governments to double domestic spending until 2025<sup>8</sup>. It is unclear how realistic CRF budgeting processes are in terms of funding gaps and the likelihood of their being filled by a combination of domestic and development partner funds.

The current lack of evidence around nutrition sensitive programming makes it difficult to predict how much the different sectors can contribute to targets and highly challenging to track financing of nutrition.

## CRFs in fragile and conflict-afflicted countries

Finally, a question remains around how CRFs resonate with fragile and conflict-afflicted countries and the particular challenges they face. Capturing experiences from more SUN countries in such contexts would assist learning around how the humanitarian perspective is incorporated in the CRF processes and how the humanitarian approach considers a multi-sectoral, multi-stakeholder process.

<sup>8</sup> International Food Policy Research Institute. 2015. Global Nutrition Report 2015: Actions and Accountability to Advance Nutrition and Sustainable Development. Washington, DC.



Beneficiary of food aid in Mangaize refugee camp, Niger

## PART ONE

### What is a CRF?

The 2014 SUN Movement Progress Report describes a CRF as a single and agreed set of expected (or common) results generated through the effective engagement of different sectors of government and the multiple non-government actors who have capacity to influence nutrition. This set of results should be based on the national goals and targets for nutrition and reflect the ways in which different sectors and actors can best contribute to the achievement of these targets through their individual and collective actions.

In a CRF, interventions undertaken by each sector are influenced by what others are doing and contribute to common goals. While the “results” referred to in a CRF are guided by the 1,000 days window of opportunity to improve nutritional status, SUN countries aim to achieve the six World Health Assembly (WHA) Goals by 2025<sup>9</sup>; CRFs are therefore not confined to undernutrition but may also include targets for obesity and overweight reduction.

The CRF concept has been shaped by the SMS to facilitate a common language. While “*results frameworks*” are mentioned in the SUN Movement Revised Roadmap of September 2012 within one of the four Strategic Objectives (“*The alignment of actions around high quality and well-costed country plans, with an agreed results framework and mutual accountability;*”), the overarching concept of a CRF was only articulated in 2013. According to current SMS guidance<sup>10</sup>, “*When written down, the Common Results Framework will include a table of expected results:*

<sup>9</sup> The WHA goals are: a 40% reduction in the number of children under five who are stunted (low height-for-age); a 50% reduction of anaemia in women of reproductive age; a 30% reduction in low birth weight; no increase in childhood overweight; a minimum 50% increase in the rate of exclusive breastfeeding in the first six months; and the reduction and maintenance of childhood wasting to less than 5% (low weight-for-height).

<sup>10</sup> Ref 2: Assessment Guide and overview of Progress Markers 2015. [http://scalingupnutrition.org/wp-content/uploads/2013/02/REF-2\\_Assessment-Guide-Overview-of-Progress-Markers\\_2015-EN.pdf](http://scalingupnutrition.org/wp-content/uploads/2013/02/REF-2_Assessment-Guide-Overview-of-Progress-Markers_2015-EN.pdf)

*it will also consist of a costed implementation plan, perhaps with a roadmap (feuille de route) describing the steps needed for implementation. There may also be compacts, or memoranda of understanding, which set out mutual obligations between different stakeholders. In practice the implementation plan is often an amalgam of several plans from different sectors or stakeholders – hence our use of the term “matrix of plans” to describe the situation where there are several implementation plans within the Common Results Framework. The group of documents that make up a country’s Common Results Framework will be the common point of reference for all sectors and stakeholders as they work together for scaling up nutrition”.*

Multi-sectoral planning for nutrition was first introduced in the 1970s, followed by a drive post-ICN1 (1992) to develop National Plans of Action for Nutrition. While these approaches achieved limited results overall, their review and evaluation has offered useful insights, particularly in highlighting the following constraints to progress<sup>11</sup>:

- The need for high-level political commitment was not appreciated.
- A budget line for nutrition is not enough and needs to be supported by nutrition champions and strong leads to coordinate stakeholders.
- Processes were too top-down, with government departments being coerced into collaboration.
- Limited guidance was available on how to prioritise activities.
- Designation of responsibilities was largely lacking.
- The approaches were characterised by inadequate co-ordination mechanisms.
- Availability of quality data was limited.
- There was a lack of human capacity in nutrition.
- ICN1 was prescriptive and provided nine priority, broad-based areas of work.
- The budget systems didn’t have the ability to allocate and track expenditure across administrative allocations.

The CRF concept has evolved from this learning and attempts to build and improve on these initiatives. CRFs therefore ideally have the following features<sup>12</sup>:

### **1. Expected results for improvement of nutritional status**

This is a result or set of results agreed across sectors or decreed by the highest level of

government. It may be specified in a country’s National Development Plan or in a separate, multi-sectoral planning document, such as a nutrition plan or pact. An example might be a reduction in stunting of 10% over five years.

### **2. Defined populations in which these improvements will be seen**

Target populations for specified interventions should be included. In general the primary focus is on the first 1,000 days, with activities targeted at pregnant and breastfeeding women and children under-two; however selected activities may also target additional groups with the aim of improving the nutrition of the population as a whole.

### **3. Interventions necessary to achieve the results with clear indications on the current coverage level and goal coverage**

CRFs can start small and focused by selecting defined geographic areas to target in the first instance, based on identified high-burden contexts. However, some activities may be targeted at a national level.

### **4. Identified responsibilities of line ministries and sectors within government for implementing the interventions**

CRFs should define the roles and responsibilities of different actors and find the best way to bring them together to help each other to work towards achievement of the agreed results. The SUN Focal Point plays a key role in this. Multi-stakeholder platforms provide a structure for ongoing collaboration and coordination.

### **5. The roles and responsibilities of non-government partners**

Activities and commitments of multiple stakeholders, including the private sector, UN agencies, civil society and donors should be articulated.

### **6. A shared framework for performance monitoring and evaluation (M&E)**

An M&E framework with agreed indicators towards which all stakeholders can work is an essential component.

<sup>11</sup> Independent Comprehensive Evaluation of the Scaling Up Nutrition Movement. FINAL REPORT. 1 May 2014. Mokoro Ltd in partnership with Valid International and FEG Consulting.

<sup>12</sup> <http://scalingupnutrition.org/resources-archive/common-results-frameworks>.



## 7. A matrix of costs, which identifies the contributions of government (including human resources) and implementers

Budgets and costing need to be guided by available resources, existing capacity and potential for scale-up.

*“The development of the Common Results Framework is informed by the content of national development policies, strategies of different sectors (e.g. health, agriculture, education), legislation, research findings and the positions taken both by local government and civil society. For it to be used as a point of reference, the Common Results Framework will require the technical endorsement of the part of Government responsible for the implementation of actions for nutrition. The Common Results Framework will be of greatest value when it has received high-level political endorsement – from the National Government and/or Head of State. For effective implementation, endorsements may also be needed from authorities in local government.”<sup>13</sup>*

The process of developing a CRF, bringing plans of different sectors together and facilitating dialogue between a range of stakeholders, is key: genuine engagement and ownership by the multiple sectors and stakeholders are essential for effective implementation and accountability to be achieved. Reaching a common understanding among stakeholders of the nutritional situation in a country, agreeing on what needs to be done and who needs to be involved, ensuring accountability for taking implementation forward and reporting on achievement of results are key processes.

*“The process through which a plan is developed has a critical influence on the utility of the plan or stewardship of multiple actors. A plan is more likely to be of use for stewardship if developed as a result of inclusive consultation between representatives of national governments and other in-country stakeholders”<sup>14</sup>.*

The CRF is an evolving concept that has matured alongside the understanding of nutrition as a multi-sectoral, and therefore multi-stakeholder, concern. Key elements of the CRF were in place in several countries prior to their joining the SUN Movement, and their experiences have contributed to refining the concept. There is no standard CRF template and CRFs do not look the same in all countries. This



Food for training in Najiba, Tajikistan

WFP/Shehzad Noorani, 2004

relates to the different realities and contexts, as well as the status of the policy and strategy frameworks in each country and the profile of stakeholders who are involved in developing the CRF.

In practice, a CRF might look like a costed operational plan or a pact<sup>15</sup>. As different countries have different approaches and systems that make up the defined components of a CRF and may be at different stages in the development of each of these components, CRFs can be comprised of a suite of documents and commitments; alternatively a CRF may be primarily housed in one key overarching plan.

Currently the 55 SUN countries are all at different stages of CRF development. The Global Nutrition Report 2015 notes that: *“The institutional transformation scores compiled by the SUN movement, based on self-assessment by 37 countries on a four-point scale of progress, showed that while there are significant ongoing efforts to coordinate multiple stakeholders and develop laws and policies, considerably more work is needed to translate this progress into properly managed and monitored action”.*

<sup>13</sup> Ref 2: Assessment Guide and overview of Progress Markers 2015. [http://scalingupnutrition.org/wp-content/uploads/2013/02/REF-2\\_Assessment-Guide-Overview-of-Progress-Markers\\_2015-EN.pdf](http://scalingupnutrition.org/wp-content/uploads/2013/02/REF-2_Assessment-Guide-Overview-of-Progress-Markers_2015-EN.pdf)

<sup>14</sup> Planning and costing for the acceleration of actions for nutrition: experience of countries in the Movement for Scaling Up Nutrition, May 2014.

<sup>15</sup> In Guatemala, for example, the overarching document that spearheads the CRF is in the form of a pact which has been signed by all engaged parties; the pact is a signed political commitment to achieve reduction of chronic malnutrition by a specified percentage within a specified timeframe.

School children in Dalaweve village, Niger



## Part Two

### CRFs in practice: An illustration of particular aspects of the process of CRF development in five countries and its role in advancing the nutrition agenda

As indicated above, the ENN worked with the SMS to link up with key actors from five countries who play a pivotal role in SUN. The countries were selected largely by SMS. The aim was to explore a range of experiences from countries taking their first steps towards CRF development, countries at the stage of implementing agreed national plans, and countries that have advanced to the stage of monitoring and evaluating progress. The objective of the case example development was to draw on experiences across the range of CRF processes and explore how those processes were undertaken from the viewpoint of people who were intensely engaged. A variety of perspectives, from SUN Focal Points, civil society, donors, UN agencies and private sector representatives was sought. However, it was not possible within the timeframe of this review to interview representatives from each sector in each country, so the illustrations presented here are not comprehensive or representative of all viewpoints, but aim to reflect some of the lessons in terms of successes, challenges and the level of effort and time involved in CRF development.

WFP/Rein Skallerud, 2012



## Two countries at an early stage of CRF development: Tajikistan and Niger<sup>16</sup>

### Tajikistan

*Tajikistan is at an early stage of developing its CRF. Key processes to date have focused on bringing sectors and stakeholders together to create momentum and analyse existing plans and programmes.*

Tajikistan joined the SUN Movement in September 2013 and officially launched it with a high-level meeting in August 2014. The SUN Focal Point is the First Deputy Minister of Health and Social Protection, so involvement of two important sectors is assured, while engagement of other ministries is still at an early stage. A Donor Coordination Committee (donors and UN agencies), with UNICEF and USAID as SUN co-facilitators, is highly involved in providing technical support to the Government to move forward with SUN. Stakeholders stressed the time needed for actors to understand the concept of SUN, coupled with the need to move towards putting something on paper so that multiple stakeholders can start to engage around tangible, rather than abstract, concepts.

One key issue that Tajikistan is grappling with is the identification of nutrition as a part of food security. Due to the strong political commitment to food security, this was initially promoted by the development partners as an entry point to raise nutrition up the agenda. However, while there are obvious advantages to this approach, it risks preventing nutrition from being understood holistically and frustrating a process to address all its multi-sectoral determinants; a major one recognised in Tajikistan being deficiencies in the water, sanitation and hygiene sector contributing to very high rates of diarrhoeal disease.

In November-December 2014, a review of policy and strategy alignment around nutrition was carried out by the Maximising Quality of Scaling Up Nutrition (MQSUN) Consortium<sup>17</sup>. Tajikistan was ranked 19 out of 83 countries for the indicator on undernutrition mentioned in national development plans and economic growth strategies 2007-2015 in the Global Nutrition Report 2014 Country Profile, which illustrates the country's comparative achievement in including nutrition across the policy framework. In accordance with this, the review found that several national strategies mentioned nutrition, including the

National Development Strategy 2007-2015, the new Nutrition and Physical Activity Strategy 2015-2024, the National Health Strategy 2010-2020, the National Child and Adolescent Health Strategy 2010-2015 and the Food Security Programme 2009-2015. The majority of these strategies included stunting as a key indicator, but with different targets for its reduction. 2015 offered a unique opportunity to strengthen the policy and strategy framework for nutrition as many strategies and plans were coming to an end and the process of new drafting was beginning.

In August 2015 a programming gap analysis was undertaken through stakeholder consultation and a review of existing documents. This culminated in a high-level workshop in September 2015, which brought together key stakeholders from different sectors within government, development partners, civil society, private sector and academia to agree on a common goal for development of a CRF and to start discussing sectoral priorities and contributions towards achievement of that goal. It was felt that engaging sectors in activities such as preparing indicators and interventions to work towards a CRF would facilitate the process of their involvement and their understanding of the concept of SUN. It was also timely with the drafting of a new National Development Strategy (2016-2030) offering an opportunity to place nutrition as a key development priority, which would guide the work of all sectors towards inclusion of nutrition interventions and indicators in their own sector strategies and programmes.

Much of the workshop was invested in bringing stakeholders from different sectors onto the same page in terms of an understanding of the nutrition

<sup>16</sup> The Niger case example is awaiting approval in country so is not included in this review paper but will be shared at a later stage.

<sup>17</sup> MQSUN aims to provide the Department for International Development (DFID) with technical services to improve the quality of nutrition-specific and nutrition-sensitive programmes. The project is resourced by a consortium of seven leading non-state organisations working on nutrition.



School feeding programme, Tajikistan

WFP/Photolibrary, 2004

challenges in Tajikistan, the determinants and outcomes of poor nutrition and appreciating the need for a multi-sector and multi-stakeholder process to address the issue holistically. There was an identified need for high-level advocacy around nutrition to ensure that a wider shared understanding of nutrition and the challenges in Tajikistan could be achieved to promote ownership and commitment to SUN across government ministries. One proposal was for this to be pursued initially through awareness-raising seminars.

The next step for Tajikistan is to move ahead with sectoral groups examining the proposals from the workshop and working to develop clear interventions and indicators for their sector. An overarching goal of reducing stunting, aligned with the WHA target, was agreed in the meeting, with the aim to incorporate this goal into the forthcoming National Development Strategy. Priority directions and interventions can then be incorporated in new sector programmes and strategies (currently under development) as a first step towards sectoral acknowledgement and ownership of nutritional issues and their role in addressing them.

One lesson from the Tajikistan process so far is that time and investment in advocacy and awareness-raising may be a necessary prerequisite to assist the various sectors to move forward with multi-sectoral planning. It is important to use the opportunity at the start of the CRF process to bring stakeholders together and develop a coherent and common understanding of nutrition and the priority issues in their country. This process can take years, rather than months, after a country takes the first steps to join SUN.

## Two countries at the implementation stage: Madagascar and Nepal

### Madagascar

*Madagascar is in the process of implementing its plan/CRF and is in a good place for reflection and review as stakeholders prepare to update and improve the CRF for a new phase.*

Madagascar joined the SUN Movement in February 2012. The National Nutrition Council (NNC) coordinates the National Nutrition Policy and supervises the National Office of Nutrition (ONN). The NNC is a multi-sector, multi-stakeholder platform representing all nutrition actors. It includes several Ministers and Members of Parliament and is chaired by the Prime Minister. The ONN is decentralised and each region has a Regional Nutrition Office.

The National Action Plan for Nutrition (PNAN II) covers the period 2012-2015 and is the reference document that constitutes the CRF along with its M&E Plan. The aim of the Plan is to halve the prevalence of stunting in children under five years old

from the 2003 level of 50.1% and in so doing contribute to a reduction in mortality in children under five from 72 to 56 per 1,000 live births.

The PNAN II was largely developed by government at national level, with the participation of nutrition sector actors. A technical validation workshop took place in one region before it was disseminated to all regions.

Implementation of the Plan has been a challenge due to the severely restricted financing available, linked to the unstable political period following the crisis of 2009 when community nutrition workers were not paid for two years and development partners restricted their engagement with the interim



Government. A civil society platform was set up in November 2013 but only became active and officially recognised by the Government in February 2015. Civil society therefore has little ownership of the plan due to its minimal involvement thus far.

At the regional level, however, there was an opportunity for NGOs to engage with government and see which of their activities could be considered part of the plan. Some organisations working with the community nutrition structures attempted to align their activities. However, many NGOs were engaged in activities that fell outside the plan.

Towards the end of 2012 a workshop was held to adopt the M&E plan for PNAN II. The M&E plan was finalised and rolled out to all regions by June 2015, with regional M&E groups set up to facilitate exchange of information between actors and the involvement of local authorities in a pilot project to build a database. However the period of PNAN II was coming to an end by this time, which meant there was a very short period to monitor activities; besides which little had been done in terms of implementation due to funding shortfalls.

Madagascar is now in a period of evaluation and review in preparation for the development of PNAN III and there is increasing recognition of the need for all actors to align around the next PNAN/CRF.

The shortcomings of PNAN II are recognised and include its focus on food security and health-oriented activities to the exclusion of some other important sectors; the lack of inclusion of a range of stakeholders; and limited division of roles and activities to spread the interventions thematically or geographically between actors. During PNAN II development partners continued to work in their selected geographical areas at community level on their own programmes, which meant that some areas of the country were not reached at all and coverage was therefore a major implementation issue.

Learning from the experience of PNAN II, stakeholders are conscious that consultation at both regional and national level will be important, as well as extending down to the district level. Each region will be consulted this time and the Regional Nutrition Offices will lead negotiation in their regions in early 2016 and include representatives from communities

to identify needs, which they can feed into the national plan.

The civil society platform, HINA<sup>18</sup>, comprising more than 80 members, hopes for a stronger voice in planning and a central role in implementation. One of its priorities is ensuring the involvement of all actors (private sector, development partners and civil society), including those at local level, in developing the new plan.

Civil society will lobby for budget decentralisation and clearer responsibilities of different actors. There is a recognised need on both sides for civil society to improve its working relationships with government and to build trust and a common understanding. A meeting is planned to discuss the evaluation of PNAN II and agree how civil society and other actors can be involved in PNAN III, at which time the roles of different stakeholders can start to be mapped out. The academic/research sector is not yet engaged. Although the private sector is engaged, especially at the community level, in issues such as fortified flour there is a perceived need to increase its contribution through dialogue on the benefits of investment in nutrition. PNAN III will aim to reach out across more sectors and analysis is ongoing to ascertain which sectors to include and how.

Funding remains uncertain; however the Government is working to raise PNAN III up the agenda of its development partners. Nutrition is a priority issue in the country: it is one of four priorities of the Government. A recent study into the cost of hunger and drivers of nutrition has been carried out to add further weight to the evidence base and the economic rationale to advocate for prioritisation of nutrition. The findings will be presented to the Prime Minister in a high-level meeting.

Development partners have expressed interest in supporting PNAN III, but are not yet agreed on the way forward. The Government is working with donors to develop a Public Investment Plan (PIP) for addressing malnutrition. A conference is planned for March 2016 in Paris to bring donors together and launch the PIP to galvanise interest and commitment. ONN is also advocating with the Ministry of Finance for more government funding for nutrition in 2016.

<sup>18</sup> In Malagasy, the word "Hina" signifies unity, strength, support and consolidation.

Lessons learnt from Madagascar suggest that full consultation at the start of multi-sectoral planning/ CRF development is an essential prerequisite so that everyone understands and owns the strategy/ plan. Once multiple stakeholders own a CRF, plans can be implemented well. There is a clear understanding

now in Madagascar that malnutrition negatively affects economic development. Reaching this common understanding was an important step in achieving multi-sectoral and multi-stakeholder commitment to addressing malnutrition.

## Nepal

*Nepal is implementing its CRF and currently working to set up monitoring systems at district level.*

Nepal joined the SUN Movement in May 2011. It had conducted a Nutrition Assessment and Gap Analysis (NAGA) in 2009-10, which recommended the establishment of a multi-sector nutrition architecture and approach to address nutrition-related issues. As a result, a Multi-sector Nutrition Plan (MSNP) 2013-2017 was formulated and implemented, with accompanying M&E plan, which is the focus of the CRF document. The process was determined to ensure that planning and action were built on genuine consultation across Government ministries, leading to ownership across sectors with practical, feasible implementation and monitoring mechanisms.

The goal of the MSNP is to reduce maternal infant and young child under-nutrition, in terms of maternal BMI and child stunting, by one third.

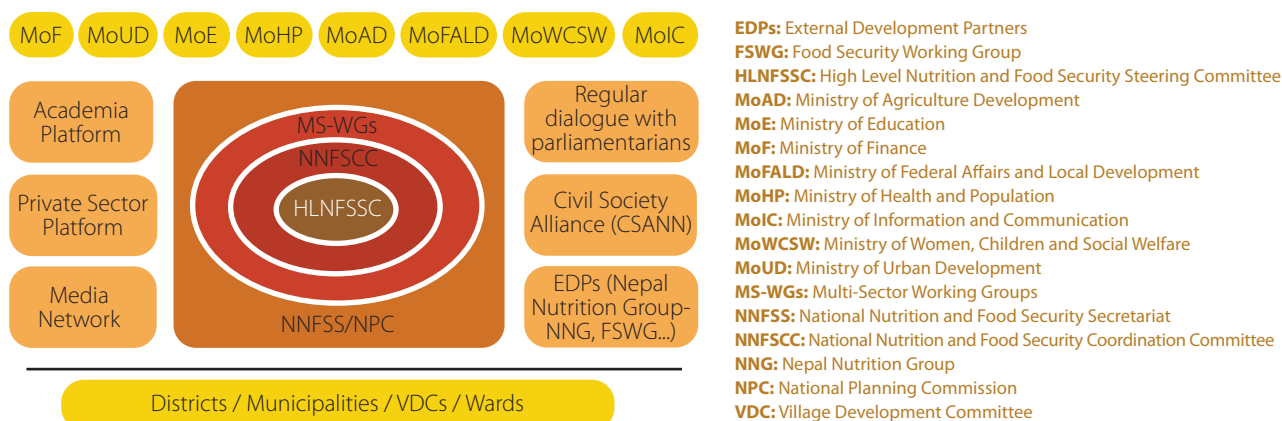
A second crucial step was to ensure a coordination mechanism that is effective and sustainable. While high-level political will and ownership are necessary, it was understood that high-level committees need to delegate action and day-to-day coordination to the operational level where managers and technical staff can be involved and move things forward. The

National Nutrition and Food Security Secretariat (NNFSS) was established in early 2013 in order to organise and manage multi-sector, multi-stakeholder coordination.

The NNFSS worked with the Government to establish a multi-stakeholder, multi-sectoral platform under the National Planning Commission (NPC)/ NPCCS, the highest-level planning authority in the country (see diagram below).

Nepal now has a High Level Nutrition and Food Security Steering Committee (HLNFSSC) under the chairmanship of the Vice Chair of the NPC, which is represented by members dealing with nutrition, food security and supplies sectors and secretaries of concerned line ministries as members. The Member Secretary of the NPC acts as the Member Secretary of the Committee. There is also provision for a National Nutrition and Food Security Coordination Committee (NNFSCC) comprised of Joint Secretaries of Ministries and department heads in which the member responsible for nutrition at NPC acts as convenor. Both the committees include representation of nutrition and food security experts.

### Multi-sector multi-stakeholders coordination mechanism





External development partners (EDPs) can be invited to meetings as and when required. The committees have clear terms of reference, a meeting schedule and designated members.

Three multi-stakeholder working groups were established as per the framework and roles/responsibilities that were officially endorsed by the NNFSSC, which means they are accountable to the Government. These groups are supported by the NNFSS to cover the thematic areas of capacity development, advocacy and communications and M&E/Information management, bringing together all stakeholders from the relevant line ministries, NGOs, UN agencies and donors.

An academia platform has recently been added as a fourth group to bring together the research community to agree the focus for joint initiatives to build up the evidence base to support planning in Nepal. They will recommend what studies are needed and who will carry them out. Evidence is sought to support decisions on which priority interventions to include in the upcoming revision of the MSNP. A review of the outcomes of the eight areas of action of the MSNP will be undertaken to find out what evidence is available to support future decisions.

The regular support provided by the NNFSS helps to ensure that the HLNFFSSC, NNFSSC and working groups meet regularly and identify and achieve joint objectives, deliverables and implement agreed actions.

The role of the NNFSS is “facilitating coordination of stakeholders to effectively implement the MSNP.” It is housed within the Government and supports it as a Coordination Unit. It was originally initiated by development partners with the Government and has been funded to date by development partners (predominantly UN REACH) with initial support from the World Bank. It comprises a technical and support team, which includes three Programme Officers for Nutrition Advocacy, Communications and M&E, and two support staff. NNFSS developed and manages the Nepal Nutrition and Food Security Portal, a one-stop shop for all nutrition and food security information in Nepal (see [www.nnfsp.gov.np](http://www.nnfsp.gov.np)). Technical personnel are needed to maintain the portal and provide overall support to the technical implementation of the multi-sector nutrition and food security initiatives.

Roll-out and scale-up of the MSNP has been gradual and incremental. Based on the basic nutrition indicators and some of the development indicators, 28 districts were prioritised by the MSNP. It was launched in selected districts initially with the intention to gradually scale up over the plan period. The districts started work in priority Village Development Committees (VDCs) and will expand gradually.

The NPC/NNFSS has developed training materials for roll-out of the M&E framework and developed a model of how it can work at district level so as to avoid the creation of different systems. There is ongoing work to train people at the district level on how to mainstream nutrition programmes at the local level planning process in line with the MSNP. Joint training materials for multi-sector nutrition planning and M&E have been developed in collaboration with the multi-sector working groups. Efforts have already been started to establish a pool of trainers from existing public training institutions for training activities.

Multi-sector and multi-stakeholder coordination is one model to be implemented in each district. It aims to engage existing large development partner programmes to support the coordination function in their districts of work through provision of facilitation support and funding. The Multi-sector Advocacy and Communication Strategy is one of the major resources for the sectors and stakeholders to steer the communication and advocacy activities at different levels.

Lessons from Nepal suggest that the role of development partners in supporting government to move forward with the CRF processes is highly valuable, especially if it is well-coordinated with relevant government and other stakeholders in an effective consultative process that creates and ensures Government ownership. UN REACH and development partners supported the set-up and functioning of a coordination structure, the NNFSS. This body has been instrumental in enabling effective coordination, moving things forward and facilitating progress.

Ownership across the sectors is critical. A high-level body to lead the CRF process is essential; while consultation must occur at the level and to the degree needed to produce plans and M&E frameworks that are owned, committed to and actionable.

## One country at a later stage (evaluating impact): Peru

### Peru

*In Peru, strong civil society engagement helped to galvanize political momentum and contributed to the development of a CRF supported by government and multiple stakeholders. Outcome monitoring at regional level is now being implemented to inform results-based planning and budget allocation to districts, as well as to measure the outcomes of the CRF activities.*

The Republic of Peru joined the SUN Movement in November 2010 with a letter of commitment from the Minister of Social Development and Inclusion (MIDIS). The Government of Peru's National Strategy for Social Development and Inclusion (ENDIS) and its revised programme "Inclusion for Growth" provide the CRF for nutrition. The CRF is built on a results-based management (RBM) approach and grounded in evidence and causal analysis. Its aim is to reduce chronic malnutrition to 10%. Further targets include a reduction of anaemia to 20% and increased coverage of education, water and sanitation to 80% of the population.

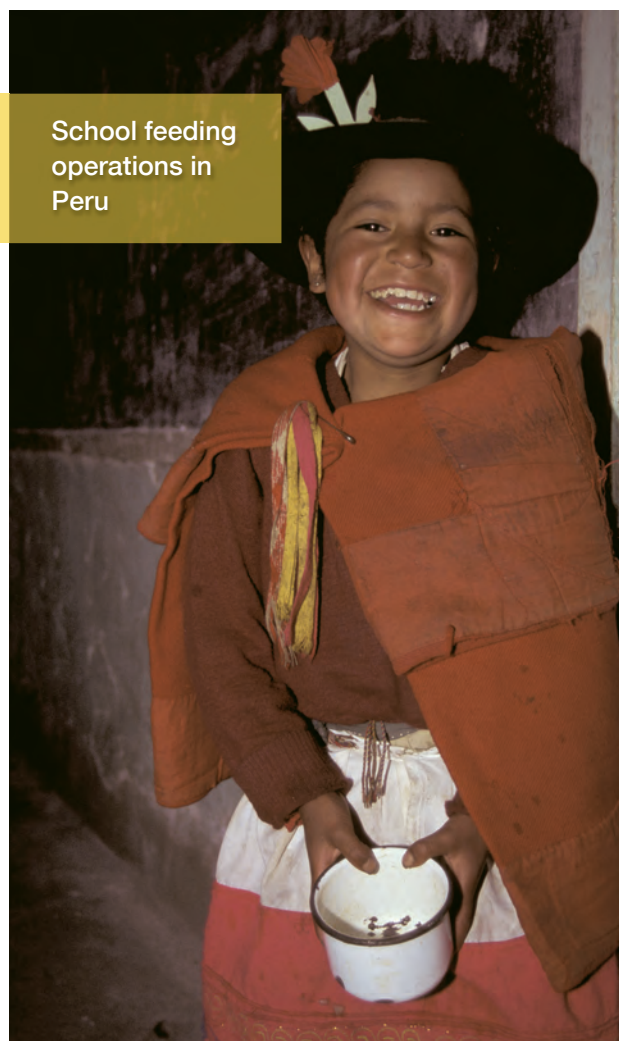
In 2008 the Government decided that all actions should be framed within a logical causal model, with the added incentive that if different regions wanted

access to resources, they must align with this and show results of activities. Specific interventions were outlined within the model, which regions should implement. The aim was to improve the allocation of funding in response to the magnitude of the problems and to regions of greater need where action was required to tackle the highest levels of chronic malnutrition. The Government started to work based on results: different sectors were aligned to work towards common targets in paquetes (programmes of intervention).

The RBM approach promotes different incentives to achieve goals and to collect the relevant data to show that results have been achieved. The budget is conditioned to the results/performance on an annual basis, so that local government has a variable budget every year.

Three contextual factors have been pivotal in the Peru CRF process:

1. A large movement for democratisation of public policies and a focus on the social context. A movement in the State to modernise public policies facilitated prioritisation of chronic malnutrition, among other issues. Since 2000 civil society has been reactivated in a new political situation. The social momentum at the time resulted from the State acknowledging the social debt and moving to put the citizen at the centre of the State. There was a chain of events to get people to work together. A 2001 law created the National Roundtable for the Fight Against Poverty (MCLCP); through this, social and civil society actors became strong and different institutions were aligned.
2. Promotion of the Inclusive Growth Strategy – advocated for by the MCLCP and agreed in Congress at the National Agreement Forum.
3. Nutrition becoming a national priority and its inclusion in the Early Childhood Development Strategy.



School feeding operations in Peru

WFP/Photoblibrary, 2004



Key factors that led to the achievement of the CRF as it currently stands are:

1. Economic and political support facilitated incorporation of new and more effective mechanisms for reducing chronic malnutrition.
2. Financing the most effective interventions and use of the best evidence available to identify those interventions; establishment of a causal analysis framework prioritised these actions.
3. Focus on the most vulnerable population, meaning monitoring and ensuring good nutrition for children in the poorest areas.
4. Increased resource mobilisation. Over the past eight years the budget for nutrition has been increasing year-on-year.
5. The establishment of an information system for nutrition which provides regular information and monitors the performance of Peru in terms of coverage and reduction of chronic malnutrition, as well as inputs (both human and physical resources).
6. Results-based management approach to reducing malnutrition.
7. Close accompaniment of civil society organisations. The MCLCP structure has built a common space for follow-up and monitoring that is more open to a range of civil society organisations and social groups (including workers' unions, youth groups and women's groups) and interfaces with government.

A decentralisation process has been ongoing in Peru since 2002 but is not yet consolidated; management of the budget is not yet decentralised, although resource management is. Budget allocation and expenditures are managed partly at national level and partly at the regional level. There are ongoing efforts to explore ways to enable more local level control, but the information at the local level does not yet have statistical rigour.

Policies are defined at a national level but need to be contextualised at regional and local level. Although the Government is using incentives, these do not always fit well with the division of responsibilities of people at the local level. The M&E system currently responds well to the questions that the Government has at the national level and work is ongoing to ensure it can also focus on the needs at the local level, too.

MIDIS is working on defining these specificities to advance efforts. A current initiative aims to capture all information on children in a given locality from the local level. It is currently building up information on children up to one year old before expanding to under-twos with a target of eventually covering all children under five.

One example of the challenges in the M&E system is that, while five main initiatives form part of the package for children (e.g. vaccination, growth monitoring, safe water), and show increases in coverage at the national level, if the question is changed to ask about the coverage of one child with all interventions, the coverage is reduced by about 10%. Comprehensive indicators are therefore needed to improve the system.

Multiple organisations, including the MCLCP, participated in the design of the strategy, *Incluir Para Crecer*, which confers responsibility and a role in monitoring interventions to multiple stakeholders, bringing together different people from government and civil society.

The M&E system generates an annual report on the situation and a special report for providing alerts. Prior to issuing reports, a consensus is needed from key stakeholders, including the participants of the MCLCP. For example, a recent increase in anaemia prompted quick analysis and agreement on the way forward. The MCLCP gathers information and facilitates analysis and formulation of recommendations, which have to be based on consensus. The report is then very robust, so that policy makers can move quickly to approve it.

These monitoring meetings happen at national level and can also be set up in eight regions at regional level.

Learning from Peru suggests that a conducive political environment is an important factor in enabling nutrition to be promoted as a priority issue. Establishment of an effective and efficient information system and the broad engagement of civil society make a strong contribution towards coordinated action, accountability and monitoring. The need for national and sub-national plans that are context-specific and the mechanisms to roll these out are critical to ensure relevance and effectiveness.

Unpredictable weather patterns impact on food security in mid-western Nepal

## Part Three

### Development and ownership of a CRF – lessons learned

The SUN Movement Secretariat has pulled together useful learning around the processes and challenges in developing a CRF. Experiences from different countries have shown that:

*“The development of a CRF proceeds more smoothly if it takes place under the authority of the highest level of Government, with clear directions to all relevant stakeholders, a robust timetable and a commitment by all to support the achievement of the agreed results as fully as they can, within their areas of responsibility”<sup>19</sup>.*

The process through which a CRF is developed is a “facilitated negotiation”<sup>20</sup> among key sectors. Key messages on development of a CRF were presented at the Global Gathering 2014<sup>21</sup> (see Box 1).

In addition, the SUN Independent Comprehensive Evaluation (ICE) in 2014<sup>22</sup> undertook country case studies and global interviews with the aim of understanding some of the factors that aided facilitation of the CRF process and those that may hinder it. (See Box 2).

These key enabling factors and challenges in developing a CRF are considered below alongside the case example findings, loosely grouped under the four processes:

1. Galvanising and maintaining political commitment and social mobilisation around nutrition;

<sup>19</sup> Planning and costing for the acceleration of actions for nutrition: experience of countries in the Movement for Scaling Up Nutrition, May 2014.

<sup>20</sup> SUN Movement Secretariat description in documentation and from interview.

<sup>21</sup> Summary Report Global Gathering 2014, COP 1, Session 1.

<sup>22</sup> Independent Comprehensive Evaluation of the Scaling Up Nutrition Movement. FINAL REPORT. 1 May 2014. Mokoro Ltd in partnership with Valid International and FEG Consulting.



2. Engaging a variety of sectors and actors to establish multi-stakeholder platforms with strong leadership;
3. Planning together, prioritising interventions and developing M&E frameworks; and
4. Implementing the plans at the regional and district level, including mobilisation of funds.

### 1. How do you achieve and maintain political and social mobilisation around nutrition?

SUN Movement global advocacy has played an important role in creating awareness of nutrition and gaining high-level political commitment to move processes forward. Studies on the cost of hunger and economic effects of malnutrition have also proven effective in some countries. However, the role of nutrition champions in high-level positions at national level cannot be underestimated and such individuals have instigated multi-sectoral collaboration and positioned nutrition high up the agenda in several countries. These include advocates high up in government bodies, such as the Ministry of Planning or a Presidential Office, who have understood the importance of nutrition and driven it forward as a multi-sectoral issue.

Maintaining that drive towards fulfilment of a CRF can prove challenging. The case examples highlight that investment in genuine, deep consultation and development of a common understanding on nutrition across sectors and stakeholders at the start is a vital part of the process, which takes time, resources and facilitation. Enshrining a common goal for nutrition in legal statutes (policy or signed pacts) or in a national development strategy can assist as a directive to sectors to engage. However, the more inclusive the process of discussion and planning in the early stages and the broader the advocacy – creating recognition of nutrition as a priority development issue for the country – the more effective and efficient the implementation, and hence the achievement of outcomes, are likely to be.

<sup>23</sup> Terminology from AO Hirschman used in Rationale and historical perspectives, in Garrett and Natalicchio (eds.). Working Multisectorally in Nutrition – Principles, Practices, and Case Studies, pp 20-47. J. Garrett, L. Bassett and J. Levinson, IFPRI, 2011.

## Box 1 Key messages on development of a CRF from SUN Global Gathering 2014

- It takes time to establish the multi-stakeholder platform (MSP). It is important to take the time necessary to get the right people involved in national multi-stakeholder platforms and to start small in the Common Results Framework (CRF), then build up activities.
- There is a trade-off between comprehensiveness and prioritisation of interventions.
- Each stakeholder has their own agenda and will often prioritise this over the overarching, common country-owned agenda. Conflict of interest is a reality for all stakeholders. Where the private sector is engaged, regulation may need to be addressed; countries find this particularly challenging.
- The MSP should aim to establish shared values and individual roles. The private sector can have a particular role in water and sanitation, around infrastructure and food fortification (salt producers), and depending on the country. civil society organisations play an important role in accountability and in reaching out to communities.
- UN system agencies and donors should not overcomplicate the CRF with excessive reporting requirements and complex indicators. Everybody needs to respect the limits of the national capacity.

## Box 2 Learning on CRF processes from SUN ICE

- a) Key factors in high and medium results were political commitment and high-level placement of country focal points and multi-stakeholder platforms.
- b) Common factors in low results were sector-specific placement, sector competition for the nutrition space and weak central political commitment.
- c) In countries where sub-national governments had autonomy and where expenditure responsibilities for many nutrition-specific and nutrition-sensitive actions were assigned to the sub-national governments, national plans had only limited linkage to effective scale-up; the responsibilities, plans and actions of local governments also needed to be linked to the CRF.
- d) The requirement for multi-sector country plans catalysed useful processes: bringing people together to analyse problems and plan solutions. The plans drove discussions between sectors; brought all relevant sectors onto the same page with the same information to draw attention to nutrition; and at least started a thinking process resulting in the topic of nutrition being more clearly defined.
- e) Nutrition will never be a “pressing issue” politically, but rather a “chosen issue”<sup>23</sup>. For this reason, strong champions of nutrition are key. In order to avoid unsustainable reliance on an individual, these should take the form of a convincing coalition, including technical specialists (including nutritionists) in and outside government, civil society and development partners. Notably, it takes time for such a coalition to form and to develop a common understanding, but once in place, champions can make a strong case, backed up by scientific evidence, that nutrition is important for development.

### Box 3 Engagement of the private sector in SUN in Guatemala

In 2012 the Government of the day called stakeholders from across different sectors to participate in a coordinated effort to eliminate hunger and reduce chronic child malnutrition. This effort was called the Zero Hunger Pact, the CRF to reduce chronic malnutrition in Guatemala. The Zero Hunger Pact is an expression of the commitment of all sectors of society to reduce chronic malnutrition and prevent infant mortality due to malnutrition.

The Alliance for Nutrition, composed of companies, private sector organisations and foundations, was formed through a legal constitution in November 2012. Since 2013 the Alliance has developed a role in social auditing processes at community level. Its members developed a methodology for M&E of health services at community level in collaboration with the Ministry of Health (MoH) and provided information to MoH in terms of what was and wasn't working to identify key gaps. Four assessments were done in 2015. This process identified the low level of health worker knowledge, lack of inputs, dysfunctional logistics and poor infrastructure as important gaps. It also provided key information on ways to improve the provision of health services and work jointly with the MoH.

Based on results, through one of its members the Alliance developed a pilot project in a community of the Department of El Quiché (west) with MoH for capacity development of staff and provision of inputs. One of the main challenges was logistics capacity to reach remote rural areas. A soft drinks company with effective distribution channels in place focused its energies on adapting its system to public service. Technical staff from the company analysed the situation and worked with MoH and others to try to adapt the system to their needs.

Other important streams of work have been the development of communication projects through mass media to disseminate the main messages for sensitising the population in rural areas on the importance of the 1,000 days window.

Working with government has been challenging for the Alliance, especially in the last year when the Alliance assumed a social auditing role. This led them to make public all the deficiencies of the implementation role of the MoH.

Thanks to the CRF, the Alliance recognised that nutrition is a political priority and its implementation remains challenging. The perceived benefits have included updating their knowledge and experience on nutrition and policy and the unexpected proximity to different sectors, such as civil society and international donors.

**Lessons learnt:** the initial act of signing the Pact was a key way of committing people. Countries should look for commitment of the private sector beyond their natural role of being part of the value chain (providing specific products) and frame their role beyond that at the start of the process, otherwise it is likely to stay there. The social arm of the private sector (Corporate Social Responsibility) is a resource; for example involving them in social auditing was key for identifying what needed to be improved. The Alliance tried to reach all foundations and make them work together around the CRF.

## 2. Engagement of sectors to establish multi-stakeholder platforms

Managing the process of bringing stakeholders together from different ministries and sectors of government, donors, UN agencies, civil society, academia, the private sector and the broader population is an endeavour that requires a high level convenor.

Where SUN Focal Points are based in a sectoral ministry, such as the ministry of health (where more than 20 of the 55 are based), their ability to convene across sectors is often compromised, with the result that plans may be skewed towards activities of their sector and the CRF does not reflect "common" results or a fully multi-sectoral approach.

The convening role is a task that requires significant time and inputs and in many countries governments are strongly supported by UN agencies that recruit or prioritise staff specifically to assist time-pressured ministry staff.

Alignment of different actors is a lengthy process that requires multiple stakeholders to have a common understanding and a willingness to adapt their traditional ways of working to achieve new collective objectives. It can be a big step for sectors to start thinking about nutrition and how their work might be contributing towards nutrition outcomes, and a further step to integrate relevant indicators into their strategies and programming.

Building up stakeholder networks/platforms can take time to ensure all the relevant stakeholders and sectors are represented. The case examples reveal that missed opportunities to engage a range of actors can result in weaker plans, with challenges arising at the implementation stage.

For example, while national civil society alliances (CSAs) now exist in 34 out of the 55 SUN counties, they have experienced uneven engagement as in many countries it has taken time for the role of the CSA to be clearly articulated and implemented. This may reflect its perceived role as a focus on community engagement, implementation and monitoring progress of activities, a stage that many countries



have not yet reached in relation to CRF implementation. However, as illustrated by the case studies, particularly Madagascar and Peru, taking the time and effort necessary to engage all stakeholders from the start is an essential component to a nationally owned and effective CRF as different stages of the process have greater dependence on different actors. Challenges can arise when civil society or local government have not been engaged in planning but are called on to participate at the implementation stage.

The private sector is not always aligned with the national interest. Even after signing up to a nationally agreed plan or pact, challenges to align activities can remain an issue at the implementation stage. An example from Guatemala (see Box 3) however, suggests that the sector can contribute beyond the restricted focus of its value chain and business interests if effectively engaged from the start and there is a clear strategic approach to its participation.

The case examples have also raised the issue of how and when to engage subnational actors, particularly local government representatives. While plans and strategies may be collaboratively put together at national level, experience shows that implementation at regional or district level can reveal flaws in the translation of the plan in devolved contexts and illuminate the diversity of contexts and priorities at sub-national levels. Madagascar and Peru are examples of countries where there has been recognition of the need for early consultation with the sub-national level stakeholders to inform improved planning.

Although many countries do not yet have the full spectrum of stakeholder networks as proposed by the SUN Movement (UN, civil society, business and donor), the examples here illustrate the scope for strengthening CRFs and achieving better results if a wider range of stakeholders can be actively engaged. Once MSPs are established, clear direction and purpose is needed for them to be effective. The case examples highlight that effective coordination committees require official government appointment and leadership, designated members with responsibilities and clear terms of reference to work to, with meeting schedules laid out and clear tasks and action points detailed for members.

### 3. Planning together, prioritising interventions and developing M&E frameworks

*Understanding nutrition, its multiple determinants and the roles of different sectors is difficult and takes time*

Investment in consultation and involvement of multiple sectors and stakeholders is essential in order to achieve broad ownership. Consultation must be genuine and deep enough to ensure meaningful CRFs are established that are owned by all and therefore more likely to be sustainable. This process can take a very long time, depending on the starting point of the different sectors.

Finding a common ground – conceptual integration – is one of the first hurdles. Each sector already has its own strategy or operational plan and faces competing priorities; adding nutritional indicators may be viewed as a burden and a distraction from their core business. Information on what works, made relevant for different sectors, can contribute to an improved understanding and interest in moving forward. However, this is somewhat frustrated by weakness in the evidence base around nutrition-sensitive programming and lack of definitive guidance on what works. Although studies are in progress and the evidence base is building, weighting nutrition sensitivity of activities and allocating budget to them is currently a complex and somewhat subjective exercise that requires technical, as well as contextual, knowledge and support.

The challenge of the separation of nutrition from food security appears to be a common theme in these case examples; largely because food security is a national development priority in many countries and nutrition is considered a component or outcome of that sector. An alternative situation is where nutrition is viewed as intrinsically a health issue. Substantial high-level advocacy may be required to raise awareness and understanding of nutrition as an issue with multiple determinants that cut across a range of sectors.

Use of existing data to build up situational and contextual analysis is an important step to reach a common understanding of the nutritional challenges in a country and the priority actions for inclusion in a CRF. The addition of programming gap analyses and cost-of-hunger studies have also proven to be useful tools to advocate for scaling up multi-sectoral nutrition approaches.

Inclusion of nutrition as a priority within National Development Strategies, with key nutritional targets, provides a focus and clear goal around which all sectors can mobilise. Nutrition policies and strategies should speak to the multi-sectoral approach and form the legal basis on which to build a CRF, sector policies and strategies, as well as sector plans and special programmes to incorporate nutritional objectives and align with coherent targets and messages on nutrition.

As one interviewee noted: *“There is a need to bring each and every stakeholder along at each and every step of the process”*. To do this takes a significant amount of time and energy and requires the commitment and authority of the lead person or team (the Focal Point or designated Technical Focal Point).

Development partners may have a strong influence on the process, depending on their level of engagement. It is apparent that in some countries the UN agencies in particular are committing significant time and resources to supporting governments to facilitate development of the CRF. This provides a huge benefit to countries as SUN Focal Points and other senior ministry staff have limited time to engage to the degree necessary; however there is a fine balance to be maintained to avoid tipping the scales away from government ownership. It is clear that ownership across sectors and stakeholders is an essential component of a CRF, and brokering those relationships and commitments requires full national ownership from high-level government bodies.

Links between the various stakeholder platforms are an area for development in many countries; often one or two platforms are operational and engaged, while others are not.

#### 4. Implementing the plans at the regional and district level

The majority of SUN countries are currently in the process of implementing their CRFs and working out how best to ensure effective action and coordination at regional and district level, often within devolved structures, that lead to impact on the ground. For example, a stakeholder noted that: *“The plan is very good on what to do, but less on how to implement these actions.”* Advice from several stakeholders

reflects the country experiences of starting slowly with gradual build-up of coverage of interventions.

Budgets and plans as well as monitoring are often disconnected between sectors. It is at the implementation stage that the commitment of different sectors and development partners is tested and where all actors need to align firmly with what has been agreed at national level.

Strong coordination teams are required at provincial/district level to link budgets, plans, monitoring and accountabilities to achieve an effective coordination mechanism at the lower level. Funding needs to align with the action plans.

M&E and/or information systems that can demonstrate achievement of objectives and results, that consolidate results across sectors, and that include sufficient flexibility to be responsive to different local realities are required. Results-based financing is an option if a robust M&E system is in place and appropriate and relevant results can be identified to make it work well, as is illustrated in the Peru case example.

## Concluding remarks

**Development of a CRF takes time and substantial resourcing: the support requirements of activities to develop and implement a CRF should not be underestimated**

As can be seen from the country examples included here and from review across other country processes, the development of a CRF is a process that may take years rather than months.

The processes of galvanising political and key stakeholder interest and ownership, consultation, development of multi-sectoral approaches and M&E frameworks is complex and resource-intensive. Commitment of a variety of different sectors and stakeholders is required to establish a relevant, feasible and workable CRF. Time needs to be invested in bringing all stakeholders to the table and reaching a common understanding of the goals and commitment to the aims of improving nutrition.

Technical capacity and negotiation skills are required to facilitate the CRF processes and a question



remains over how governments resource that. Tajikistan (and Niger) have called on development partners and engaged consultants; Nepal has employed a strong REACH-funded Secretariat to support the necessary steps to move forward; Peru has benefitted from a strong and vibrant civil society network and efficient, long-standing government mechanisms; Madagascar has a designated National Nutrition Office that implemented efficient government systems and is now calling development partners and civil society to contribute to a redoubling of effort.

UN agencies are expending energy and time in planning and policy development support to Focal Points. Stakeholders report a notable shift in the type of staff recruited by agencies such as UNICEF and WFP, from technical specialists towards upstream, strategic support personnel.

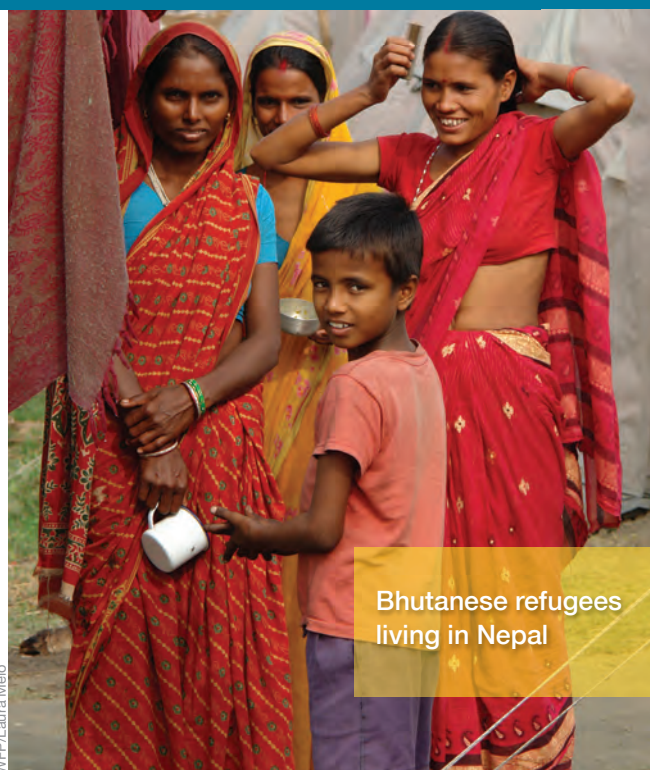
There is clearly a balance to be struck between dependence on highly invested external support and national leadership, ownership and investment. The flexibility to start small and slowly and keep plans realistic and achievable, building on what already exists, is important in this respect.

### Resourcing the development and rollout of CRFs

A key issue around funding of CRFs remains. It is unclear how donor funds are contributing to the processes of developing CRFs and implementing them. While there is donor funding at country level for technical support to specified processes, it is not clear whether a strategic approach to working with countries to see through the entire process exists, or how much governments can take on support costs themselves.

Links between the global level (e.g. donor network) engagement and country level currently appear relatively weak. Funding approaches and mechanisms need to keep pace with country planning. Funding still tends to be allocated by sector, despite donors acknowledging the need for a multi-sector approach. Achieving funding flows down to the local implementation level and retaining flexibility for contextually appropriate spending is a further challenge.

The World Bank and Results for Development estimate that, to meet WHA targets on stunting alone



Bhutanese refugees living in Nepal

WFP/Laura Melo

in 37 high-burden countries, development partners will need to quadruple funding and governments to double domestic spending until 2025<sup>24</sup>. In light of this, it is currently unclear how realistic CRF budgeting processes are in terms of the funding gaps and the likelihood of their being filled by a combination of domestic and development partner funds.

In addition, the current lack of evidence around nutrition-sensitive programming makes it difficult to predict how much the different sectors can contribute to targets and highly challenging to track financing of nutrition.

### CRFs in fragile and conflict-afflicted countries

Finally, a question remains around how CRFs resonate with fragile and conflict-afflicted states and the particular challenges they face. In contexts where development partners are largely humanitarian-focused and responding to high rates of acute malnutrition and urgent needs, there may be a gap for governments and states wanting to address all forms of undernutrition through a multi-sectoral approach. Capturing experiences from more SUN countries in such contexts would assist learning around how well the humanitarian perspective is incorporated in the CRF processes and how well the humanitarian approach considers a multi-sectoral, multi-stakeholder process.

<sup>24</sup> International Food Policy Research Institute. 2015. Global Nutrition Report 2015: Actions and Accountability to Advance Nutrition and Sustainable Development. Washington, DC.



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