

# Effectiveness of Technical Assistance:

How has assistance provided to SUN countries by MQSUN+ (2017–2020) contributed to efforts to scale up nutrition?

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Guinea • Honduras • Madagascar • Somalia • Tajikistan • Yemen

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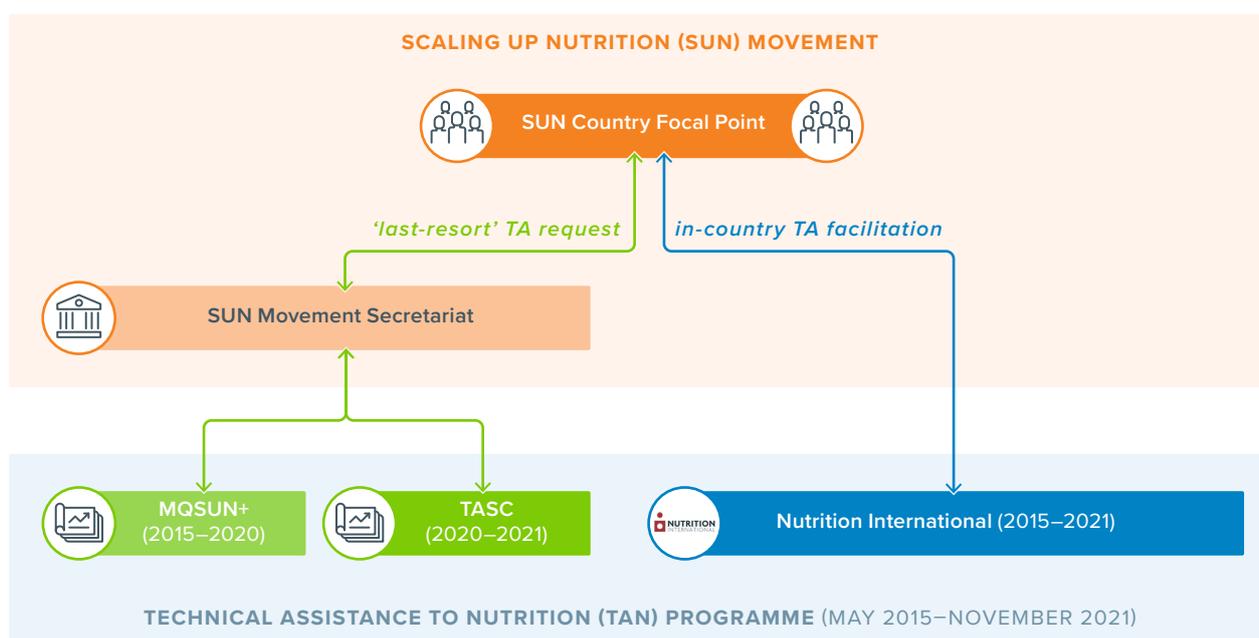
### Introduction

#### Technical Assistance for Nutrition programme

The Technical Assistance for Nutrition (TAN) programme is a 6.5-year (May 2015–November 2021), £35.8 million Foreign, Commonwealth and Development Office (FCDO)-funded initiative that provides support to the Scaling Up Nutrition (SUN) Movement and FCDO staff. The Maximising the Quality of Scaling Up Nutrition Plus (MQSUN+) programme was a Technical Assistance (TA) facility within the larger TAN programme which SUN countries could access from 2015 to 2020. MQSUN+ was designed a last-resort TA provider (i.e., where no other options or capacity for meeting TA needs were available at country level) and received context-specific expertise requests from the SUN Focal Points through the SUN Movement Secretariat (SMS). This facility promoted a ‘demand-driven’ model, whereby technical support and expertise were available to overcome capacity gaps in the design and delivery of national multisector nutrition plans and other key elements of the government’s planning and implementation cycle. Following the end of MQSUN+ in 2020, the Technical Assistance to Strengthen Capabilities (TASC) project was established as a follow-on TA facility with a similar approach, led by DAI with NutritionWorks and Development Initiatives as consortium partners.

In addition to MQSUN+, countries were able to access TA through Nutrition International’s Nutrition Technical Assistance Mechanism (NTEAM), under the TAN programme. Nutrition International (NI) provides longer-term in-country support, responding to direct requests from the SUN Focal Point and agreed through prioritisation exercises with members of multi-stakeholder platforms.

Figure 1: Country Requests to MQSUN+, TASC and NI



## Purpose / objectives of the case study

To understand the effectiveness of TA design and provision, TASC undertook a series of case studies of TA provided by MQSUN+ to a number of countries, selected according to a set of pre-defined criteria.<sup>1</sup> The studies were undertaken in consultation with PATH, the MQSUN+ consortium lead, but without their direct involvement. These case studies will be used to identify best practices and lessons learned, to inform the future design and provision of TA.

Using the pre-defined criteria, the review team selected six case study countries from a list of 14 countries where MQSUN+ provided TA between 2017 and 2020. The following countries were selected based on:

1. **Guinea:** the range of deliverables produced (Nutrition Policy, Nutrition Strategic Plan, Nutrition Stakeholder Mapping, and an advocacy and communication plan).
2. **Honduras:** location, short duration of support, and the provision of 'remote' TA (versus in-country visits) by MQSUN+ international consultants.
3. **Madagascar:** location and the range of deliverables produced (costed National Nutrition Policy, monitoring and evaluation (M&E) plan, and an implementation plan).
4. **Somalia:** the emergency/humanitarian context and the deliverables produced (Common Results Framework (CRF) and Multisectoral Nutrition Strategy (MSNS)).
5. **Tajikistan:** location (Central Asia), the recent validation of the Multisectoral Nutrition Plan (MSNP), and the range of deliverables produced (policy/programme review, CRF and MSNP).
6. **Yemen:** location, emergency/humanitarian context, the provision of 'remote' TA (versus in-country visits) by MQSUN+ international consultants, and the range of deliverables produced (costed CRF, Multisectoral Nutrition Action Plan (MSNAP), M&E plan, and an advocacy and communication plan).

The case studies aimed to assess effectiveness across the TA process, including design, provision, production of outputs and onward uptake and utilisation and considered the following elements:

- Relevance and responsiveness to country context, priorities and needs
- Country capacity to contribute to and absorb TA outputs
- Quality and accessibility of outputs
- Contribution of TA outputs to: scale, enhancing GESI outcomes, governance, multisectoral coordination and collaboration, enhanced quality of programmes and policies, improved monitoring of progress in nutrition, effectiveness at leveraging resources.

Key lessons learned from this study will feed into a synthesis report and a guidance note for use by those requesting TA (e.g. country governments and other partners) and those providing TA (SMS, national and international TA providers, United Nations (UN) agencies, non-governmental organisations (NGOs), civil society organisations (CSOs), academia).

<sup>1</sup> Stable/fragile conflict-affected context; long-term/short-term TA provision; types of support provided (national nutrition plans/policies, advocacy/communication strategies, M&E plans, costing, development of roadmaps etc.); 'remote' versus in country provision; geographical location and language

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### 1. Guinea

#### Key Findings

- Involving sub-national stakeholders in technical assistance (TA) design is essential to ensure their TA needs are considered and to improve their ownership of the process.
- Providing a dedicated expert in gender, equity and social inclusion (GESI) and nutrition would help ensure GESI is better incorporated into national plans.
- Having a core country team to liaise with the TA consultant, including women and representatives of other marginalised groups, can improve the timeliness of the process and help ensure better uptake and utilisation of the TA products in future.
- A costed and funded validation and dissemination plan for all relevant TA outputs would help in the dissemination and utilisation of the TA outputs, particularly at sub-national level.
- Continued TA support should be considered to support country stakeholders in disseminating TA outputs and establishing systems for effective use of the TA outputs.

## 1.1 Case Study Background

### 1.1.1 Nutrition situation in Guinea

The Guinean economy is largely dependent on mining and agriculture. However, low productivity, poor farming techniques and significant post-harvest losses undermine the agricultural sector, while poor road infrastructure hinders access to markets. Moreover, Guinea faces major socioeconomic and political challenges, leaving 20% of the Guinean population living in extreme poverty and more than 17% of households being food insecure.<sup>2</sup> This situation is exacerbated by the high prevalence of infectious diseases and limited care-seeking behaviours of the population following the 2014 Ebola outbreak.<sup>3</sup>

The nutritional situation of women and children in Guinea remains precarious. As of 2020, 30.3% of children under five years of age are stunted, 9.2% of children under the age of five are wasted, and 50.6% of women of reproductive age are anaemic.<sup>4</sup>

Guinea joined the SUN Movement in 2013, with a joint letter of commitment from three government ministers from the Ministries of Health, Agriculture and Social Welfare. A multisectoral platform, the Technical Group for Nutrition and Food (GTNA),<sup>5</sup> was set up and was functional until the 2014 Ebola outbreak, when it became the food security and nutrition cluster.<sup>6</sup> In March 2016, the multisectoral platform successfully transitioned back to the GTNA, led by the Ministry of Health.<sup>7</sup>

2 IFAD, Investing in rural people in Guinea, June 2019

3 SPRING Guinea Nutrition Assessment 2015 <https://www.spring-nutrition.org/publications/reports/guinea-nutrition-assessment> [accessed 28/08/2021]

4 Global Nutrition Report 2020

5 Groupe Technique de nutrition et alimentation

6 SUN website for Guinea <https://scalingupnutrition.org/sun-countries/guinea/> [accessed 26/08/2021]

7 Guinea SUN Movement Annual Progress Report 2016

The GTNA is made up of approximately 35 representatives from government sectoral ministries (both nutrition-sensitive and nutrition-specific), civil society (international and local non-government organisations), UN agencies and the private sector.

### 1.1.2 MQSUN+ technical assistance to Guinea

MQSUN+ provided TA to Guinea between May 2018 and April 2020 to develop a series of products, collaborating closely with the SUN Focal Point based in the Ministry of Health in the capital, Conakry. The TA products included:

1. Guinea's Multisectoral National Nutrition Policy (2018–2030)<sup>8</sup>
2. Guinea's Multisectoral National Nutrition Policy (2018–2030) Budget
3. National Multisectoral Nutrition Strategic Plan (2019–2024),<sup>9</sup> which was costed
4. Mapping of nutrition stakeholders in Guinea and proposals for scaling up<sup>10</sup>
5. Communication and Advocacy Strategy – Activity Plan 2019–2020<sup>11</sup>

The review of the Multisectoral National Nutrition Policy and the National Multisectoral Nutrition Strategic Plan was completed in October 2018, and the other products were completed at the end of October 2019. However, additional quality control inputs were needed by the PATH team, and the finalised products were not delivered until May 2020.

## 1.2 Methods and Limitations

An outline framework was developed for consultation with country stakeholders through key informant interviews and focus group discussions. This was based on the review objectives and key areas (as detailed above), and tailored according to the country's context, the type of TA provided, and the stakeholders concerned. Due to the COVID-19 pandemic, the interviews were conducted remotely, via Microsoft Teams.

The SMS Country Liaison Team representative for Guinea facilitated the connection with the SUN Focal Point in Guinea, Dr Diény Kaba, who is also the National Director of Family Health and Nutrition. Dr Kaba delegated the task of responding to the interview to Dr Mamady Daffé, the former SUN Focal Point at the time of the TA support. Furthermore, the list of participants at the launch of the National Multisectoral Nutrition Policy was reviewed to identify additional potential interviewees.

A total of 18 stakeholders were invited to participate in this exercise, including the former SUN Focal Point, representatives from government ministries (nutrition-sensitive and nutrition-specific sectors), civil society (international and local non-government organisations), UN agencies, a member of PATH, and TA providers. Nobody from the donor community responded to the request for interview. A total of 11 people responded and participated in the interviews.

Seven stakeholders could not be reached or did not attend scheduled appointments. Several respondents who participated in the validation of the final TA products had not previously been involved in the TA design and process, either because they were not asked to participate, or due to staff turnover. The TA was completed just before the COVID-19 pandemic, and as such, much of the follow-up work was not initiated until 2021.

8 Politique Nationale Multisectorielle de Nutrition de la Guinée (2018–2030)

9 Plan Stratégique National Multisectoriel de Nutrition (2019–2024)

10 Cartographie des intervenants des actions en nutrition en Guinée et propositions de la mise à l'échelle

11 Stratégie de communication et de plaidoyer – Plan d'activités 2019–2020

## 1.3 Findings

### 1.3.1 TA design

#### Demand for TA and priorities

The government conducted a situational analysis which was used to help define the TA needs. These were then discussed during the 2016 SUN Joint Annual Assessment (JAA), led by the SUN Focal Point with the participation of GTNA members. To help countries identify their needs, the SUN self-assessment report template outlines the services available to support SUN countries in achieving their national nutrition priorities. Using this list as a starting point, Guinea's priorities for 2016–2017 were identified. These included:

- Fourteen priorities relating to 'Managing the policy and budget cycle'
- Twelve priorities relating to 'Social mobilisation, advocacy and communication'
- Five priorities relating to 'Coordination'

Further details can be found in Guinea's 2016 Annual Progress Report of the SUN Movement.<sup>12</sup>

The identified TA needs were further refined and prioritised by country stakeholders in consultation with the SMS during the SUN Global Gathering in Abidjan in 2017. Guinea subsequently submitted their request for TA to the SMS, and a Terms of Reference (ToR) was developed and shared with MQSUN+, who identified a team of international consultants to support Guinea in developing the products described in section 3.

Guinea updated the 2005 National Nutrition Policy and developed a National Multisectoral Nutrition Plan, although the participants of the self-assessment workshop all felt a review of these documents would be beneficial, to ensure they reflected the latest global evidence and were truly multisectoral. In addition, participants agreed that mapping stakeholders and costing the plan would be essential to its roll out. Given the renewed interest in nutrition and the urgent need to attract funding (from both the government budget and donors), all participants noted the need for a clear advocacy document as a key priority. Many respondents stated that as nutrition in Guinea is chronically under-funded, the need for fundraising underpinned the development of the whole set of products.

#### Capacity considerations

Guinea's in-country capacity to respond to prioritised TA needs was considered in the final request for TA submitted to the SMS, who in turn contacted MQSUN+. One respondent highlighted weak in-country capacity for nutrition, as the country had only started prioritising nutrition in recent years, meaning international consultants were needed to develop strong multisectoral strategic documents for the country. Several respondents noted the important and indispensable added value of international consultants in bringing the various stakeholders together and fostering multisectoral dialogue among participants.

In response to the request, MQSUN+ hired four international consultants to provide TA to Guinea: two consultants for the revision of the National Multisectoral Nutrition Strategic Plan, the policy and the mapping exercise; one consultant for budgeting the plan; and one consultant for the development of the communication and advocacy document. A local consultant was also recruited to provide in-country support and follow-up. All respondents reported that the international consultants had excellent experience in their areas of expertise, and their inputs were well received.

In addition, UNICEF and WHO supported logistical costs not covered by MQSUN+, such as meeting venues, workshop costs, and participants' transport costs and per diems.

<sup>12</sup> <https://scalingupnutrition.org/wp-content/uploads/2016/06/Guinea-Conakry-Joint-Assessment-2016-Fran%C3%A7ais.pdf> [accessed 4/10/2021]

## Involvement of stakeholders

Respondents believed that the process of identifying TA was conducted in an inclusive manner involving different stakeholders at national level. However, sub-national stakeholders were not included, and nor were women or representatives of other potentially marginalised groups. The reasons given for not including these participants were time and cost, although one sub-national level respondent stated that they would have been willing to travel to the meeting had they been invited.

A workshop to jointly develop inputs for the 2016 SUN Movement JAA report brought together 17 of the GTNA's 35 members. These comprised seven government staff from nutrition-sensitive and nutrition-specific sector ministries; four members from civil society; one university representative; three UN staff; one private sector representative; and one person from the National Assembly.<sup>13</sup> Nutrition-related TA needs and in-country capacity to meet these needs were discussed during this workshop. Based on a review of action plans of other countries in the Economic Community of West African States (ECOWAS), the GTNA recognised the need to recruit an international consultant to support the revision of the Multisectoral National Nutrition Policy and the National Multisectoral Nutrition Strategic Plan. The UN network was approached to see if they were able to fund these consultants, however, many agencies lacked both the in-country capacity or funds to support the request. Therefore, as TA provider of last resort, MQSUN+ were contacted to fill this much-needed capacity gap.

Several respondents noted the lack of donor participation in TA definition as a hindrance to developing the products and to subsequent fundraising for the Multisectoral Nutrition Action Plan.

As mentioned above, sub-national stakeholders were not involved in defining TA needs, and as a result, their needs were not represented in its design. One respondent stated they would have liked to have received training on effective communication for fundraising and advocacy, which they could have used at their local level. Several respondents noted the importance of including these stakeholders in future TA processes.

## Gender, equity and social inclusion

Consideration of gender, equity and social inclusion was included in the TA terms of reference, and respondents mentioned that sex-disaggregated data was used in the most recent situational analysis that guided the identification of TA needs. However, despite the participation of the Ministry of Social Welfare in the TA identification, the only GESI-specific needs identified were:

1. Engage parliamentarians in legislative advocacy, budget monitoring and public awareness (support to the Forum of Women Parliamentarians to accompany legislative engagement).
2. Establish decentralised structures and/or processes that support local planning and action and create a feedback loop between the central and local levels, including community groups and vulnerable groups.
3. Support vulnerable households with agricultural inputs and equipment, although this was partially supported by the Ministry of Agriculture, FAO and WFP.

No further information was available on whether these identified GESI-specific TA needs were met.

### 1.3.2. TA provision process

#### Timing and relevance

All respondents confirmed that the TA provided by MQSUN+ for Guinea was highly relevant and timely, as the National Nutrition Policy was outdated and other strategic documents for the implementation of multisectoral nutrition actions only existed in draft form. Therefore the TA support arrived at the right time to help the country to finalise these documents. The Multisectoral National Nutrition Policy was designed to be in line with the National Social and Economic

<sup>13</sup> 2016 SUN Movement Annual Progress Report

Development Plan 2016–2020 (PNDSE),<sup>14</sup> framing nutrition within the wider political and economic context.

Some respondents suggested that the consulting time allocated was insufficient, as it did not allow for field visits, which would have been beneficial. However, most respondents, namely the TA provider and the SUN Focal Point, felt that the number of consultant days was sufficient, and the problem was more that the TA process itself was severely delayed. This delay was due to several reasons, one being the slow responsiveness of the government SUN technical Focal Point. All decisions and communications had to be conducted by the government SUN technical Focal Point, so if this person was absent or busy, the process was stalled. Due to the overall length of the process (nearly two years), the international consultants were not continually available, also adding to the delay. Confusion over who should cover logistical costs also delayed the process, as the government had to ask in-country partners to cover the costs of stakeholder meetings. Due to this delay, many of the products had to be developed simultaneously instead of sequentially. For example, the mapping of stakeholders should ideally have been completed before the development of the advocacy document.

Several respondents mentioned that more in-country consultant time was needed for the development of the advocacy and communication strategy, particularly as in-country capacity for communication and advocacy was very low.

### Involvement of stakeholders

All GTNA members were involved in developing the various TA products according to their technical expertise. The TA consultants provided comments and recommendations by email. The SUN Focal Point then met with relevant GTNA members to discuss the comments and recommendations, and provided feedback after to the consultants. In-country workshops were conducted to develop and review the products at various stages, again combining different GTNA members as well as sub-national actors including selected regional health directors and local non-governmental organisations (NGOs).

A couple of respondents explained that because nutrition was not seen as a priority by the government, nutrition awareness was poor. Therefore, prior to starting the workshops, an orientation session on multisectoral nutrition was conducted to ensure that all stakeholders were aware of the process and were better able to provide relevant inputs. Many respondents felt that this was an important step in the development of the TA products.

The SUN Focal Point invited the relevant people to attend the various workshops and meetings which fed into the development of the outputs. There are no available attendance sheets for these workshops and meetings. The TA providers all stated they had little say on the matter of who should be invited to these meetings, and they were therefore doubtful as to whether all the right people were included, particularly those with sufficient knowledge or decision-making power and those representing civil society. Mapping stakeholders before initiating the development of strategic documents would have been helpful in identifying those responsible and ensuring their inclusion in the relevant workshops.

A team from the GTNA also conducted field visits to collect information and priorities at the regional level from local level stakeholders (local NGOs, government departments, etc). The TA providers conducted a review of the different sectoral plans to define the relevant priorities for each sector. Finally, as part of the stakeholder mapping exercise, a team of surveyors visited the implementing partners at grassroots level to administer a questionnaire on activities. One respondent suggested that a local consultant per region would have been helpful, to bring the realities of the field to the forefront and to ensure that the outputs included the sub-national perspective.

All respondents mentioned that, although providing TA remotely was feasible, a reliable internet connection is needed, and face-to-face meetings between in-country stakeholders are still necessary to liaise with the international consultant. Stakeholders also noted that dedicated

<sup>14</sup> Plan National de développement Social et Economique

in-country working sessions led by external consultants can facilitate better participation and focus. One respondent mentioned that remote support from the consultants would be useful in updating the national policy and plan following the mid-cycle evaluation (discussed further below).

### Empowering country-led action

The SUN Focal Point led the process of developing the TA outputs, and the TA consultants provided suggestions and comments that the country team reviewed under the SUN Focal Point's leadership. The SUN Focal Point facilitated the workshops and meetings in-country, while the TA consultants provided their support in preparing presentations and during the question-and-answer sessions.

The SUN Focal Point particularly appreciated the external perspective of the consultants in ensuring that high-impact interventions were included in the strategic document. During the review and revision of the Multisectoral National Nutrition Policy and the National Multisectoral Nutrition Strategic Plan, TA consultants provided clear explanations for the suggested additions. This was appreciated by several respondents as it facilitated on-the-job capacity building of the GTNA members. Due to limited country capacity, TA consultants conducted two sets of formal training: one on communications and advocacy, and the other on budgeting. This enabled participants to fully engage in the workshops. Several respondents mentioned that including more people in these training sessions would increase overall in-country capacity.

Pairing international consultants with national consultants was viewed as good practice in building in-country capacity. However, one of the respondents highlighted that the national consultant who had previously worked on the 2019 budget planning exercise was not part of the current team providing TA to Guinea for conducting a financial gap analysis. This was not considered to be an effective use of local capacity, and it was suggested that previously-trained local consultants should be considered for future TA processes. However, some respondents suggested that the national consultant hired by MQSUN+ was not strong enough to support the development of the TA outputs.

### Gender, equity and social inclusion

GESI was included in the development of the strategic documents, specifically in the development of the policy. A situational analysis was conducted in which the voices of women's groups at regional level were included, but not of other vulnerable groups; however, there were insufficient funds for similar consultations at community level. One respondent mentioned that nutrition Focal Points in the sectoral ministries are usually women, and they have "a better understanding of women's needs". However, in the final validation meeting, only 23 (30%) of the 75 guests invited were women.

Most respondents mentioned only the sex disaggregation of indicators as a way of including GESI in the strategic documents, and many deferred responsibility for GESI considerations to the National Agency for Economic and Social Inclusion (ANIES)<sup>15</sup>, under the Ministry of Social Welfare, which they believed to be responsible for GESI in Guinea. Although the final strategic documents do take GESI into account, the low GESI awareness among the stakeholders interviewed seems to indicate that this inclusion is primarily due to the TA consultant inputs.

Some respondents stated that more involvement of sub-national actors, particularly those responsible for implementation, could improve context-specific GESI actions in the development of these documents, particularly regarding the needs of the most vulnerable and difficult-to-reach populations. No respondents highlighted the need for GESI training. Finally, young people were not included in developing the various documents, yet several respondents felt their inclusion would be important in developing future strategic documents.

### Quality of TA outputs

All stakeholders interviewed found the documents to be of very good quality, and were satisfied with them.

<sup>15</sup> L'Agence Nationale d'Inclusion Economique et Sociale

### 1.3.3. Uptake and utilisation of outputs

In August 2021, partially in response to the various documents developed, a multisectoral strategic coordination platform<sup>16</sup> was formally created by the Prime Minister (Order 768/PM/SGG). A Focal Point was nominated within the Prime Minister's Office to guide a technical group in the multisectoral implementation of the National Multisectoral Nutrition Strategic Plan. This platform was originally created in 2019, but not formalised until July 2021 due to the COVID-19 pandemic.

However, the review found the TA products are currently only being used by a small number of stakeholders at the national level. This is because they have not been widely disseminated, although a national validation workshop was held and a dissemination plan was developed.

The National Nutrition Policy and the National Multisectoral Nutrition Plan were presented in the national-level validation workshop in September 2018, in the presence of MQSUN+ consultants. The workshop included 75 participants from government (including representation at sub-national level), UN agencies, multilateral agencies, donors, and local and international NGOs.

In November 2018, a high-level meeting on nutrition, hosted by the First Lady and attended by the Prime Minister and SUN Coordinator, was held to disseminate the Multisectoral National Nutrition Policy and the National Multisectoral Nutrition Plan. This meeting also enabled all high-level stakeholders to renew their commitment to nutrition (SUN Report EN 2019 Country Guinea). However, sub-national dissemination was not conducted due to lack of funding, and restraints caused by the COVID-19 pandemic.

The costing of the National Multisectoral Nutrition Strategic Plan and the advocacy documents were not finalised until April 2020. By May 2020, Guinea was in the grip of the COVID-19 pandemic, and the planned round table discussion with all donors had to be postponed. It was rescheduled for October 2021, followed by sub-national dissemination meetings in all Guinea's regions, but is likely to be delayed further due to the September 2021 coup d'état.

The SUN Focal Point intends to make the documents available on the SUN website, the West African Health Organisation (WAHO) website and the government website. However, the documents are not currently available online.

It was suggested that the same international consultants could continue to provide remote support updating strategic documents, and that the local consultants previously involved in TA should, depending on performance, be employed in future TA support to ensure continuity and to reinforce capacity building.

## 1.4. Key Messages and Lessons Learned from Guinea

### 1.4.1. TA design

#### Involvement of national and sub-national stakeholders

- Include a detailed budget when drafting ToRs, stating who will be responsible for what, and use this to secure financial and technical commitment. Joint cost-sharing of TA development is a helpful way to encourage country ownership, stakeholder participation and accountability.
- Ensure sub-national stakeholders are involved in TA design and process, to make sure their TA needs are considered, improve ownership of the process, and increase the relevance and uptake of TA outputs. Consider recruiting local sub-national consultants to better support sub-national engagement.

#### Assembling the TA team

- Consider the need for specific expertise related to gender, equity and social inclusion and nutrition within the TA team, bringing practical examples, tools and resources.

<sup>16</sup> Comité Stratégique Multisectorielle de Nutrition

- Consider pairing an international consultant with a national consultant to help increase in-country capacity. This qualified person should also be involved in future similar TA support.

### 1.4.2. TA provision process

#### Consensus on objectives and methods

- Create a core team, including women and representatives of other marginalised groups, to liaise with the TA consultant. This will ensure the process continues even if someone from the core team is absent, and will help ensure better future uptake and utilisation of the products.

#### Capacity development

- Consider including an initial dedicated phase of orientation and capacity strengthening in nutrition and GESI for country stakeholders before the development of outputs.

#### Involvement of stakeholders

- Map stakeholders before starting the process of developing strategic documents, to better identify who is responsible for key areas and decision making, and ensure they are included in the relevant workshops.

### 1.4.3. Uptake and utilisation of outputs

#### Validation, launch and dissemination

- Include the development of a costed and funded validation and dissemination plan for all relevant TA outputs, including identifying opportunities and resources to facilitate promotion and dissemination of outputs.

#### Capacity development

- Consider continued provision of TA for a set time following the production of outputs, to support the country in using the TA outputs effectively. For example, in Guinea's case this could include coordinating the use of the advocacy plan, and setting up budget tracking systems.

# Effectiveness of Technical Assistance:

## How has assistance provided to SUN countries by MQSUN+ (2017–2020) contributed to efforts to scale up nutrition?

### 2. Honduras

#### Key Findings

- The outputs developed by MQSUN+ were found to be comprehensive, meeting the needs and expectations of country stakeholders and providing a vision of how to improve nutrition in an emergency context.
- A legal framework is crucial in enforcing the scale up of nutrition-related interventions. Strategic actions recommended by technical assistance (TA) should be incorporated into the legal structure and institutional plans to ensure both their implementation and sustainability.
- Relevant ministries and government units (particular those responsible for developing policy, programmes, and interventions for nutrition) should be involved in the TA design and provision process, providing a multisectoral perspective and ensuring ownership and uptake of TA outputs.
- A clear scope defined with relevant country stakeholders during the TA design stage (i.e. the development of the expression of interest) ensures relevance and specificity.

## 2.1. Case Study Background

### 2.1.1. Honduras nutrition situation

Honduras joined the SUN Movement in 2019, as its 61st member and the fourth Central American country to join. The move signalled the Government's commitment to nutrition, with a corresponding policy agenda that has included updating the country's National Food and Nutrition Security Policy and Strategy (PyENSAN),<sup>17</sup> together with an associated Action Plan (2019-2023).

Honduras has highly unequal income distribution and vast disparities exist between urban and rural areas, regions, and social groups. More than half of the population (60%) live below the poverty line. Although almost three quarters (72%) of households depend on agriculture, the country is characterised by inequitable access to land, insufficient food production, high unemployment, and vulnerability to natural disasters. Twenty-three percent of children under five years old are stunted, which is higher than average for the region,<sup>18</sup> with rates of up to 40% in the Dry Corridor, where a large proportion of the indigenous population lives. Anaemia affects 29% of children under five, with a prevalence of up to 60% in babies aged 6-8 months. Fifteen percent of women and girls of reproductive age are also affected. An estimated 59.5% of adult (aged 18 years and over) women and 51.8% of adult men are overweight or obese.

<sup>17</sup> BORRADOR PYENSAN 2030 18012019 EC SL RM 3 editado FINAL.pdf (ceniss.gob.hn)

<sup>18</sup> <https://globalnutritionreport.org/resources/nutrition-profiles/latin-america-and-caribbean/central-america/honduras/>

### 2.1.2. MQSUN+ technical assistance to Honduras

MQSUN+, funded by the FCDO and led by, began providing TA to the Government of Honduras between June and September 2020.

At the onset of the COVID-19 pandemic in 2020, Honduras was faced with the unprecedented direct impacts of the virus as well as its indirect effects on food and nutrition security. As food production and commerce slowed, food security deteriorated, necessitating prioritisation of nutrition-related measures. Unidad Técnica de Seguridad Alimentaria y Nutricional (UTSAN)<sup>19</sup> (a unit established in 2015 within the Ministry of Coordination and responsible for public policy on Food Security and Nutrition) made a call for localised solutions. A multisectoral approach was emphasised to support food security and nutrition (FSN) and underpin the COVID-19 response. It was critical to garner support from a wide range of sectors and stakeholders, with the aim of galvanising greater political support for the actions required.

A series of emergency decrees were issued, the first of which created a cross-ministerial commission for a coordinated response to COVID-19, directed by the National Health and Security Ministries. To strengthen the integration of nutrition into the response, TA was requested through SMS to provide UTSAN with the necessary evidence, tools and documentation to support advocacy for high-level political commitment for nutrition in the COVID-19 response. They also wanted the TA deliverables to offer a baseline for the subsequent updating and strengthening of medium- and long-term policies and strategies for food and nutrition security.

The specific TA objectives were to support UTSAN with the materials necessary to create an 'Action and Strategic Operation Plan for Food and Nutrition Security during Coronavirus, within the PyENSAN Framework'. PyENSAN is the guiding framework that provides guidelines and strategic actions aiming to ensure access to adequate food and nutrition, with sustainable agri-food systems, and fostering communities that are resilient to crises and climate change. As a result, the following documents were developed:

- A revision of the legal framework of the official COVID-19 response in Honduras (Deliverable 0)
- A compilation of guidelines for the subsequent development of an 'Action and Strategic Operation Plan for Food and Nutrition Security during Coronavirus' (Deliverable A1)
- An advocacy document with guidelines for the integration of food and nutrition security (FNS) in the COVID-19 response (Deliverable A2)
- Suggestions for the reorganisation and updating of the National Food and Nutrition Security Policy and Strategy (PyENSAN) and the National Plan for Nutrition in the coming months (Deliverable A3)
- A series of guidelines for the adequate planning and management of food assistance (Deliverable B1)
- A summary of guidelines and tools for food and nutrition security planning, for use at the subnational level (Deliverable B2)

In addition, a list was compiled in conjunction with UTSAN regarding processes, steps and technical inputs which UTSAN and the rest of the National Food and Nutrition Security System (SINASAN) should implement, with the goal of scaling up and strengthening the food and nutrition system in favour of improving nutritional outcomes in Honduras.

## 2.2. Methods and Limitations

An outline framework was developed for consultation with country stakeholders through key informant interviews (KIIs) or focus group discussions. The review team initially contacted the SUN Movement's Country Liaison Team to connect with the SUN Focal Point and Technical Focal Point in country. A total of four stakeholders participated in the exercise.

<sup>19</sup> Technical Unit for Food and Nutrition Security (UTSAN)

Discussions were limited to the TA provider, the SUN Movement's Country Liaison Team (CLT) and UTSAN members (including the SUN Focal Point and Technical Focal Point). Although the review team requested contact details of any other stakeholders involved in the TA and those using the deliverables, UTSAN was unable to provide these. It should also be noted that as the TA was only of short duration (four months), it is assumed that only a limited number of stakeholders were involved.

## 2.3. Findings

### 2.3.1. TA design

#### Demand for TA and priorities

The need to integrate nutrition within the COVID-19 response was initially identified by UTSAN, and this was then directly communicated to the SMS CLT. The main stakeholders involved in the initial stages were the current SUN Focal Point who is also the current director of UTSAN and the former SUN Focal Point, initiated discussions on getting TA support with SMS in March 2020. Respondents stated there was also some engagement from academics and donors. A respondent added that more actors should ideally have been engaged at this stage, although in the context of the pandemic it was difficult to consult with a larger group of people, especially high-level civil servants who were already preoccupied with the COVID-19 response.

Respondents stated that the TA was timely and appropriate, as the TA reportedly helped to broaden the COVID-19 response to include nutrition. In addition, respondents widely agreed that the TA was critical in supporting the response plan during the initial stages of the pandemic and addressed the impacts of COVID-19 beyond the public health domain.

The SUN Focal Point (FP), who is placed in UTSAN, was informed by SMS of the request for TA using the MQSUN+ facility. It was reported that other TA providers were not identified or approached for this support. The EUROSAN-Occidente project<sup>20</sup> had previously provided TA to UTSAN, funded by the European Union (EU), working with the Secretariat of the General Coordination of Government through UTSAN to improve the food and nutrition situation in Honduras through innovative solutions to improve production and support the development of public policies. One aim of the MQSUN+ TA was to complement other pieces of work prepared or provided by EUROSAN-Occidente.

#### Scope

The TA was initiated at the end of the MQSUN+ contract, which generated pressure to start the TA as soon as possible. For this reason, the expression of interest (EoI) was left quite open. The international consultant contracted by MQSUN+ was initially requested to work on the review of the decrees, the advocacy document, and the document outlining suggestions for the reorganisation and update of the National Strategy for Food and Nutrition Security and the National Plan for Nutrition. However, expectations of the list of deliverables grew as the TA progressed. UTSAN requested additional support in developing guidelines for the planning and management of food assistance, and a summary document highlighting guidelines and tools for food and nutrition security planning for use at sub-national level.

The lack of clarity on the scope of the TA meant that the list of deliverables continued to grow, as the needs were many. One informant suggested that additional guidelines could have been developed internally at UTSAN. Therefore, an initial assessment outlining the deliverables required would have been valuable. This is to ensure the last-resort approach is maintained, and the TA provider is responding to TA requests which cannot be developed by in-country capacity.

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## National capacity to support and contribute to the TA process

For this particular TA, a formal process to assess capacity in country did not take place before or during the TA, although one respondent stated that UTSAN may have had the capacity to develop some of the deliverables requested of MQSUN+. Honduras has had many TA assignments completed through the EU, and more recently funded by UN agencies, and respondents highlighted that existing country capacity should be considered and taken into account during the design of the TA.

The consultant contracted had regional expertise, and country stakeholders found them to be an excellent choice, possessing the relevant expertise and background in nutrition as well good functional skills.

## Gender, equity and social inclusion

This TA assignment did not include explicit gender, equity, and social inclusion (GESI) considerations, and minimal efforts were reportedly made in ensuring the design incorporated GESI considerations in the objectives, scope of work and tasks. Moreover, the need for GESI expertise or the participation of women, girls, and other potentially disadvantaged groups in consultations were not considered in the TA design or during its provision. As one respondent noted, this is difficult to do in short-term consultancies, where the number of days is already very limited to achieve the set objectives.

### 2.3.2. TA provision

#### Timing of technical assistance

The timing of the TA was opportune in that the UN Office for the Coordination of Humanitarian Affairs (OCHA) and humanitarian assistance partners were seeking a national plan related to FSN and the pandemic. Respondents also found that although the TA was a short-term consultancy, given that the effects of the pandemic will continue for some time, updates to the Action and Strategic Operation Plan for Food and Nutrition Security will be necessary, and the work of the MQSUN+ consultant provides a good base for conducting these.

#### Remote TA provision

Due to the constraints of the pandemic, the consultant provided online remote support to UTSAN, using Zoom for meetings, emails for validation and approval of the outputs, and WhatsApp to maintain regular discussions. This mode of support was considered to have worked very well and was said to have not compromised the quality or effectiveness of TA provision, although country stakeholders said that in-person support would have been preferable if circumstances had permitted, for better engagement with various sectoral stakeholders as well as high-level civil servants, enriching the quality of the outputs.

#### Capacity development

The TA provision process reportedly helped to build some capacity informally (through meetings and emails) within UTSAN, although there was very little engagement outside of UTSAN and thus capacity development was limited. One respondent remarked that the TA should be “a gap filler,” and the TA should fulfil an urgent need whilst simultaneously providing the tools to address future needs. Ultimately, the TA process itself should foster capacity development, by engaging with actors delivering programmes locally and promoting a ‘learning by doing’ approach. As noted previously, this approach was not taken and some deliverables could have been developed nationally. A ‘learning by doing’ approach would have been more challenging to adopt due to the short duration of the TA and the necessity of remote provision only.

## Involvement of government ministries and international actors

During initial discussions to prepare the EOI, the SUN Focal Point assigned a liaison person to participate and collaborate with the consultant. The current SUN Technical Focal Point was given this responsibility, and had regular meetings with the consultant to share feedback from country stakeholders and to validate the outputs. Otherwise, the TA outputs were developed independently by the consultant, with feedback on drafts provided primarily by UTSAN. UTSAN did attempt to engage other stakeholders throughout the TA provision process, but were unsuccessful due to competing priorities.

Country respondents stated they would endeavour to involve more actors from all sectors for future TA, and emphasised that although UTSAN is mandated to coordinate public policy around FSN, they should not be the only actors involved in these types of TA.

## Availability and use of data

The TA consultant conducted a comprehensive desk review of policies, emergency decrees, food security law, a review of secondary data (from FAO and OCHA), previous TA deliverables (provided by EUROSAN) and public spending reports. In addition, the consultant had access to an analysis of public spending on food security completed in 2019, and an analysis of the costs of the double burden of malnutrition.

## Gender, equity and social inclusion

In the process of developing the guidance documents, the TA consultant reviewed existing guidance on gender in the context of COVID-19, focusing particularly on revisions and actions required to ensure gender-sensitivity. An example of this is the review of evidence published by the National Institute for Women (INAM)<sup>21</sup>, which analysed the gender equity integration included in the food security and nutrition policy in comparison, which was included in the FNS guidelines for sub-national level.

Representatives from marginalised, vulnerable and indigenous population groups did not participate in the TA process, but it is expected that changes made as a result of this TA may have an impact on these groups. For example, the TA provider included a chapter on gender mainstreaming in deliverable A3 (Suggestions for the reorganisation and updating of the National Strategy for Food and Nutrition Security and the National Plan for Nutrition), specifically recommending adaptations to target priority vulnerable groups who are disproportionately affected by the pandemic (e.g. school children without access to school meals, informal workers, and families in urban areas with high population densities).

### 2.3.3. Quality of the TA outputs

Respondents agreed that the deliverables developed through the TA by MQSUN+ were of good quality. The TA was found to be comprehensive and to meet the needs and expectations of country stakeholders, who stated the outputs have empowered them and provided a vision of how to improve nutrition in an emergency context. In addition to identifying gaps and opportunities to improve nutrition outcomes, the TA documented achievements, providing country stakeholders with a sense of positive reinforcement.

### 2.3.4. Utilisation/outcomes of TA provision

#### Launch and dissemination of TA outputs

Although no launch event or communication strategy was prepared to formally launch and disseminate the TA outputs, the TA provider did have an opportunity to present key findings via a validation meeting attended by UTSAN. Respondents noted that as the specific intention was to present the TA findings to high-level civil servants from relevant sectors (including health, agriculture, finance) the TA outputs were not widely shared at senior government level.

<sup>21</sup> The National institute for Women

However, the recommendations were promoted at sub-national level through several meetings between UTSAN and select municipalities to present recommendations in relation to planning and resource assignment. The advocacy document, which aims to secure high-level political commitment, has not yet been utilised. Respondents attributed this to the upcoming elections in Honduras and the current complex political context. The outputs have also been shared with some key stakeholders, including the EU.

### **Uptake of outputs**

Stakeholders from UTSAN reported they have reviewed and digested the outputs' contents, and utilised many of the TA's recommendations, in particular on engagement at local level to mobilise municipal authorities. Country participants noted that key messages from this TA were relayed during meetings with local government, with the aim of promoting nutrition-related activities in their plans.

UTSAN have confirmed two main instances of utilisation. Firstly, the Escuela Agrícola Panamericana Zamorano, a university, is redesigning a diploma on food security and nutrition, focusing on nutrition monitoring. Secondly, based on the key points highlighted in the guidelines for developing an FNS action plan during COVID-19, EUROSAN has commissioned TA to support local authorities in understanding what changes have been implemented and to diagnose the planning capacity at that level.

### **Capacity development**

As well as the additional TA commissioned to support local authorities in planning, UTSAN has recruited new staff to support sub-national implementation. There are 298 municipalities in Honduras, organised into 40 groups called Mancomunidades. The purpose of these groups is to share budgets and collectively prioritise actions (e.g. construction of health centres, roads). UTSAN have been strengthening the integration of nutrition through these groups, including the recruitment of three nutritionists to support implementation and strengthen capacity in three Mancomunidades, with plans to extend this to other Mancomunidades.

### **Engagement with ministries**

Respondents reported how UTSAN has attempted to influence the Ministry of Health (MOH) to prioritise nutrition-sensitive and nutrition-specific interventions, based on the findings and recommendations of the TA, in particular prioritising the first 1,000 days of life. UTSAN recognises that financial mechanisms (such as the budget) can be utilised to leverage and place conditions on the MOH to meet certain indicators, and thus UTSAN has been advocating for the commitment of financial resources. MoH has tentatively planned to create a nutrition-specific unit, however more support and action from its leadership is required to actualise this.

The key objective for this TA was to support the integration of FSN in the COVID-19 response, however UTSAN have so far been unable to engage and influence other ministries, in particular the Ministry of Social Development, which is responsible for delivering food assistance in the COVID-19 response.

### **Political economy and stakeholder mapping**

In terms of issues and constraints in using the outputs and implementing the recommendations, UTSAN expressed the need to work more closely with the institutions and ministries responsible for developing policy, programmes, and interventions for nutrition from a multisectoral perspective. Respondents found recommendations difficult to implement, as the TA did not involve the relevant stakeholders and sectors, due to many competing agendas and priorities including the response to the pandemic, upcoming elections, and the process of building back from devastating tropical storms that recently hit the country.

## Empowering country-led action

Respondents described how the outputs have contributed to the re-design of the new Food Security Policy by UTSAN which is due to be updated in 2023, as the recommendations from the TA will be integrated. In addition, the legal framework on food security is being modified and redrafted to include nutrition., although this cannot be exclusively be attributed to the TA delivered by MQSUN+, as other forms of TA have been implemented prior to and since MQSUN+'s involvement, all of which have had an influence. Respondents emphasised that a legal framework is crucial in enforcing the scale- up of nutrition-related interventions, and that actions recommended by TA should be incorporated into the legal structure and institutional plans to ensure both their implementation and sustainability.

Country stakeholders recognise that it is difficult to implement and comply with set plans due to budgetary constraints. Although there is public spending on agriculture, very little is allocated to nutrition programmes. Respondents reported that there have been no changes in budgeting recently, and there needs to be a stronger push and advocacy by relevant ministerial stakeholders at the high political level for budgetary allowance for nutrition.

## 2.4. Key Messages and Lessons Learned from Honduras

### 2.4.1. TA design

#### Agreement on TA scope

- Jointly agree on TA priorities and ensure the scope in the EOI is specific and relevant.
- Identify and rationalise the key deliverables required during the EOI development process, to ensure the most pressing needs are met and avoid scope creep. The EOI should address urgent TA requests which cannot be developed by in-country capacity.

#### Assessing in-country capacity in relation to the scope

- Ensure the TOR and TA design are informed by an assessment of in-country capacity, skills and availability to support the development and implementation of TA outputs by the country stakeholders.
- Research and consider country stakeholder contexts, in particular timeframes and cycles, to ensure the relevant country stakeholders are able to fully engage and take ownership (e.g. elections, policy, plans, programmes, budgets).

#### Involvement of national and sub-national stakeholders

- Ensure the involvement of both national and sub-national stakeholders in the TA design, to ensure the TA meets need and promote uptake of TA. Conduct a stakeholder mapping exercise to identify key stakeholders for engagement.
- Ensure the TA design includes a clear description of roles and responsibilities of country stakeholders, and that the importance of their inputs and feedback is discussed early on.

#### Assembling a team

- Provide country stakeholders with CVs or profiles of TA consultants with various expertise levels to ensure a good match of skills to needs and priorities, and complementarity with existing in-country capacity.
- Consider the need for specific expertise related to gender equality, equity and inclusion, and nutrition within the TA team, bringing practical examples, tools and resources.
- Consider the need for regional/bilingual nutrition expertise in countries with limited working English knowledge.

## 2.4.2. TA provision process

### Remote TA provision

- Integrate interactive and participatory approach (including assignment of specific tasks and participation in interactive exercises) with country stakeholders, adopting a 'learning by doing' approach, via online webinars and workshops.

### Involvement and ownership of country stakeholders

- Define the roles and responsibilities of the TA provider and the country stakeholders involved in the process of document development, to ensure full participation and ownership of all relevant stakeholders. A checklist of suggested stakeholders with specific roles and responsibilities (including GESI expertise with the responsibility to ensure integration) would be helpful in better identifying those who should contribute to the process.
- Take into account the current political economy for nutrition and proactively discuss/support country stakeholders to consider how best to utilise the TA outputs within the current context (such as during an election).

## 2.4.3. Utilisation of TA

### Validation, launch and dissemination

- Consider the development of a costed dissemination plan for all relevant TA outputs as part of the TA provision, including supporting the development of resources, such as handover notes, standardised presentations and policy briefs (for different audiences at national and sub-national levels).

### Support sub-national uptake

- Consider supporting country stakeholders with implementation of recommendations at the sub-national level. Sub-national planning processes can be supported through the provision of resources (such as roadmaps, standardised presentations, and briefs) for regional and community audiences.

# Effectiveness of Technical Assistance:

## How has assistance provided to SUN countries by MQSUN+ (2017–2020) contributed to efforts to scale up nutrition?

### 3. Madagascar

#### Key Findings

- Involvement of sub-national stakeholders in technical assistance (TA) design is essential to ensure their TA needs are considered and improve their ownership of the process.
- Providing a dedicated expert in gender, equity and social inclusion (GESI) and nutrition would help to ensure GESI is better incorporated into national plans.
- A costed and funded validation and dissemination plan for all relevant TA outputs would help in the dissemination and utilisation of TA outputs, particularly at the sub-national level.
- Continued TA support should be considered to support country stakeholders in disseminating TA outputs and establishing systems for effective use of the TA outputs.

### 3.1. Case Study Background

#### 3.1.1. Madagascar context and nutrition situation

Madagascar has one of the highest rates of childhood stunting in the world. Just under half the children (42%) are chronically malnourished, 6.4% of children under five years old are wasted, and over half the country's population struggles with food insecurity.<sup>22, 23</sup> In addition, 36.8% of women aged 15-49 years are anaemic and 17.1% of infants have a low birth weight.<sup>24</sup> Madagascar's extreme weather conditions have intensified due to climate change, with several cyclones devastating the country each year and recurrent drought, particularly in the south, increasing food vulnerability. COVID-19 has only served to exacerbate this situation.<sup>25</sup>

Emphasising its commitment to nutrition, Madagascar joined the SUN Movement in 2012, with a letter of commitment from the National Nutrition Office (ONN).<sup>26</sup> The ONN, a multisectoral government organisation, is linked to the Office of the Prime Minister and is operational at both national and regional levels via the Regional Nutrition Office (ORN).<sup>27, 28</sup> Madagascar has five SUN networks, representing civil society, research, donors/UN, private sector and government (President of the Permanent Bureau of the National Nutrition Council).<sup>29</sup> In addition, there are designated nutrition focal points in the Ministry of Water, Sanitation and Hygiene; Ministry of Education; Ministry of Agriculture, Livestock and Fisheries; Ministry of Population; and Ministry of Public Health.<sup>30</sup>

22 World Food Programme Madagascar Country Brief, July 2021.

<https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-0000131081%20%281%29.pdf> [accessed 05/08/2021]

23 INSTAT et UNICEF. 2019. Enquête par grappes à indicateurs multiples MICS Madagascar, 2018, Rapport final. Antananarivo, Madagascar: INSTAT et UNICEF

24 <https://globalnutritionreport.org/resources/nutrition-profiles/africa/eastern-africa/madagascar/> [accessed 05/10/2021]

25 <https://www.actionagainsthunger.org/countries/africa/madagascar> [accessed 05/08/2021]

26 Office National de Nutrition

27 Office National de Nutrition

28 <https://scalingupnutrition.org/sun-countries/madagascar/> [accessed 21/07/2021]

29 Président du Bureau Permanent du Conseil National de Nutrition

30 Ministère de l'Eau de l'Assainissement et de l'Hygiène, Ministère de l'Education Nationale, Ministère de l'Agriculture de l'Elevage et du Pêche, Ministère de la Population et Ministère de la Santé Publique.

In 2016/2017, the ONN, with support from a UNICEF consultant, led the development of Madagascar's National Action Plan for Nutrition 2017-2021 (PNAN III),<sup>31</sup> which is the third iteration of the country's multisectoral nutrition plan. This plan seeks to guide the planning, implementation, monitoring and evaluation of interventions across sectors relevant to nutrition, in line with the National Nutrition Policy 2004. The PNAN III comprises several related documents, including the main flagship document, an implementation plan, and an M&E plan. During the development of the PNAN III, many stakeholders highlighted the need to review the National Nutrition Policy, which dated from 2004.

### 3.1.2. MQSUN+ technical assistance to Madagascar

MQSUN+ provided TA to Madagascar from September 2017 to May 2018, collaborating closely with the ONN in the capital, Antananarivo. The TA outputs included:

- Review and updating of the National Nutrition Policy
- Development of an M&E plan to complement the PNAN III
- Development of an implementation plan for the PNAN III

The TA was supported by three consultants: two international consultants hired by MQSUN+ and one national consultant hired by UNICEF.

This case study focuses on the M&E plan, although many interviewees also referred to the process of developing the PNAN III (which was not supported by MQSUN+) and the PNAN III implementation plan.

## 3.2. Methods and Limitations

To initiate the case study data collection and identify stakeholders to be interviewed, the SMS Country Liaison Team Focal Point for Madagascar facilitated an introductory meeting and first consultation with the ONN's National Coordinator. The National Coordinator contacted the focal points of the five SUN networks and key ministries, as well as the regional coordinators of four ORN. In addition, the list of participants that attended the launch of the PNAN III was reviewed to identify further potential interviewees.

A total of 17 stakeholders were interviewed, including the current and former SUN technical focal points, ONN representatives at national and regional levels, government ministries (nutrition-sensitive and nutrition-specific sectors), civil society, researchers, private sector, UN agencies and the TA providers.

Four stakeholders could not be reached or did not attend scheduled appointments. At a regional level, the exercise was limited to interviews with stakeholders from the ORN who had been nominated by the ONN, although the civil society network representative participated in the study and this network represents members at sub-national level.

Many of the respondents involved in the TA design and process have since retired, and newly-appointed staff were not involved in developing the M&E plan. Furthermore, there was a risk of recall bias as the TA was provided nearly four years ago.

31 Plan National d'Action pour la Nutrition 2017–2021

## 3.3. Findings

### 3.3.1. TA design

#### Demand for TA and priorities

The development of the PNAN III and related documents was initiated following the end of PNAN II in 2015. The government commissioned an evaluation of the PNAN II which highlighted gaps in implementation, and consequently recommended the development of an implementation plan to accompany the PNAN III and a more system-oriented M&E plan for better follow-up.

As part of the Joint Annual Assessment, four priority needs for TA were identified in the 2016 Madagascar SUN Movement Annual Progress Report: to support the development of the PNAN III, its implementation plan, and M&E plan, as well as support the development of a study protocol for a National Micronutrient Survey.

UNICEF supported the development of the PNAN III in 2016/2017. However, during this process, many stakeholders mentioned that the National Nutrition Policy, which dated from 2004, also urgently needed to be updated.

With UNICEF and WFP deciding to support the development of the PNAN III and the micronutrient survey protocol, MQSUN+ agreed to support the revision of the National Nutrition Policy, and the drafting of the implementation and M&E plans.

The details of the TA needs were defined through several email exchanges between the National Coordinator for ONN and the SMS Country Liaison Team, and the Terms of Reference (TOR) of the TA were finalised. The SUN Focal Point nominated a technical focal point within the ONN to lead the development of the PNAN III and its related documents.

#### Involvement of stakeholders

The process of identifying TA needs was conducted in an inclusive manner, involving different stakeholders at national level. As part of the drafting process for the 2016 Madagascar SUN Movement Annual Progress Report, the ONN held a meeting with SUN networks and ministerial focal points to discuss and identify TA needs for the country. However, respondents who attended this meeting stated that they were not aware of the full range of support available from the SMS, and that having a better understanding of the potential support available could have helped to better define the TA required.

During the development of the outputs, the roles and responsibilities of the national stakeholders were reportedly not clearly defined. Therefore, when asked to participate in writing up the M&E plan, many felt this was the responsibility of the national and international consultants. Including the roles and responsibilities of the national stakeholders in the TA design and the development of the TOR could greatly improve the participation of these stakeholders in the development of the TA outputs.

Several respondents noted as a constraint the lack of involvement of sub-national-level stakeholders in identifying TA needs, with insufficient time allocated for their consultation. As a result, their needs were not represented in the TA design.

#### Capacity considerations

UNICEF hired an international consultant to support the development of the PNAN III in 2016/2017. Several months later, for the development of the PNAN III M&E plan, implementation plan, and the review of the National Nutrition Policy, MQSUN+ hired two international consultants whilst UNICEF recruited the local consultant. The ONN also requested financial support from its partners to cover the logistical costs of face-to-face meetings. This cost-sharing approach helped to foster country ownership and encourage stakeholder participation and accountability. However, the development of the M&E and implementation plans suffered setbacks due to delays in transferring funds from the partners to ONN.

The respondents reported that the national and international consultants had excellent experience in developing action plans and implementation plans, which was well-received. However, the technical expertise of the consultants in relation to the development of the M&E plan was felt to be at the same level as the national capacity, therefore they did not add to the country knowledge on M&E. The country stakeholders were aware their current M&E framework was not fully functioning and wanted more guidance and/or innovative ideas from the international consultants. The SUN country focal point was not involved in selecting the consultants, which many respondents felt would have been helpful in identifying the right profiles to match the country's capacity gap.

All respondents confirmed there was sufficient in-country capacity for developing the M&E and implementation plans. A few respondents highlighted that a more formal capacity assessment tool to guide and improve the process of identifying in-country capacity for TA needs would have been helpful to better identify and mobilise in-country capacity.

When pushed regarding the added value of international consultants, all respondents highlighted that the international consultants brought "fresh new ideas" and experience from other countries as well as the latest global evidence in nutrition, which most national stakeholders do not have the time to research. One respondent highlighted that the international consultants also provided an objective, neutral point of view; necessary when dealing with multisectoral partners with competing priorities. Many respondents admitted the presence of the international consultants was instrumental in bringing the different stakeholders together and ensuring timely responses, as well as supporting the ONN to focus on the necessary activities whilst juggling daily duties.

Pairing the international consultants with a national consultant was viewed as good practice as it helped to ensure that the local context was considered throughout the process. However, it was not seen by respondents as a mechanism to increase in-country capacity, as the national consultant was not from the government.

## Gender, equity and social inclusion

Gender equity and social inclusion was not explicitly included in the identification of TA needs. Most respondents only mentioned the sex disaggregation of indicators as a way of including GESI in the M&E plan, and many deferred the response to GESI TA needs to the civil society network, as they work with vulnerable groups, and to the Ministry of Population, Social Protection and Promotion of Women,<sup>32</sup> which they believed to be responsible for GESI in Madagascar. Only one respondent referred to the National Gender and Development Action Plan 2004–2008<sup>33</sup> of the Ministry of Population, which analyses the GESI context in Madagascar and the need for strengthening GESI in the country.

One respondent highlighted a real lack of in-country capacity to support the effective inclusion of GESI in all stages of TA support. As such, the country is ill-equipped to identify, prioritise and request TA with regards to GESI. GESI tools, frameworks, guidelines, and checklists would have been useful in helping the country's stakeholders identify the GESI gaps in the country and prioritise related TA needs for nutrition. One respondent, who has had extensive GESI training as part of her role in an international organisation, stated that the country stakeholders would benefit from GESI training including examples of practical ways to integrate nutrition, gender and equity into strategic documents. This could be provided as an integral component of any future nutrition-related TA.

### 3.3.2. TA provision process

#### Timing and relevance

All respondents confirmed that the TA provided by MQSUN+ for Madagascar was highly relevant; however, the timing of the work was delayed by nearly one year. The PNAN III was developed in 2016/2017, whilst the updated National Nutrition Policy and new M&E and implementation plans were not finalised until May 2018, one year after the launch of the PNAN III and five months into

<sup>32</sup> Ministère de la Population, de la Protection Sociale et de la Promotion de la Femme

<sup>33</sup> Plan d'Action National Genre et Développement 2004–2008

its implementation. This delay in delivering the documents was mainly due to the international consultants' availability, fund availability to conduct the workshops, and time allocated for the TA, despite the timing being agreed during the TA terms of reference. The international consultants travelled to the country twice for one week at a time, which reportedly did not allow sufficient time to complete the work. Remote support was provided, but respondents felt that it was difficult to mobilise stakeholders from a distance, and the internet connection was often too weak for effective interviews. Therefore, the national consultant was left to continue the work with remote support from the international consultants. As a result, the completion and delivery of the final documents were severely delayed, and the documents were never validated.

### Involvement of stakeholders

The roles and responsibilities of the TA provider and the ONN technical focal point were clearly defined, with the ONN technical focal point ensuring the identification, invitation and participation of relevant stakeholders, and the collection of relevant documents. The National Coordinator was readily available for official workshop openings, sending official emails and facilitating multisectoral collaboration. The TA provider supported the national consultant and the ONN technical focal point in preparing and facilitating workshops and consultations, for example in terms of tools and resources to be used, objective setting, defining outcomes and write-ups. The TA providers and the ONN technical focal point stated that their working relationship was excellent, thanks to the precise definition of their respective roles and responsibilities.

The conception and development of the implementation plan and M&E plan were conducted through emails, meetings with key stakeholders, Zoom calls and two face-to-face meetings with all the relevant nutrition-sensitive and nutrition-specific stakeholders at national level. The networks and ministry focal points for nutrition participated in developing the implementation and M&E plans, as well as developing the PNAN III. These face-to-face meetings were particularly important in obtaining inputs from the different stakeholders.

Finally, as mentioned earlier, sub-national level participation in the process was minimal, as was participation of community women's group and other marginalised groups. This was due to insufficient funds and time. Many respondents believed this resulted in poor ownership of the plans by those most closely involved in their implementation.

All respondents mentioned that while remote support from TA providers is feasible, it requires extensive preparation to facilitate remote workshops. Furthermore, distance working does not allow for the fluid sharing of ideas and frank discussions, and it is easier for stakeholders to become distracted and not focus solely on the task at hand. Face-to-face meetings remain the preferred approach for TA but, if remote support is envisioned, more time is required to fully prepare for this approach and implement the assignment.

### Empowering country-led action

The ONN technical focal points felt they were very much leading the process. The division of labour was based on comparative advantage, so they decided on the design and content of the M&E plan, identified who should be invited to the workshops, and chaired the workshops. The TA providers facilitated the discussion, providing an objective overview. The ONN technical focal points appreciated the possibilities arising from exchanging ideas with the international consultants to identify new ways of working whilst defining what is feasible in Madagascar. As mentioned above, this process was further strengthened by pairing the international consultants with the national consultants.

There was no formal training organised as part of this TA. However, the ONN technical focal point mentioned that the consultants provided on-the-job training through shared global documents and evidence, examples from other countries, and support in defining the framework for the implementation and M&E plans. They found that this approach enabled a more hands-on form of capacity building that responded to the focal points' needs.

However, many respondents stated that an initial training on multisectoral aspects of nutrition would have been useful to ensure all stakeholders had a basic understanding of nutrition and the importance of multisectoral action, as well as roles and responsibilities of the respective sectors. This would have fostered greater engagement of the different sectors and more timely inputs. The need for GESI training was only mentioned by one stakeholder, a former representative of an international organisation.

### 3.3.3. Quality of TA outputs

All stakeholders interviewed found the M&E plan to be relevant and of good quality, but were unsure how it compared to other countries. The use of quality checklists, such as the SUN checklist for quality national nutrition plans, would help ensure the quality of the final product. However, this did not exist at the time.

Many respondents admitted, however, that they had not looked at the M&E plan in detail. Those who had read it found it to be clear and comprehensive, although some stated the document was cumbersome to use, with too many indicators, some of which were not realistic to collect data for. Indeed, sub-national respondents found the M&E plan did not reflect reality in the field, particularly regarding the indicators selected and the feasibility of collecting the information at the frequency proposed.

One respondent also questioned the necessity of a separate M&E document, suggesting that a logical framework in the action plan is sufficient to monitor and evaluate the implementation of the national plan. This demonstrates a misunderstanding of the purpose of the document (which is to help track and assess the results of the interventions throughout the life of the action plan, designed specifically for M&E specialists/focal points).

### 3.3.4. Uptake and utilisation of outputs

The PNAN III was officially launched on 11 May 2017 during a national workshop, involving all government and non-government stakeholders, but was not disseminated at sub-national level. As mentioned above, the M&E and implementation plans were not finalised until May 2018, one year after the launch of PNAN III. Neither the M&E plan nor the implementation plan were officially validated and disseminated. In fact, as of October 2021, the M&E plan remains in draft format. By contrast, the implementation plan was finalised (but not validated or disseminated) and made available as a PDF document. The M&E plan was left to be finalised by the national consultant who was recruited by UNICEF, with distant support by the international TA providers, however they were not able to deliver a finalised product within the required timeframe. Many respondents stated that the absence of international consultants, who had played a key role in bringing stakeholders together and ensuring timely responses from national stakeholders, resulted in reduced interest of country stakeholders to meet and finalise the M&E plan.

Since the launch of the PNAN III, the ONN has had four national coordinators and a high turnover of staff. Many respondents attributed the lack of follow-up or dissemination of these key documents to the rapidly changing leadership in the ONN and insufficient fund allocation for sub-national dissemination.

This lack of official validation and dissemination has resulted in many respondents not being aware of the M&E plan. Those aware of the document were only able to obtain it via informal channels. An in-depth online search revealed that none of the strategic documents, including the validated and disseminated documents, were available to download. This makes the utilisation of such documents difficult for external agencies wishing to support nutrition in Madagascar. Recognising this gap, the SUN Civil Society Network organised a three-day workshop with its members to share and raise awareness around these important documents.

Many respondents suggested that a budgeted and financed dissemination plan was needed before finalising documents, to ensure the key reference documents were widely understood and disseminated. In addition, TA beyond the development of the key documents would help the governments to disseminate and, more importantly, to use the documents more effectively.

Of those aware of the document, many felt that it lacked ownership by the key stakeholders at the national and sub-national levels. One non-government stakeholder referred to the M&E plan as a government document, and did not recognise it as an essential tool for planning and implementing their activities in the country. Several government stakeholders complained that some of their international partners implemented nutrition activities outside of the scope of the PNAN III, rendering the M&E plan irrelevant.

At the regional level, based on the PNAN III, each ORN has established a regional M&E group (GRSE),<sup>34</sup> whose role is to bring regional partners together to monitor the implementation of nutrition-specific and nutrition-sensitive activities. However, regional respondents admitted that the GRSEs do not use the M&E plan, and instead each region has developed their own M&E plan. Non-government stakeholders confirmed this, adding that ORNs did not even refer to the PNAN III. The main reasons given were that GRSEs were not involved in the conception of the M&E plan or the PNAN III and so did not feel it was ‘their’ document, or they were simply unaware of the document. This approach has complicated national-level consolidation and monitoring of the PNAN III.

Nevertheless, many of the respondents recognised the importance of the M&E plan in bringing partners together around a common goal. However, there have been very few meetings reviewing achievements in implementing the PNAN III or the M&E plan since its inception. All the non-government respondents mentioned that they would welcome the opportunity to periodically review the PNAN III implementation. These challenges were not reported in either the 2019 nor the 2021 Joint Annual Assessment (JAA),<sup>35,36</sup> and none of the respondents mentioned the JAA as an opportunity to review the PNAN III. Interestingly, at the regional level, the GRSEs have been monitoring progress through information sharing meetings with regional stakeholders.<sup>37</sup>

Finally, the ONN focal technical point mentioned that the TA providers did not provide any handover notes, roadmaps, or defined next steps. Such steps could help to support further utilisation and uptake of TA outputs.

## 3.4. Key Messages and Lessons Learned from Madagascar

### 3.4.1. TA design

#### Understanding national capacity with relation to TA priorities and needs

Prior to requesting external TA:

- Ensure that sufficient funding is readily available for the logistics costs of the development process (costs of workshops, communication, training, printing, transport).
- Ensure the TA design is informed by a capacity assessment of in-country skills and availability to support the development and implementation of TA outputs by the country stakeholders.
- Ensure country stakeholders have a good understanding of the range of support available from the SMS, to help them better define the TA support needed.

#### Involvement of national and sub-national stakeholders

- Ensure the involvement of sub-national stakeholders in TA design, to make sure their TA needs are considered and improve their ownership of the process, as well as increasing the relevance and uptake of TA outputs.
- Ensure the TA design includes a clear description of roles and responsibilities of country stakeholders, and that the importance of their inputs, feedback and follow-up actions is discussed early on.

34 Groupe de Responsables de Suivi et Evaluation

35 <https://scalingupnutrition.org/wp-content/uploads/2019/11/JA-Madagascar-2019.pdf>

36 <https://scalingupnutrition.org/wp-content/uploads/2021/02/JA-Madagascar-English.pdf>

37 <https://scalingupnutrition.org/wp-content/uploads/2019/11/JA-Madagascar-2019.pdf>

## Assembling the TA team

- If no in-country capacity is available, consider the need for specific expertise related to gender equality, equity and inclusion, and nutrition within the TA team, bringing practical examples, tools and resources.
- Pair an international consultant with a national consultant wherever feasible, to help ensure the local context is considered throughout the process as well as provide more regular follow-up and in-person meetings with country stakeholders.

### 3.4.2. TA provision process

#### Capacity development

- Include a capacity assessment of country stakeholders at the beginning of the TA process so the TA providers can tailor the orientation and capacity development activities.
- Consider including an initial dedicated phase of orientation and capacity strengthening on nutrition for country stakeholders, before commencing the development of outputs.
- Provide GESI training for all TA support, with examples of practical ways to integrate nutrition, gender and equity into strategic documents, and of relevant indicators to track progress. This will ensure better inclusion of GESI in TA outputs.

### 3.4.3. Uptake and utilisation of output recommendations

#### Validation, launch and dissemination

- Consider including the development of a costed and funded validation and dissemination plan for all relevant TA outputs, including the roles and responsibilities of country stakeholders in the dissemination of TA outputs. The use of in-country resources such as communication agencies could also be considered.
- Support stakeholders in identifying opportunities and resources to facilitate promotion and dissemination of outputs (e.g. through media events, existing government and development partner fora, conferences, webinars, and printing of paper copies, especially for sub-national use).
- Propose means by which outputs and associated resources can be shared online (e.g. on country networks, SUN website, TA provider website).

#### Tools to support utilisation

- Support the development of resources, such as handover notes, standardised presentations and policy briefs (for different audiences at national, regional and community levels).

#### Capacity development

- Consider planning and budgeting for the provision of continued TA following the production of outputs (e.g. for the first six months) to support country stakeholders in disseminating the TA outputs and establishing systems for effective use of the TA outputs (e.g. standardised M&E tools for data collection, support for coordination meetings, developing roadmap and tools).

# Effectiveness of Technical Assistance: How has assistance provided to SUN countries by MQSUN+ (2017–2020) contributed to efforts to scale up nutrition?

## 4. Somalia

### Key Findings

- Strong leadership for nutrition at senior government level was pivotal to the design and development of the Multisectoral Nutrition Strategy (MSNS) and Common Results Framework (CRF), fostering country ownership and helping to position nutrition as a priority for sector ministries to follow.
- The use of the media served to raise the profile of consultation processes and promoted greater stakeholder engagement, particularly at state level.
- More could be done to encourage joint leadership of the process by all sectoral ministries implicated, avoiding the predominance of one sector (Ministry of Health), to promote better multisectoral buy-in, ownership and implementation of the outputs.
- Capacity development of national consultants could have been included as an explicit component of the technical assistance (TA), promoting continuity and long-term sustainability.
- With relation to gender, equity and social inclusion (GESI), gender was the element predominantly considered during the development of TA outputs. Greater weight could be given to equity and social inclusion in the provision of future TA.

## 4.1. Case Study Background

### 4.1.1 Country context and nutrition situation

Somalia's prolonged humanitarian crisis is characterised by ongoing conflicts, widespread displacement, climate-related shocks, communicable disease outbreaks and weak social protection mechanisms, resulting in high levels of poverty and food insecurity. Since the beginning of 2020, three additional shocks have contributed to a deterioration of humanitarian conditions: extensive floods, desert locust infestations, and the COVID-19 pandemic.

Malnutrition persists in Somalia due to years of conflict, the collapse of basic social services and erosion of resilience over time. UNICEF estimates that in 2018, more than 1.2 million people suffered from one or more forms of malnutrition.<sup>38</sup> According to the Global Nutrition Report,<sup>39</sup> Somalia is 'off course' to meet all targets<sup>40</sup> for maternal, infant and young child nutrition (MIYCN). No progress has been made towards achieving the target of reducing anaemia among women of reproductive age, with 44.4% of women of reproductive age now affected. The latest prevalence data<sup>7</sup> shows that only 5.3% of infants are exclusively breastfed, 25.3% of children under five suffer from stunting and 14.3% of children under five are wasted.

38 [www.unicef.org/somalia/nutrition](http://www.unicef.org/somalia/nutrition)

39 <https://globalnutritionreport.org/resources/nutrition-profiles/africa/eastern-africa/somalia>

40 <https://www.who.int/publications/i/item/WHO-NMH-NHD-14.2>

### 4.1.2. MQSUN+ technical assistance to Somalia

MQSUN+ provided TA to Somalia from 2017 to 2019, to support the development of a Common Results Framework and a Multisectoral Nutrition Strategy. This process was led by the SUN Focal Point and another high-level policy advisor in the Office of the Prime Minister (OPM). MQSUN+ had also previously provided TA to Somalia in 2014 in the form of a nutrition stakeholder mapping exercise and a desk review of nutrition-related policy and strategy.

The TA was supported by a team of five consultants: three international consultants hired by MQSUN+ (one team lead and two supporting nutritionists working remotely), and two national consultants recruited through a local consultancy firm, paid by MQSUN+.

## 4.2. Methods and Limitations

An outline framework was developed for consultation with country stakeholders through key informant interviews. The review team contacted the SUN Focal Point for Somalia to request participation in the review and to facilitate introductions with country stakeholders. The SUN Focal Point provided a list of eight government and development partner contacts, whom the team then approached via email.

Despite numerous and repeated approaches (including by the SMS Country Liaison Team), the review team managed to speak to only four stakeholders in total. These included representatives from the Ministry of Health (MoH), UNICEF, World Food Programme (WFP) and PATH. Unfortunately, it was not possible to speak to the SUN Focal Point or the MQSUN+ team lead for the Somalia TA, due to other commitments. Nonetheless, the interviews undertaken provided valuable detail to inform this study, plus the overall synthesis report and checklist.

## 4.3. Findings

### 4.3.1. TA design

#### Demand for TA and priorities

The need for a CRF and MSNS was identified by the SUN Focal Point and colleagues at the OPM. This had been a priority on the government's agenda for several years, following (a) the expiry of Somalia's first nutrition plan, which was developed in 2013; and (b) a significant change in context, including the emergence of new states, better information systems, various ongoing humanitarian emergencies and more new nutrition programmes. The MoH representative also noted the need for a nutrition advocacy tool for Somalia, to highlight priorities to existing and interested donors, and to rally the support of others. The country team's intention was to develop a CRF and MSNS which were closely aligned with the National Development Strategy and other key country documents, and to consolidate and reinforce existing initiatives within these documents, rather than adding many new activities.

The requirement for additional TA to support the development of the CRF and MSNS was discussed between in-country stakeholders (including with WFP and UNICEF). The WFP representative observed that although in-country stakeholders had the technical expertise required to support strategic processes in individual line ministries, they lacked the capacity to bring different ministries together to develop multisectoral nutrition planning documents. The majority of nutrition actions in Somalia had focused on nutrition-specific actions up to this point, although since signing up to the SUN Movement, there was a real willingness to address the multi-faceted causes of malnutrition through an approach bringing together both nutrition-specific and nutrition-sensitive actions of the different sectors.

One stakeholder reported that SUN activities in Somalia are fully funded by WFP and UNICEF, with some contributions from FAO, although funding for this type of TA was lacking. As MQSUN+ had established a core competence of developing multisectoral plans in other countries,

and funded its own consultants, a request for TA to support the Somalia SUN Movement to develop the CRF and MSNS was made to MQSUN+ via the SUN Movement Secretariat. An official terms of reference was not drawn up, but the MQSUN+ representative reported that an expression of interest (EOI) was developed through a highly consultative process via email and Skype conversations. A face-to-face meeting between the SUN Focal Point and the MQSUN+/PATH management team was also held during the 2017 SUN Global Gathering, which reportedly helped to facilitate a good working relationship from the outset.

The strong leadership of the SUN Focal Point and other high-level government representatives, and their good working relationship with the TA providers, were reported to be pivotal in designing and achieving the TA outputs. Another positive element was considered to be the interest and involvement of UN agencies and also the FCDO (DFID) Somalia office in the TA design and implementation process, enabling them to incorporate and align their funding and programme plans with the outputs. However, it was also noted that cost-share arrangements for the TA were not discussed early enough during the design process, so some difficulties were experienced in funding workshops and meetings during TA implementation.

## Capacity

In terms of assessing capacity to take on board and implement the final outputs, the MQSUN+/PATH representative reported that a very brief capacity assessment to define levels of awareness and training in nutrition was conducted with stakeholders. With more time and resources, this could have been done more comprehensively from the start, including consideration of GESI issues, and with more stakeholders involved. The need for a more detailed capacity assessment was acknowledged, however, and included as a priority action in the MSNS itself.

Local consultants to support the international TA consultants were recruited through a local firm to support consultative workshops and data collection at national and state level. Although the support of the consultants was useful for providing day-to-day support, they reportedly did not have the required functional or technical capacity to take forward implementation of the plan.

Due to time constraints and work priorities, there was no time for the team lead to provide feedback to the national consultants or to train and build their capacity. On reflection, the MQSUN+/PATH former representative felt that capacity development of national consultants should be included as a component of the TA in its own right, and budgeted for. Additionally, recruitment of the international consultant team and particularly the team lead should take into account the need and skills required for capacity development of national consultants. The WFP respondent suggested that as the engagement of national consultants in such processes is usual in Somalia, a component of consultant capacity development should be included as standard.

Capacity development activities should also be included for stakeholders from other sectors, as they are used to working in silos rather than as part of a multisectoral approach. They also need support in devising how to integrate the relevant elements of the MSNS within their own sector plans, rather than seeing nutrition as a separate issue/activity, usually associated with the MoH.

## Involvement of stakeholders

According to the respondents, various sets of stakeholders were engaged in the TA design during a series of state and federal level meetings, particularly those from national and sub-national Somali health authorities, and National Nutrition Cluster members, representing a huge community of actors in nutrition including UN agencies, international and national NGOs, and other humanitarian partners. Some sector ministries also participated at this stage, although stakeholders did not describe which ones.

The MQSUN+/PATH representative stated that it was assumed that the SUN Focal Point was collaborating with national and sub-national stakeholders in defining the nature of the TA required. However, one participant mentioned that although members of the nutrition community were well consulted and engaged in the design of the TA, different line ministries were not consulted at this stage, although they were fully involved and provided inputs at later stages. As their buy-

in and later participation in the development of the CRF and MSNS was essential, it would have been desirable to include multiple ministries in the design phase. This is particularly true as the multisectoral approach to developing the CRF and strategy was a new way of working which fostered ‘learning by doing’, and so the engagement of different sectors should have been established from the outset.

### Political economy analysis

As noted above, high-level political buy-in to and leadership of the development of the MSNS and CRF existed from the start of the TA process, and this ensured the endorsement, acceptance and support to the process from the different line ministries involved. A specific focus was placed on bridging humanitarian and development actions.

To ensure the outputs would be closely aligned to country priorities and policies, the TA team conducted an initial landscape analysis of existing plans and policies in Somalia with the intention of bringing relevant components together within the CRF and MSNS. However, it appeared that very few up-to-date documents were available, although those reviewed included the National Development Plan (NDP) and the health sector strategy. A number of national plans and policies were being developed simultaneously at this time and there was significant overlap in stakeholder involvement in the different processes, which in itself promoted alignment between the different outputs. Ideally, following a more logical and linear process would be preferable in the development of related policies and plans (e.g. NDP9 and the UN plan being ready before the development of the MSNS), but in reality this is not always practical or possible.

### Gender, equity and social inclusion

An initial gender and equity assessment was not conducted, although gender and equity-related information from past situational and contextual analyses were used to inform how these considerations would be framed within the CRF and MSNS. The MoH representative reported the strong existing gender focus of nutrition sector experts in Somalia, particularly those in the UN, meaning that gender-related aspects and benchmarks were taken care of in the strategy. The priority focus of the donor (FCDO) on gender assisted in pushing this agenda forward, with the team lead ensuring this was a mandatory cross-cutting consideration during the development of TA outputs. The MQSUN+/PATH representative stressed the key role of TA providers in ‘elevating the conversation’ about gender and equity. Stakeholders debated how gender should be included within the CRF and MSNS; whether it should be integrated throughout or have a dedicated strategic objective. The latter option was chosen to give this component more weight. Consequently, there was greater impetus to discuss gender and equity during consultative workshops with stakeholders.

## 4.3.2. TA provision process

### Timing and relevance

The MQSUN+/PATH representative described how the TA team strived to follow timelines agreed with the SUN Focal Point and the OPM, based on country-level planning and budgeting processes. The timeframe initially proposed by the OPM for the development of outputs was apparently short, and needed to be extended due to delays in providing required documentation and information, and in agreeing cost share arrangements with partners for workshops and consultations. The timeline was reported to have changed frequently, and the TA providers underlined the need to be flexible in such contexts. There were some staff changes in the TA team at the end of the first phase, and the MQSUN+/PATH representative noted how the active involvement of the headquarters team served as a continuous ‘bridge’, ensuring consistency of approach and relationships with country stakeholders in such situations.

## Involvement of stakeholders

Participants described how a number of consultative workshops were held at both federal and state levels with stakeholders from different government sectors, and from international and local NGOs. It was reported that the media were also engaged at state level, to raise the profile and increase awareness of the exercise, and to encourage the involvement of representatives from different sectors. Nutrition cluster members and technical staff are reportedly used to working at state level on strategic documents, and working groups were set up at this level to review chapters/versions of the strategy and provide inputs to state nutrition sub-clusters, which were then centralised and validated by the SUN platform at national level. The degree of representation and participation of nutrition-sensitive sectors at the national and state levels was difficult to determine, although the SUN platform apparently represents a range of ministries and respondents described how representatives of these sectors participated at state level, though possibly not in all states. The predominant sector presiding over discussions at both national and state level appears to have been MoH, and respondents suggested that the inclusion of other sectors should have been more proactively sought from the outset.

## Capacity

The stakeholders interviewed found that the international consultants recruited for the TA were right for the job, and were able to move things forward with the participation of country stakeholders. The lead consultant had previous experience of working in Somalia, a solid understanding of the context, and expertise on working on the humanitarian-development nexus. The WFP representative remarked on the team lead's strong coordination skills and ability to facilitate workshops. The MQSUN+/PATH former representative commented that recruitment of experts had focused more on technical versus functional skills, which are also important as the facilitation of TA requires patience, and ability to negotiate, communicate, and to leverage and develop the capacity of national stakeholders.

The SUN Focal Point identified the consultant recruited for the costing component of the TA and had previous experience of working with them. The MQSUN+/PATH former representative commented that consultant recommendations from the SUN Focal Point and colleagues were rare but welcome, as this can foster greater leadership and guidance of the process by country stakeholders. The recruitment of consultants from a local firm was also considered good practice, helping to build experience, develop capacity and strengthen the resource pool in-country. Following the first phase of TA, the SUN Focal Point and OPM Policy Adviser continued to work with these consultants.

One representative highlighted how the TA providers made good use of existing country capacity and knowledge, with nutrition coordinators, sub-cluster coordinators, Ministry of Health representatives and academics facilitating workshops and animating discussions.

In terms of developing local technical and functional capacity, it was noted that all consultations focused primarily on strategy development. However, during these consultations, representatives from different sectors gained awareness on pathways to malnutrition, and the role their specific sectors can play in improving nutrition. They also participated in defining targets and specific sectoral activities to achieve this. A MoH representative highlighted that for many stakeholders, this was the first time they had participated in developing a strategy, and particularly one which aimed to engage multiple sectors. Newly graduated nutritionists who had recently joined the MoH benefited from this opportunity, and now have skills and experience they can bring to other strategic processes (e.g. designing the approach, facilitating discussions, collecting information, managing the review of documents, incorporating comments, validation process), even where the technical content is different. The acts of collecting and analysing data, and using this within the strategy to guide programming, also contributed to stakeholder capacity development through learning by doing.

## Availability and use of data

Survey data (from DHS 2009) was used to inform the development of the MSNS, in addition to complementary data collected from stakeholders during consultation workshops. The MoH representative noted that the nutrition sector in Somalia has access to very good quality and up-to-date nutrition data from biannual studies and ongoing surveillance (including from the FAO's Food Security and Nutrition Analysis Unit (FSNAU)). This data allows for analysis related to indicators, trends and vulnerable groups. New survey data had also just become available through the DHS 2019 and the Somalia Micronutrient Survey 2019<sup>41</sup> and this should be taken into account in monitoring progress and achievements of the strategy.

## Gender, equity and social inclusion

One participant highlighted how more women than men work in the nutrition sector in Somalia, and noted that in terms of women's representation in the TA process, a large number participated in workshops and consultations. However, this is not evident from the participants' lists in MSNS annexes, which suggest an overwhelming majority of male participants at both federal and state level. It was reported that marginalised and socially deprived groups were not well-represented, and groups or individuals with specific GESI experience and expertise were not included in any of the workshops or consultations. The importance of their inclusion in future TA processes was highlighted.

The MQSUN+/PATH former representative remarked that a GESI analysis should be conducted at the outset of TA, with sufficient time and resources allocated for it. Nutrition experts are not necessarily GESI experts, and if there is a real commitment to integrating GESI considerations then there is a need to resource and identify this additional expertise. The TA team had recommended including stakeholders with an interest and expertise in GESI, but acknowledged that there is a balance to strike, as TA providers cannot stipulate who should be included: it is for the government to formally invite the participation of different agencies and individuals.

Some states have structures which represent specific population groups, which were included in consultations, although these may not accurately convey the realities at a more decentralised level. A more community-centric approach was advocated by the MoH representative, where the views and needs of different livelihood groups and particularly vulnerable groups (e.g. pastoralists) are discussed at a local level, although this would imply a longer timeframe and more resources. For example, the Ministry of Women is not represented at decentralised level, and asking questions at national or even state level on the views and needs of women across the country would not elicit accurate or representative responses.

### 4.3.3. Quality of TA outputs

Participants found the outputs to be of good quality and one representative from state government described the MSNS as something to be proud of. The outputs were developed in a comprehensive and consultative manner, and met with original expectations, accurately reflecting the knowledge and ideas of nutrition stakeholders in Somalia. It is now important to assess the extent of their implementation. Another participant considered that the MSNS signified a great achievement, particularly given the context in Somalia. One stakeholder commented that the multisectoral element, something relatively new for Somalia, was well-reflected within the document, although more could have been done on the side of prevention and resilience-building.

### 4.3.4. Uptake and utilisation of outputs

#### Validation, launch and dissemination of outputs

The MSNS was validated through a technical meeting led by the SUN Focal Point / OPM with the participating sectors and partners, as well as through a series of meetings with sector ministries. The onset of the COVID-19 pandemic, coupled with the security situation in the country, impacted plans for launch and dissemination of the outputs, restricting possibilities for face-to-face meetings.

41 <https://www.unicef.org/somalia/reports/somalia-micronutrient-survey-2019>

A final launch workshop was held online with a wider group of government representatives (including the Prime Minister), international and national NGOs, academics, and SUN networks.

Printed and electronic copies of the MSNS were reported to have been widely distributed to state-level stakeholders. A shorter leaflet was also produced in-country, which summarises the strategy and profiles some of the different sector interventions.

UN representatives both noted the issue of international staff turnover in Somalia, meaning that some of those involved in developing the document have now left and others have now filled their roles. There is therefore a need for periodic dissemination and awareness-raising, to ensure that new staff are up to speed and supporting the onward uptake, implementation and monitoring of the roll out of the strategy.

## Scale

One stakeholder described how the strategy is designed to support the scale up of nutrition-related actions, by providing new services which were not previously available, as well as the continuation, improvement and scaling up of existing programmes. Participants noted, however, that funding for nutrition programmes has been shrinking, partly as a result of the COVID-19 pandemic. WFP have reportedly reduced programming by 70%, representing huge reductions in both prevention and treatment of malnutrition, with negative implications for the roll out of the strategy, which was designed to increase coverage and access to nutrition services.

## Gender, equity and social inclusion

Although respondents were not able to identify tangible improvements relating to GESI, one respondent commented that gender considerations were well-reflected within the outputs with the inclusion of a separate objective, and that this would serve as a good guide for future programming. However, one participant suggested that there was room for improvement in the strategy to guide the inclusion of vulnerable and marginalised individuals and communities in nutrition-related programming.

One respondent noted that since the development of the MSNS, a social protection strategy had been developed, which goes into detail on gender and equity, accessing vulnerable communities. This will be important in informing any revisions to the MSNS.

## Coordination and collaboration

The SUN Focal Point has developed a work plan for the implementation of the strategy, but multisectoral platforms for nutrition still need to be set up in most states, with the exception of Puntland and Somaliland. However, nutrition clusters are active at national and state level, as forums to advocate for and mobilise resources for nutrition (mainly nutrition-specific interventions). Respondents described how the foundations for multisectoral coordination and collaboration have been laid through extensive consultations with multisectoral stakeholders at state level. There is now a need for platforms to be established, which can actively review strategy implementation on a quarterly or, at a minimum, biannual basis.

According to one participant, coordination for nutrition is led principally by the SUN Focal Point, although in theory, technical sector working groups should also be coordinating with relation to the implementation of specific chapters. The SUN Focal Point participates in the National Nutrition Cluster, of which UNICEF is the lead and WFP and MoH are the coordinators, although other government ministries are not part of this. SUN Networks also exist, but according to the WFP representative, these work quite separately. Somalia lacks an active multisectoral platform which brings together all nutrition-specific and nutrition-sensitive actors from government, emergency and development partners, donors, academics and civil society.

## Improved quality of programmes and policies

One participant remarked on a lack of clarity around the use/implementation of the MSNS by ministries and state governing authorities, following their involvement in its development

and validation. There is no evidence so far that the strategy has been translated into ministry, state or district policies and plans. This is indeed complex to achieve in the decentralised context, with limited federal government control at state level, and when many government staff salaries are not being paid. The MoH representative noted, however, that discussions have been held with the Somali health and nutrition authorities to ensure the strategy is reflected in state programmes. The national MoH has worked with them on developing strategic notes, with outputs which favour prevention rather than the previous predominant focus on treatment. Respondents also reported how UN agencies (in particular, UNICEF and WFP) had also increased support to improve the enabling environment for nutrition; reorienting staffing structures to better align with the MSNS, including the attachment of infant and young child feeding specialists to each state MoH.

It was suggested that continuous TA was needed to assist implementation. For example, through support for developing a roadmap for next steps; monitoring; advocacy and communication tools; and sharing examples of best practice in nutrition-sensitive programming from other countries and supporting their adaptation according to the context.

### Tracking progress in nutrition

Nutrition information systems are advanced and highly sensitive to change in Somalia, as data is collected on a monthly and sometimes weekly basis. However, monitoring is conducted at agency level only, and sector ministries and partners are reportedly still collecting and analysing nutrition-related data separately rather than holistically. No system has been set up to monitor implementation of the MSNS, and respondents noted the need to develop a more detailed framework for this. The WFP representative suggested that further TA was required to support multisectoral monitoring of the strategy.

### Resource mobilisation

The MSNS is apparently being used as a tool to guide the allocation of existing resources. UN agencies have reviewed it and stated what they are prepared to support, although the commitments of sector ministries are not so clear. All respondents observed there was not yet any evidence of an increase in funding due to the development of the MSNS, and, as noted previously, funding for nutrition in Somalia has decreased significantly.

### Empowering country-led action

It was considered that the TA process played a role in empowering country-led action, in providing a structure and process through which to develop the multisectoral outputs already defined by country stakeholders, as well as resources to support this. The TA providers supported the OPM to conduct the policy review and stakeholder consultations with line ministries and other partners, providing tools and skills to facilitate the convening of stakeholders from multiple sectors to develop a plan and then to conduct dissemination and advocacy. Government leadership and initiative was strong throughout the process, ensuring that different inputs were pulled together, mapped and fed into the development of the CRF and MSNS, facilitating sub-national level consultations and engaging the media to raise the profile of the process. Once the strategy was validated, the SUN Focal Point engaged their own consultant to take this forward and developed a request for support to costing of the MSNS.

One participant described how this high-level government support and involvement from the beginning was very strategic in fostering awareness and ownership of the MSNS at senior political level. It provided a tool through which the commitment can be realised and a guide for all sector ministries to follow, making advocacy for nutrition and for strategy implementation much easier. The MoH in particular has increased nutrition-specific programming and boosted its nutrition staffing levels accordingly, with the number of nutrition staff members increasing in some states from one to five. However, according to all respondents, this is still to happen in other sector ministries, who need to develop nutrition-sensitive expertise, mainstream nutrition into their policies and plans and ensure that existing nutrition-related actions are meeting the needs of the most nutritionally vulnerable groups, and advocacy is needed to push for this.

## 4.4. Key Messages and Lessons Learned from Somalia

### 4.4.1. TA design

#### Involvement of national and sub-national stakeholders

- Encourage and support strong leadership for nutrition at senior government level. This is pivotal in the design of appropriate TA outputs, fosters country ownership and can help to position nutrition as a priority for sector ministries to follow.
- Consult sub-national stakeholders on the design of TA to ensure their unique interests are represented.
- Establish a good working relationship from the outset with regular contacts, where possible initiated with a face-to-face meeting between the TA provider and the country stakeholders responsible for the TA outputs. This is essential in ensuring smooth progress of TA and speedy resolution of any bottlenecks.
- Discuss and agree cost-share arrangements with relevant stakeholders from the start of the process. Formalise these, for example through a memorandum of understanding.
- Develop a checklist to guide the set of stakeholders to be engaged in the development of TA outputs. This can help ensure more involvement of different sectors from the outset.

#### Assembling the TA team

- Define consultant profiles and share CVs with country stakeholders for review before recruitment. Consultant profiles should include functional skills in areas such as communication, negotiation, facilitation and capacity development skills.
- Consider the need for additional GESI and other expertise (e.g. in monitoring and evaluation (M&E), advocacy and communication) when assembling a TA team.

#### GESI

- Include a GESI analysis to inform the design and operationalisation of the TA, and allocate sufficient resources for this.

#### Timing

- Agree on a realistic timeline based on country planning and budget processes, and ensure flexibility within the TA design to allow for delays.
- When requesting TA, aim to provide requested documents and facilitate contacts with relevant stakeholders as early as possible, to avoid delays.

#### Promoting donor alignment

- Encourage the participation of donors in TA design and provision, to support awareness of objectives and actions included, and to promote eventual alignment of donor priorities and strategies with these.

### 4.4.2. TA provision process

#### Capacity development

Although the development of outputs is a primary objective of TA, it also represents an opportunity to develop functional and technical capacity. This should be considered systematically in future TA design:

- Include resources for a nutrition capacity assessment (including aspects of GESI) of country stakeholders (if not available already) at the beginning of the TA process, to determine the extent of capacity development activities required, both during the TA process and within TA outputs.
- Consider including an initial phase of orientation and capacity-strengthening on nutrition, particularly for sector stakeholders. Further support can be provided in defining how relevant elements can be integrated into sectoral policies and plans. Sharing examples and experiences from other SUN countries would be helpful in this respect, to demonstrate how they have successfully engaged other sectors in nutrition actions and what worked well in supporting this process.
- A 'learning by doing' approach promotes country-led action such as facilitation of workshops by country stakeholders (e.g. government, academics, civil society, partner agencies).
- Include the capacity development of national consultants as an explicit component of the TA, under the responsibility of the TA team lead.

### Stakeholder participation

- Encourage joint leadership of the process by all sectoral ministries implicated, avoiding the predominance of one sector leading (e.g. Ministry of Health). This can promote better multisectoral buy-in, ownership and implementation of the outputs.
- The media can help to raise the profile of consultation processes and promote more stakeholder engagement, particularly at sub-national level.

### Gender, equity and social inclusion

- Ensure GESI is included in TA design and delivery, as TA plays a key role in elevating GESI considerations, both in relation to nutrition and more generally. More GESI expertise is needed at both stages, to ensure analysis which accurately identify priorities for action, promote the meaningful participation of women and other marginalised groups and strengthen their capacity.
- Where possible, include the participation of representatives from marginalised population groups in the development of TA outputs, particularly at decentralised level. With relation to GESI, gender is typically the element predominantly considered, and greater weight could be given to equity and social inclusion in the provision of future TA.

#### 4.4.3. Quality of TA outputs

- Ensure TA providers are familiar with other policy and strategic processes which are ongoing (e.g. development of the National Development Plan, sector policies and plans, UN plans etc), and ensure linkages with these processes to promote synergy.

#### 4.4.4. Uptake and utilisation of outputs

- Arrange for periodic dissemination of outputs in addition to communications and awareness-raising on outputs. This helps ensure continued awareness and prioritisation, particularly in emergency contexts where partner/donor staff turnover is high.
- Consider support to the development of additional outputs which would promote or facilitate implementation. For example, a roadmap with recommended next steps, multisectoral M&E framework, advocacy and communication tools, and abridged versions of outputs to ensure wider access.
- Advocate with SUN Movement members to advocate for and support the SUN Focal Point in establishing a functional multi-stakeholder platform.

# Effectiveness of Technical Assistance:

## How has assistance provided to SUN countries by MQSUN+ (2017–2020) contributed to efforts to scale up nutrition?

### 5. Tajikistan

#### Key Findings

- High-level political buy-in and readiness is key in developing multisectoral nutrition action plans. Prior to requesting technical assistance (TA), commitment and political interest to tackling nutrition challenges needs to be demonstrated.
- In retrospect, extensive research on government protocols and planning is helpful to inform a realistic approach, methodology and workplan.
- A rapid nutrition capacity assessment across sectors can inform capacity development activities within a plan, and awareness-raising activities for in-country stakeholders to promote participation and buy-in.
- The core team should include national consultants, to leverage in-country knowledge and experience, and to promote capacity development and sustainability. A national consultant can help ensure local coordination and utilisation of local knowledge.
- Specific sectoral expertise within the team can facilitate the development of sector-specific activities with relevant ministries.
- Similarly, specific expertise related to gender, equity and social inclusion (GESI) and nutrition within the TA team can facilitate access to examples, tools and resources to ensure the integration of GESI.

## 5.1 Case Study Background

### 5.1.1. Tajikistan nutrition situation

Tajikistan has seen a vast reduction in poverty levels in the past 18 years. Between 2012 and 2016, poverty fell from 37% to 26%.<sup>42</sup> Since 2012, the poorest regions of the country have made the most progress in poverty reduction.<sup>4</sup> Nonetheless, Tajikistan has the highest malnutrition rate among the former Soviet republics. Undernutrition remains a critical public health concern, particularly in remote regions and rural areas, despite significant improvement in the overall nutritional status of children and falling child mortality rates. According to the most recent Demographic and Health Survey (DHS) in 2017, almost a fifth (18%) of all children 0–59 months are stunted, 6% are wasted (low weight-for-height), 8% are underweight (low weight-for-age), and 3% are overweight.

Tajikistan joined the SUN Movement in 2013. The First Deputy Minister of Health was nominated as the SUN Focal Point, and a SUN Secretariat was established. Based within the Ministry of Health and Social Protection of the Population (MOHSPP), it was supported by other government ministries and international partners, including United Nations Children’s Fund (UNICEF), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and US Agency for International Development (USAID).

<sup>42</sup> World Bank. 2020. Tajikistan Overview. Washington, DC: World Bank. Available at <http://www.worldbank.org/en/country/tajikistan/overview>

## 5.1.2. MQSUN+ technical assistance to Tajikistan

MQSUN/MQSUN+ provided phased TA support to the Government of Tajikistan from 2015 until 2020. This case study will focus on the support provided by MQSUN+ (2017–2020).

Table 1: TA support provided by MQSUN/MQSUN+ to the Government of Tajikistan

PHASES	TECHNICAL ASSISTANCE PROVIDED		PROJECT
Phase 1: 2015	Policy and Programme Gap Analysis	Review of existing multisectoral policy and programme documentation, followed by a high-level workshop to agree on common goals for the development of the CRF and discussion of sectoral priorities and contributions.	MQSUN
Phase 2: 2017	Common Results Framework	Facilitation of policy and strategy dialogue within and between different sectors, and consolidation of discussions and sectoral input into a CRF for nutrition.	MQSUN+
Phase 3: 2018–20	Multisectoral Nutrition Plan	Development of a detailed action plan to guide the operationalisation of the CRF across the different sectors.	

Following the SUN Movement’s multisectoral approach to nutrition, and in recognition of the need for a collective and coordinated national response to the nutrition challenges facing the country, the SUN Focal Point requested MQSUN’s support through the SMS, following the SUN Global Gathering in 2014. Tajikistan’s SUN Secretariat, with the support of MQSUN+ and SUN partners, has developed the national Multisectoral Nutrition Plan 2020–2025 for the operationalisation of the Common Results Framework developed in 2017.

The MSNP has four strategic objectives:

- **Strategic Objective 1:** Create an enabling policy environment for improving nutrition in Tajikistan
- **Strategic Objective 2:** Improve the quality and coverage of nutrition-specific interventions
- **Strategic Objective 3:** Improve the quality and coverage of nutrition-sensitive interventions
- **Strategic Objective 4:** Establish a mechanism for the ongoing collection, analysis, and comparison of nutrition information from multiple sectors

The plan has been developed through extensive engagement with government stakeholders, development partners, UN agencies, international NGOs, CSOs and academia, as well as through analysis of secondary data, including recent national surveys and ongoing programmes.

## 5.2. Methods and Limitations

Based on the review objectives and key areas (see above), an outline framework was developed for consultation with potential stakeholders through key informant interviews (KIIs). Some questions were tailored to the country context, the type of TA provided, and the stakeholders concerned.

The review team initially contacted UNICEF, given their role as the SUN donor co-convenor and their level of involvement throughout the TA design and provision process. A full list of stakeholders was obtained, including stakeholders who were involved at different stages in TA provision and/or using TA products. These included the TA provider (i.e. the consultants), the former SUN Technical Focal Point (FP) in-country, UN and partner agencies.

A total of eight stakeholders participated in the exercise including the former Technical Focal Point, representatives of UN and donor agencies, and former MQSUN+ consultants.

Due to recent COVID-19 restrictions and remote working, there were difficulties in arranging interviews and engaging with sectoral ministries. Discussions were thus limited to the TA providers, partner organisations, and the former SUN Technical Focal Point (the former Director of Maternal and Child Health in the MOHSPP). Several significant stakeholders were not interviewed, including those from the MOHSPP and other relevant ministries (including the Ministry of Economy and

Trade, and Ministry of Agriculture). Furthermore, the team were unable to engage with the previous and current SUN Focal Points. Similar to the process adopted throughout the TA provision process, UNICEF facilitated the engagement between the review team and government stakeholders. Direct engagement with government stakeholders without the approval of the SUN Focal Point is not possible in Tajikistan. In addition, due to staff turnover, stakeholders who participated in the workshops, the working groups and the consultations during the TA provision are no longer in the same positions. This case study is therefore based on the perceptions of in-country stakeholders from the former SUN Technical Focal Point, staff from some key UN agencies and donor partners, and the MQSUN+ consultants involved.

## 5.3. Findings

### 5.3.1. TA design

#### Relevance of technical assistance

Prior to requesting TA, the Government of Tajikistan took steps to demonstrate a commitment to tackling nutrition challenges in the country. This included successful application for SUN Movement membership, the appointment of a SUN Focal Point, and placing nutrition as a priority rooted in the National Development Plan. This facilitated the identification of goals and the multisectoral actions required to address the multiple and complex causal pathways to malnutrition, primarily through the development of a CRF and the MSNP. Developing the MSNP and the CRF are separate processes. The MSNP is typically elaborated after a CRF has been developed, with the aim of providing a narrative to accompany already detailed and agreed plan components.

Respondents found that the TA occurred at the right time for the Government of Tajikistan, as government policies and priorities were aligned and the MOHSPP showed interest in pursuing the development of the CRF and the MSNP. Following the programme and policy gap analysis conducted by MQSUN in 2015, the National Development Strategy of the Republic of Tajikistan integrated nutrition, along with food security, as a strategic development objective to be achieved by 2030. Food security had initially been identified prior to the programme and policy gap analysis review, and nutrition was added following the review recommendations.

### National Development Strategy of the Republic of Tajikistan for the period up to 2030

The ultimate goal of the long-term development of Tajikistan is to improve the population's living standards based on sustainable economic development. To achieve this, the following strategic development objectives are defined for the next 15 years:

1. Ensure energy security and efficient use of electricity
2. Exit from communication dead end and turn the country into a transit country
3. Ensure food security and people's access to good quality nutrition
4. Expand productive employment.

In addition to the above, in June 2018, the Coordinator of the Global SUN Movement and Assistant UN Secretary-General, Gerda Verburg, visited Tajikistan and met with top government officials. Respondents expressed that this visit helped to raise the profile of nutrition as a significant national issue.

#### Demand and priorities for TA

Country stakeholders were made aware of the MQSUN TA facility while attending the 2014 SUN Global Gathering, and the SUN Focal Point subsequently requested MQSUN's support through

the SUN Movement Secretariat. UNICEF was tasked to facilitate this request between government stakeholders and SMS/MQSUN. It is important to note that country stakeholders in Tajikistan spoke limited English, and consequently relied heavily on UNICEF to disseminate global information to the government and to the MOHSPP.

The need for TA became apparent due to the growing political interest in developing a multisectoral nutrition action plan. It is unclear whether the identification of TA needs was entirely driven by government stakeholders or whether the main technical partners played a key role in generating the demand. Various accounts have emphasised the pivotal role UNICEF played in driving the nutrition agenda in Tajikistan, with the approval and agreement of the SUN Focal Point. Although UNICEF have a dedicated Nutrition Officer in the country, they did not have sufficient internal availability to provide the TA.

In Phase 1 of the support, at the request of the former country SUN Focal Point and UNICEF, MQSUN consultants conducted a policy and programme gap analysis, which was informed by stakeholder consultations and a review of existing multisectoral policy and programme documentation. This was followed by a high-level workshop in September 2015 to agree on a common overarching multisectoral goal for the development of a CRF, reflecting nutrition targets such as the World Health Assembly and Sustainable Development Goals (SDG) targets, and to initiate discussions on sectoral priorities and contributions towards the achievement of this goal. As a result of this exercise, food security and good quality nutrition were included together as a core goal in the National Development Strategy 2016–2030.

The recommendations from the policy and programme review conducted under MQSUN set the scene for defining follow-on TA undertaken by MQSUN+: the development of a CRF and MSNP. Work on the CRF began in early 2017, followed by the development of a detailed nutrition action plan to guide the operationalisation of the CRF across the different sectors.

A terms of reference (ToR) was developed by the SUN Focal Point, supported by UNICEF and the SUN Secretariat, and then shared with MQSUN+. After receiving the ToR, MQSUN+ prepared an expression of interest (EOI). The MOHSPP set objectives through UNICEF, who were the main country interlocutor during the EOI development process, as it was conducted entirely in English.

### National consultant capacity

Nutrition as a discipline in Tajikistan is very limited, and capacity is therefore very low. Thus, in-country nutrition expertise was difficult to find. MQSUN+ hired three national consultants to support the TA in collaboration with the international consultants. First, a consultant was recruited to act as the national liaison. With her pre-existing nutrition knowledge and prior experience with the Global Alliance for Improved Nutrition, her role was to support the MQSUN+ team in data collection; facilitate day-to-day activities with the MOHSPP, the SUN multi-stakeholder platform and other relevant in-country stakeholders; and support the collection of feedback and comments on the MSNP chapters. Another national consultant was recruited to support the data collection from different ministries. Additionally, the former SUN Technical Focal Point (who was also the former Head of Maternal and Child Health) was recruited later in the process to support the MQSUN+ team in finalising the CRF and MSNP. This addition to the team provided a wealth of knowledge on the local context, as well as awareness of government structures and ways of working.

Prior to development of the CRF (Phase 2), a capacity assessment was conducted to examine existing capacity in nutrition across the different sectors (Phase 1). This was to:

- Engage with key policy makers to identify principal constraints and understand the capacity needs to be addressed to enable the scaling up of activities;
- Make strategic, relevant, and specific recommendations to build the capacity of national, provincial and district nutrition personnel.

The assessment framework was adapted to the Tajikistan context from the World Health Organization's Landscape Analysis Country Assessment Tool, and 30 stakeholders across the sectors were interviewed. The assessment included questions on the situation, priorities,

policies, and ongoing activities in relation to nutrition. Notably, the assessment did not include any questions which would assess capacity to understand gender, equity and social inclusion (GESI) considerations in relation to nutrition policy.

During Phase 3, the results of the capacity assessment were reflected in the final chapter of the MSNP. They have also been used to inform the large number of capacity-strengthening activities which feature in all of the nutrition-specific/nutrition-sensitive chapters of the plan.

Whilst the capacity assessment conducted was limited in scope and cannot be generalised, there is acknowledgement and consensus that building nutrition capacity is a fundamental requirement in tackling malnutrition and helping Tajikistan achieve its SDG and other global goals. The capacity assessment also emphasised the importance of cascading national policy and strategic nutrition objectives to the sub-national level. This requires capacity development (such as tailoring nutrition trainings, information, education and communication materials, and guidelines), as well as additional recruitment to enhance capacity in the medium and longer term.

### International consultant capacity

MQSUN+ recruited two international consultants to support the development of the CRF and the MSNP. Country stakeholders found the MQSUN+ consultants appropriate for the TA required and possessing relevant expertise and background in nutrition.

One UN representative noted that fluency in a local language (i.e. Russian or Tajik) would have been useful, as there were challenges in the translation process which was found to be time-consuming.

### Political economy analysis

During the planning and design phase, a political economy analysis was not conducted to sufficiently understand planning processes and government protocols. The MQSUN+ consultants stated that, in retrospect, more extensive research on procedures, permissions required, and the political/bureaucratic context would have been helpful to inform the team on realistic timeframes. A better understanding of the political context could also have changed the approach, methodology and the workplan, as the initial objectives and timeframe were quite ambitious. For example, a costing deliverable was part of the initial plan, however due to time constraints and limited in-country capacity, the team was unable to start work on this.

## 5.3.2. TA provision process

### Capacity development

The limited nutrition capacity and knowledge within government necessitated additional capacity development tasks to raise awareness and willingness to participate in developing the plan and identifying multisectoral activities which could contribute to nutrition objectives. Prior to the development of the TA outputs, the MQSUN+ consultants were required to lead a sensitisation and buy-in process with government stakeholders through sectoral working groups, providing awareness-raising and training sessions on nutrition with most working groups. Sessions included basic concepts in nutrition (e.g. causes and drivers of malnutrition, and sectoral approaches to address these). The aim of this initial training was to encourage and facilitate participation in the development of the MSNP chapters. Although some respondents underlined the importance of this sensitisation process, it is difficult to determine whether it resulted in buy-in and participation by government stakeholders. It should also be noted that working group participants were not interviewed as part of this review, thus the usefulness of the sensitisation process cannot be verified.

A UN representative expressed a need for similar sensitising sessions at the sub-national level to strengthen local nutrition governance, knowledge and awareness. Other respondents highlighted the need for more capacity and buy-in at senior political level.

## Involvement of government ministries

MQSUN+ conducted a high-level parliamentary event to launch the TA provision process. This engaged the SUN Government Focal Point, the previous SUN Technical Focal Point, UNICEF and the GIZ-funded SUN Movement Secretariat, to facilitate the set-up of working groups on nutrition in each of the sectors concerned, which should meet on a regular basis to elaborate detailed action plans for each sector. As well as MOHSPP, these included representatives of the Ministries of Agriculture, Education and Science, Industry and New Technology, Economic Development and Trade, and Finance, plus CSOs and development partners. To some degree, gender considerations were integrated in the formation of these groups through the participation of the Committee of Women, under the presidential office. These groups were formed to: raise awareness on nutrition; promote a participatory approach and work collaboratively to develop sector strategies; and develop the MSNP chapters with those stakeholders. The intention was to create a sense of ownership, and ultimately lead to better absorption and utilisation of the plan. Country stakeholders were involved in the facilitation of these working groups, for example both the SUN Focal Point and the Technical Focal Point presided over the working group meetings. Respondents have widely reported that this was a helpful process, and provided active engagement and discussions with good attendance across the sectors. However, convening the working groups and sectoral stakeholders on a regular basis proved extremely difficult, and this approach was not successful in obtaining the level of detail required for each chapter. The MQSUN+ consultants mentioned that the engagement varied based on awareness levels (e.g. MOHSPP were more engaged compared to other ministries, while some ministries did not engage at all).

Given the difficulty in convening the sectoral working groups as an approach for development of a detailed multisectoral action plan, MQSUN+, in collaboration with its in-country partners, took the decision to draft the action plan based on existing country documentation (including sectoral policies, plans, programmes and guidelines) and the data/information collected through the sectors, and then to submit the chapters for review and comment as they were produced.

The former MQSUN+ consultants collected primary data on key sectors (i.e. water, sanitation and hygiene; health; education) through KIIs and stakeholder consultations. This included information about existing policies and programmes in each sector and ongoing nutrition-related actions, as well as data on target populations (e.g. number of children 0-6 months and 6-59 months old, number of women of reproductive age, number of school-age children, number of children with acute malnutrition, number of pregnant women with anaemia, etc), infrastructure (e.g. number of primary and secondary schools, health facilities, water points), human resources (e.g. health workers, extension workers), and social protection (e.g. number of vulnerable women prioritised in social protection strategies, coverage of food baskets to vulnerable families, and current linkages between vulnerable families on social protection lists and nutrition services). The data collected were used to inform the various activities proposed in the MSNP chapters. However, a key limitation was the lack of data collection and verification of plan activities at the sub-national level.

Respondents reported difficulties in getting stakeholders to engage in the development of the MSNP chapters. Throughout the process, it proved difficult to maintain discussions on nutrition planning, as the focus would shift to discussions on resourcing, rather than developing a plan or a policy. It is possible that these difficulties relate to a lack of knowledge and expertise on nutrition, or perhaps a lack of clarity on roles and responsibilities, as some respondents stated initially the former MQSUN+ consultants were expected to take ownership and work independently in producing the deliverables. However, it may also be an indication of a more extensive problem related to the placement of the SUN Focal Point in the MOHSPP, which restricted the FP's capacity to convene government stakeholders or leverage contributions from other ministries.

## Involvement of international actors

UNICEF has been intricately involved in the TA design, provision, facilitation and organisation of meetings on behalf of MQSUN+, and also in the dissemination and utilisation of the outputs following their completion. The reason for this is that government protocols dictated that MQSUN+ could not directly engage with or submit deliverables to the MOHSPP or any other government body.

Consequently, UNICEF played an important role as facilitator. One respondent considered that MQSUN+ appeared to be supporting UNICEF rather than the government. However, without their support, MQSUN+ consultants reported how they would have certainly struggled to engage with the relevant government stakeholders. UNICEF played a critical role in providing linkages, despite the difficult bureaucratic government processes, and ensuring alignment with the country's strategic goals.

Between 2015-2017, other international actors such as USAID had several meetings, consultations, and interviews with nutrition-related stakeholders, including the MOHSP, to define TA priorities. USAID initially provided co-funding for developing the CRF. They also provided input in the workplan, but due to declining interest in pursuing the development of the CRF/MSNP (as a result of the long development process), they later withdrew their support.

Food and Agriculture Organization (FAO) and WFP, as members of the SUN platform, participated in the initial inception of the TA by providing relevant documentation and taking part in the initial workshop. Although active in nutrition, World Health Organization (WHO) had limited involvement in the TA delivery process. In Tajikistan, WHO focuses on non-communicable diseases such as overweight and obesity. It had previously supported the MOHSP on other health-related policies and interventions, including the development of the Nutrition and Physical Activity Policy, and their input may have been valuable from this perspective.

### Timeframe and duration of technical assistance

As previously noted, there was general consensus among respondents that the TA came at the right time for the country, as national priorities and strategies with relation to nutrition were sufficiently developed for the TA to be relevant and absorbed. However, the process of developing the deliverables took longer than initially anticipated.

In addition to slow and bureaucratic government review and validation processes, the translation and feedback process played some role in this. As the draft of each chapter was finalised by the MQSUN+ team, it was shared with UNICEF for initial comment and then translation. Translated chapter drafts were then sent by UNICEF through the Ministry of Foreign Affairs to the SUN Focal Point in the MOHSP, for review and further dissemination to relevant sector stakeholders. Any subsequent feedback from those stakeholders would then require translation by UNICEF before finally being shared with and addressed by the MQSUN+ team.

Although the translation and review process was cumbersome, many respondents reported that the challenges relating to the political context, described in section 5.2.6, contributed significantly to the extended duration.

### Availability and use of data

The MQSUN+ team used a range of data sources to inform the CRF and the MSNP, including the TA design and development of deliverables. Data sources included the WHO/WFP 2012 report, which was the first real documentation of nutrition issues in Tajikistan.<sup>43</sup> Other sources included the DHS (2012, 2017), the Multiple Indicator Cluster Surveys, and the national micronutrient status survey (2016).

### Political economy

A major challenge for the TA consultants was the strict government protocols to be followed when engaging with government stakeholders. International consultants are required to report and seek approval from the Ministry of Foreign Affairs for every meeting held with government stakeholders, which can take weeks. UNICEF sought the relevant approvals and permissions to conduct each meeting on behalf of MQSUN+, but this process was time-consuming and required significant preparation. For this reason, meetings between the TA team and the SUN FP were extremely rare, which did not help in terms of relationship-building and slowed the process. To overcome these issues and alleviate the bureaucratic burden, working groups were set up by in-country stakeholders, inviting a number of key government stakeholders to participate, for which approval

43 World Food Programme (WFP). 2021. Tajikistan Overview. Washington, DC: WFP. Available at <https://www.wfp.org/countries/tajikistan>

was only needed once. This way of working removed the need to seek approval for each bilateral meeting with a government stakeholder, however this meant the TA team could only engage with government via the working groups. Although the working group model can facilitate some engagement with government stakeholders (in particular in contexts with heavy administrative processes), this meant the former MQSUN+ consultants had a very limited window to collectively engage with ministries. Engagement through this channel was also very high-level and the information collected was not sufficient to further develop the MSNP chapters.

An additional contextual challenge was the level at which SUN stakeholders were convened in Tajikistan. In many countries, the SUN Focal Point is positioned at the level of senior government, for example within the Presidential or Prime Ministerial office, with the power to convene the various government ministries implicated. The SUN Focal Point is a political position, requiring high-level engagement, and the ability to convene government and other stakeholders and call for their participation in the SUN Multi-Stakeholder Platform. In Tajikistan, the SUN Focal Point is linked to the Deputy Minister of Health position. Respondents across the board agreed that the current positioning of the SUN FP constrains a multisectoral approach in responding to national nutrition priorities. For example, requesting information from other sectors/ministries currently requires petitioning high-level government (i.e. Prime Minister or President's office) to make these requests on the MOHSPP's behalf, as they do not have the authority to make these requests directly. This poses a huge challenge for multisectoral nutrition coordination, planning, implementation and reporting. Nevertheless, in a recent SUN coordination meeting, there were some promising discussions around positioning the SUN FP role in Tajikistan at a higher political level (i.e. the Deputy Prime Minister's office).

### Gender, equity and social inclusion

In relation to data collection, the MQSUN+ team ensured gender disaggregation in the collection of sectoral information, but no disaggregation was conducted for other marginalised groupings

In relation to the representation and inclusion of diverse voices, the respondents in-country stated that there was some participation of relevant experts to ensure the consideration of women, girls and other potentially disadvantaged and excluded groups. The Committee of Women, under the presidential office, had some involvement in developing the plan, through participation in consultations, workshops and in reviewing the draft. On the other hand, other respondents felt the inclusion of GESI perspectives was not sufficiently addressed, as the focus was to meet the basic requirements of nutrition-specific and nutrition-sensitive actions.

Respondents reported GESI to be implicitly linked to the objectives and activities in the MSNP, and the plan was described by some as 'gender-sensitive'. Although the plan did not have explicit chapters on GESI, some respondents have stated that by its nature, the CRF and MSNP target women (in particular, pregnant women, lactating mothers and women of reproductive age), children under five and vulnerable families. As the plan is focused on regions with high rates of malnutrition, this also promotes equity.

Respondents stated that GESI considerations were indirectly included in the plan, capturing the basic nutrition-specific and nutrition-sensitive aspects, although a systematic GESI approach was not taken. Others found the plan to be lacking in terms of explicit GESI-related components, noting that although some goals and activities foster a gender-sensitive approach, the document does not explicitly describe actions required to address gender-related determinants of malnutrition. Former MQSUN+ team members concurred with this and stated that, in retrospect, each chapter should have included a specific section on GESI.

### 5.3.3. Quality of TA outputs

Respondents agreed that the MSNP developed through the TA by MQSUN+ is of good quality. The TA delivered the first MSNP for the country, and was considered to be realistic and with the right level of analysis, using accurate and available data. The deliverables reflected the coordination efforts, as well as country-level discussions and inputs.

The former SUN Technical Focal Point stated that the MSNP achieved its objectives and provided a detailed action plan. He suggested that a midterm review (although currently not planned or budgeted for) may be conducted to assess the continued relevance of the objectives and the activities outlined in the plan.

The MQSUN+ team based the format of the MSNP on the SUN Checklist on the Criteria and Characteristics of 'Good' National Nutrition Plans<sup>44</sup>, with adjustments made after feedback from country stakeholders, particularly with relation to national government planning requirements. This includes page limits, indicators, tabular formats, figures, images and other regulations affecting the overall format. A detailed situational analysis included in the first draft of the plan had to be reduced, and consequently limited data and contextual analysis on nutrition is presented within the MSNP and CRF.

The primary purpose of the checklist is to assist the systematic review of existing MSNPs. It also serves as a complementary guiding tool in the development of new plans, and in this context it served as a useful guide on content, as there were limited examples from other countries at the time. Government planning cycles or format requirements were belatedly provided to the team, who then had to adapt the format of the plan. The lack of clarity on the format reportedly led to delays in finalising the MSNP. In addition, reaching agreement on the format and content of the CRF was a challenge. An MQSUN+ consultant noted that a standard format for a CRF did not exist and there were differing understandings of what a CRF should look like.

### 5.3.4. Utilisation of TA outputs

#### Launch and dissemination of TA outputs

The MSNP was signed and launched by the President of Tajikistan in February 2021. The plan has since been disseminated at national level to high-level government stakeholders, ministerial representatives, UN agencies, development partners and donors. Dissemination measures include:

- A Parliamentary roundtable.
- An official letter to ministries and government stakeholders outlining the official decree validating the plan and the commencement of implementation by relevant sectoral ministries.
- SUN Coordination Meetings led by the SUN Focal Point attended by relevant ministerial stakeholders, partners and international actors.

As of late 2021, the MOHSPP has not been able to publish the plan online. However, it is in the process of developing a webpage dedicated to nutrition, where the plan will eventually be hosted.

One respondent described how a newsletter for nutrition stakeholders was proposed to be developed by the MOHSPP, to provide updates on implementation progress of the plan. This would be beneficial for international actors and donor partners in keeping abreast of nutrition-related discussions and priorities at the government level, although respondents were not aware of any progress on this.

#### Uptake of TA outputs

Shortly after the launch of the MSNP, a meeting was held by the SUN Coordination Council (under the MOHSPP, comprising members from multiple ministries and agencies) to discuss next steps in terms of the uptake and utilisation of the plan for each sector/ministry. In this meeting, the establishment of sectoral working groups was proposed, and ministries have been tasked with setting these up to develop sectoral implementation plans reflecting the objectives and activities in the MSNP. In subsequent meetings, ministries will be required to report on the working groups' progress with relation to these. Working groups are also required to report to the SUN Coordination Council on a quarterly basis.

44 The SUN Checklist on the Criteria and Characteristics of "Good" National Nutrition Plans

In addition to the working groups, UNICEF has been requested by the MOHSPP to present relevant sector-specific sections of the plan to ministries, to underline its importance and raise awareness of the MSNP in each ministry. Although these activities are in the planning stage, a challenge in Tajikistan is the high staff turnover in ministries. Respondents described regular changes in ministerial representation at the SUN Coordination Council, making it difficult to maintain institutional memory and to progress towards goals and objectives.

Respondents highlighted plans to disseminate the plan at sub-national level, although this has not yet happened due to COVID-19-related restrictions. Respondents reported that working groups are also to be set up at regional level, to develop regional implementation plans for the MSNP. The Terms of Reference for the regional working groups is being developed by the MOHSPP and supported by the former SUN Technical Focal Point. Capacity development and training will be a key activity, to sensitise regional and national stakeholders on nutrition.

UNICEF is planning to support the Ministry of Trade and Economy to integrate aspects of the MSNP into District Development Plans, by providing relevant policy documents and capacity development support from consultants in six districts. This support should build the capacity of the Ministry of Trade and Economy, and ultimately empower and enable them to integrate the MSNP into the remaining district plans.

Country-level respondents reported that training materials relating to capacity development activities described in the MSNP are in the process of being developed, to suit a range of needs (i.e. from basic to expert knowledge).

### Monitoring and reporting

In Tajikistan, once a plan has been approved through a government decree, it is then subject to annual progress reporting to government. The MOHSPP is therefore now required by law to report on the progress of MSNP implementation. To manage this responsibility, the MOHSPP has established a new department tasked with coordinating and collating progress updates from the various ministries; monitoring implementation progress; and ultimately preparing annual reports to the government on multisectoral coordination and the overall status of implementation. A reporting format has not yet been developed, due to difficulties in finding relevant resources in Russian.

### Capacity

All respondents agreed that the TA provided by MQSUN+ has made a huge contribution to improving knowledge, awareness, and capacity of country stakeholders around nutrition and its multisectoral drivers. It has galvanised action in scaling up nutrition within government, and respondents have found decision making for nutrition to be strengthened.

An example of increased capacity of country stakeholders can be found in the recent development of a Micronutrient Deficiency Programme. This was developed for the MOHSPP by the former SUN Technical Focal Point, who was a national consultant for MQSUN+ following his retirement from his governmental position. Exposure to developing the MSNP reportedly enabled him to lead on the development of the programme independently, without external support.

Respondents emphasised the need for continued advocacy and capacity building, to ensure further progress in implementing the TA outputs and in scaling up nutrition. Particular capacity needs in monitoring and reporting were highlighted, as well as capacity building activities at the high-level and sub-regional level, in line with the planned activities set out in the MSNP.

### Buy-in from international actors

International actors have made some progress in coordinating efforts in response to the newly approved MSNP. Given their involvement and mandate, UNICEF initiated a process to coordinate efforts with the UN Strategic Framework for Nutrition that is being developed by FAO, WFP, WHO and UNICEF, in relation to supporting MSNP implementation. This framework is currently in draft, and needs to be signed and ratified by the member agencies.

## UN Strategic Framework for Nutrition (2021)

UNICEF initiated the development of a joint document to support the Government of Tajikistan to implement the MSNP 2021-2025. Under the framework of the MSNP, FAO, UNICEF, WFP and WHO will support the Government of Tajikistan to implement the Plan and achieve the national nutrition targets, which include:

- 40% reduction in stunted children under 5 years of age between 2020 and 2025
- 50% reduction in anaemia in women of reproductive age between 2020 and 2025
- 30% reduction in low birthweight between 2020 and 2025
- No increase in childhood overweight between 2020 and 2025
- Reduction in and maintenance of childhood wasting to less than 5% by 2025
- Reduction in adult overweight by 20% and adult obesity by 30% by 2025

### Vision

- To reduce all forms of malnutrition in children, adolescents, and pregnant and lactating women in Tajikistan through concerted efforts in advocacy, coordination, and technical support to the Government of Tajikistan in policy, programme development and implementation for nutrition among the UN agencies

### Strategic Objectives

1. Broaden the current narrative around nutrition from one that focuses on food security alone to one that fully addresses determinants of malnutrition in multiple systems
2. Coordinate and harmonise interventions to prevent and treat all forms of malnutrition among vulnerable groups

## 5.4. Key Messages and Lessons Learned

### 5.4.1. TA design

#### Understanding national capacity with relation to TA priorities and needs

- Prior to requesting TA, demonstrate commitment and political interest to tackling nutrition challenges. High-level political buy-in and readiness is key in developing multisectoral nutrition action plans. For example, during the EOI development, agree on a minimum number of meetings between the TA provider with the SUN Focal Point and other relevant political stakeholders, to ensure buy-in and sufficient participation.

#### Assembling the TA team

- Include national consultants in the TA team, to leverage in-country knowledge, translation and experience, and to promote capacity development and sustainability. A national consultant can help ensure local coordination and utilisation of local knowledge.
- Consider the need for specific expertise related to sectors (agriculture, social protection, education, etc) to facilitate the development of sector-specific activities with relevant ministries.
- Consider the need for specific expertise related to gender equality, equity and inclusion, and nutrition within the TA team, bringing practical examples, tools and resources.
- Consider the need for regional/bilingual nutrition expertise in countries with limited working English knowledge.

## Contextual considerations

- Research bureaucratic procedures, permissions required, and the political context, to inform realistic timeframes and objectives through a political economy analysis.
- Ensure a thorough understanding of the SUN coordination mechanisms in country and the convening power of the SUN Focal Point, which are crucial in understanding the in-country dynamics and relationships between government actors.

## Involvement of national and sub-national stakeholders

- Define roles and responsibilities of the TA provider and the country stakeholders (including sub-national stakeholders) involved in document development and review, to promote participation of all relevant stakeholders.

### 5.4.2. TA provision process

#### Capacity development

- Conduct a rapid nutrition capacity assessment in collaboration with country stakeholders across sectors, to inform capacity development activities within a plan. The assessment could also inform sensitisation and awareness-raising activities to promote participation and buy-in.
- Include an initial phase of sensitisation and awareness-raising on nutrition for country stakeholders before starting to develop outputs. Setting up working groups on nutrition for each sector to develop detailed action plans can be a useful mechanism to advocate for and raise awareness on nutrition among a wide range of stakeholders.

#### GESI

- Explore ways of integrating GESI into any capacity development activity as part of the TA process (e.g. sensitisation and awareness-raising workshops), and provide guidance on how to integrate GESI into technical documents such as the MSNP.
- Continuously review the inclusion and participation of an appropriate mix of stakeholders throughout the stages of TA provision, including gender expertise (i.e. ministries or government stakeholders involved in gender and inclusion).

#### Flexibility

- Ensure there is sufficient flexibility in TA timeframes, which is essential given the number of stakeholders involved in the process, their respective policy, programme and budgeting cycles, and any related delays, especially in countries with challenging bureaucratic processes.

### 5.4.3. Quality of TA outputs

#### Format and accessibility

- Ensure country-specific requirements on the presentation of TA outputs is sufficiently considered prior to their drafting, including aspects such as format, content, and level of detail.

#### GESI

- Include sub-sections in technical documents (such as MSNPs) that explicitly describe the integration of GESI in all steps of the programme cycle.

#### 5.4.4. Utilisation of TA

##### Validation, launch and dissemination

- Include the development of a costed dissemination plan for all relevant TA outputs as part of the TA provision, including:
  - Supporting the development of resources, such as handover notes, standardised presentations and policy briefs (for different audiences at national and sub-national level).
  - Proposing a plan to ensure the TA outputs reach relevant platforms (online and offline).

##### Utilisation and uptake

- Support the development of a monitoring plan to support multisectoral plans, including the development of resources and tools for tracking and reporting progress against nutrition objectives.
- Provide resources/guidance linking sector activities with nutrition, and supporting the development of sector-specific implementation plans.
- Support country stakeholders in the next phase of the plan's implementation at the sub-national level:
  - Sub-national planning processes can be supported through the provision of resources (such as roadmaps, standardised presentations, and briefs) for regional and community audiences.
  - Foster a multisectoral approach at the sub-national level by developing multi-stakeholder platforms at the regional level. Support can be provided in developing the ToR, the process of mobilising regional stakeholders, and providing sensitisation sessions encouraging participation and buy-in.

# Effectiveness of Technical Assistance:

## How has assistance provided to SUN countries by MQSUN+ (2017–2020) contributed to efforts to scale up nutrition?

### 6. Yemen

#### Key Findings

- Fragile, conflict-affected Scaling Up Nutrition (SUN) countries require a unique type of support from the SUN Movement and technical assistance (TA) providers. In the case of Yemen, an approach which included both factions was considered most appropriate.
- Remote support from MQSUN+ to the Yemen SUN Secretariat worked well; did not compromise the quality or effectiveness of TA provision; and facilitated better government leadership of processes and ownership of the resulting outputs. Clarity and consensus on the objectives of the process, preparation, and robust design of tools for collecting information were key enabling factors.
- Capacity strengthening efforts could be enhanced with the provision of dedicated expertise in gender, equity and social inclusion, and nutrition.
- TA outputs were of good quality but complex and not accessible to all. The further development of abridged, more digestible resources and tools can help to promote awareness, uptake and utilisation, particularly to lower levels of government and partners at sub-national level.

## 6.1. Case Study Background

### 6.1.1 Yemen nutrition situation

Yemen has experienced major political and civil unrest since 2011. Since 2015, this has escalated into a widespread civil conflict and increasingly severe economic instability and unemployment, contributing to a steep rise in food and nutrition insecurity. Caught up in one of the largest humanitarian crises in the world, at the time of writing it is estimated that more than two thirds of Yemen's population currently require humanitarian assistance, of which an estimated 7.4 million people are in need of food assistance.<sup>45</sup> Not surprisingly, Yemen is off-course to meet the World Health Assembly (WHA) targets for all indicators for which there is adequate data.<sup>46</sup> With almost half of children under five stunted (46.4%), the country has one of the highest stunting rates in the world. The prevalence of child wasting is also alarmingly high at 16.4%. Two million children are affected, of whom 360,000 suffer from severe acute malnutrition. Only one in ten infants is exclusively breastfed and only 15% of children aged 6–23 months are fed a minimum adequate diet. At the same time, Yemen's adult population also faces nutrition problems: 69.6% of women of reproductive age have anaemia, while 53.3% of women are overweight, of whom 22% are obese, highlighting an existing triple burden of malnutrition in the country.

Depletion of government financial resources has resulted in the discontinuation of many public services, including in relation to health and education. In 2019, it was estimated that only around half of the health facilities were functional.<sup>47</sup> COVID-19 has only served to exacerbate this situation.

45 UNOCHA <https://www.unocha.org/yemen/crisis-overview>

46 Global Nutrition Report 2020 <https://globalnutritionreport.org/resources/nutrition-profiles/asia/western-asia/yemen/>

47 Yemen crisis overview, OCHA <https://www.unocha.org/yemen/crisis-overview>

Yemen joined the SUN Movement in November 2012. At the time, attention had been brought to the scale of the malnutrition problem when an emergency response was launched due to conflict in the north of the country, causing internal displacement of the population. The high-level commitment of Yemen to address issues of malnutrition was signified by the immediate appointment of the Minister of Planning and International Cooperation as the SUN Government Focal Point.

### 6.1.2. MQSUN and MQSUN+ technical assistance to Yemen

Between 2013 and 2020, first MQSUN (2013-2016) and later MQSUN+ (2017-2020) provided intermittent TA to Yemen, working in close collaboration with the Yemen SUN Secretariat based in Sana'a (operating under the official government). This has included:

- Support to the preparation of a national nutrition framework document;
- A draft intervention impact projection (2013-2016);
- Updating of the nutrition contextual analysis in 2017 to reflect the consequences of the conflict on the humanitarian situation in the country;
- Updating a costed Common Results Framework in 2018; and
- Development of a Multisectoral Nutrition Action Plan,<sup>48</sup> monitoring and evaluation plan, and an advocacy and communication strategy, which were finalised and launched in mid-2020.

This support was managed through the SMS and provided as a 'last resort' (i.e. no other TA providers available in-country were willing or able to undertake this support).

## 6.2. Methods and Limitations

An outline framework was developed for consultation with country stakeholders through Key Informant Interviews (KIIs) or focus group discussions.

The review team contacted the SUN Secretariat in Sana'a to organise a first consultation and to obtain a full list of stakeholders who were involved at different stages in providing TA and/or using the TA products. A total of 25 stakeholders were contacted, from Yemen SUN Secretariat and networks, sector ministries, UN and civil society agencies, the private sector, as well as MQSUN+ former TA providers. A total of nine stakeholders (three women and six men) participated in the exercise, including representatives from the Yemen SUN Secretariat, SUN network representatives, government ministries (Sana'a), UN agencies and a former MQSUN+ consultant .

This exercise was conducted remotely via Zoom calls and was limited to discussions with stakeholders based in Sana'a, in official government-held areas, where the Yemen SUN Secretariat is based (under the Ministry of Planning and International Cooperation (MOPIC)) and where MQSUN+'s TA was focused. A number of stakeholders could not be reached, including representatives from the Ministry of Health and UNICEF, key agencies responsible for national nutrition planning and implementation.

## 6.3. Findings

### 6.3.1. TA design

#### Demand for TA and priorities

Representatives from the Yemen SUN Secretariat described how in 2017 needs for TA were defined through a country-led process, in close collaboration with five main sector ministries (Health, Agriculture and Industry, Water and Energy, Education, and Fish Wealth), as well as UNICEF and WHO, who were very collaborative and supportive. Following the change in context in Yemen,

48 [https://mqsunplus.path.org/wp-content/uploads/2020/08/Yemen-MSNAP-FINAL\\_29April2020.pdf](https://mqsunplus.path.org/wp-content/uploads/2020/08/Yemen-MSNAP-FINAL_29April2020.pdf)

it became necessary to update the contextual analysis and develop a costed CRF and MSNAP with associated M&E and advocacy plans, in order to address the increasingly complex nutritional needs in the country, from both a humanitarian and development perspective.

A two-phase Terms of Reference (TOR) for TA to these processes was developed. This was supported by the UNICEF country office, who played a key role in connecting the Yemen SUN Secretariat with the SMS, who then approached MQSUN+ with the request for TA. MQSUN+ and the Yemen SUN Secretariat jointly developed an expression of interest based on the TOR. The Yemen SUN Secretariat considered the process followed to be satisfactory and that TA needs were well defined. They also considered the TA design and implementation to be sensitive to the political situation in Yemen, and the resulting outputs to provide the right level of analysis and reference to this context.

### National capacity to support and contribute to the TA process

In terms of national capacity, an initial rapid capacity assessment meeting (not following a formal format) was conducted by the Yemen SUN Secretariat, in collaboration with sector stakeholders and UN partners (UNICEF, WHO) to define existing capacities (both technical and logistical) to support the development of the TA outputs. SUN Secretariat representatives noted that a more formal capacity assessment tool to guide and improve this process would have been helpful.

Whilst government agencies had very limited technical or logistical capacity, UNICEF were able to provide support to the implementation of national activities relating to the TA (meetings, workshops, recruitment and funding of a national consultant). MQSUN+ was required to provide multisectoral nutrition expertise and support to the development of deliverables, skills which were not considered to be available in-country. A national consultant was hired by MQSUN+ to support the development of the different deliverables with country partners, aided by the international consultants. A key aim of this was to support national capacity development and promote sustainability.

### International consultant capacity

Country stakeholders considered previous experience of developing plans and CRFs to be essential. In particular, important prerequisite skills included: firstly, the ability to work with sectors on how to adapt or design interventions to ensure a clear link/objective in terms of improving nutrition, providing examples from other countries; and secondly, the ability to map and highlight how sectors can link together nutrition-specific and nutrition-sensitive interventions to reach the most vulnerable groups. Country stakeholders noted that they would have liked to have been consulted on international consultant profiles to ensure they had the necessary experience and skillset. MQSUN+ acknowledged this had not been done, noting this as a lesson learned.

### Involvement of government ministries

The TA was conducted in collaboration with the SUN Secretariat in Sana'a, under the 'official government'. The SUN Secretariat representatives have made continuous efforts to communicate with stakeholders in Aden (under the 'de facto' government) on the development process of the various outputs and to share these at different stages. On reflection, both SUN Secretariat representatives and the TA provider felt that more efforts should have been made to include both sides from the initial negotiation and design stages onwards, despite the great logistical and organisational difficulties involved. This approach would have been more 'neutral' and inclusive, and would have reduced the security risks for the SUN Secretariat staff associated with travelling between the two sides. It was also suggested that the need for UN agencies to remain neutral in the context may have affected their support, engagement and subsequent buy-in to the outputs produced, as the TA process supported Sana'a stakeholders only.<sup>49</sup> The SUN Secretariat suggested that UN and development partners working with both sides could assist in ensuring the inclusion of each in such processes.

<sup>49</sup> The team were not able to verify this with UNICEF.

A number of key sector ministries from the ‘official government’ and other stakeholders were involved from the start in the TA design and development of deliverables. However, representatives from the Yemen SUN Secretariat noted that involvement of further key stakeholders at this stage would have significantly improved the breadth and content of the outputs produced. This includes, for example, stakeholders from social protection, civil society, Chamber of Commerce and the private sector. The absence of these actors and inputs was realised only later in the process, when the MSNAP had not provided a suitable basis from which to develop guidance/strategies, for example in the area of targeting social protection to nutritionally vulnerable groups. The Global Action Plan (GAP) on wasting involved the Ministry of Social Protection and Social Welfare fund in the design of activities for nutritionally vulnerable groups, although these were not included for the MSNAP. These sectors and actions have subsequently been added to the CRF and MSNAP.

The involvement of sub-national actors in Yemen was challenging due to state fragmentation and the ongoing conflict. This prevented visits and workshops with governorates in the TA design and delivery. To counter this, the SUN Secretariat invited representatives from Sana’a-controlled governorates to participate in workshops and consultations at national level. These include community representatives, sub-national women’s committees, experts working with coastal women, etc.

### Involvement of international actors

WHO and UNICEF were actively involved in the TA design and outputs development stages, whereas WFP and FAO participated in some of the stakeholder workshops to support development of the outputs, but otherwise were not proactively involved. One UN representative highlighted how UN agencies (FAO, UNICEF, WFP and WHO) had jointly worked on a ‘call for action’ for nutrition in 2018, outlining the commitment being made for Yemen for a three-year period from donors (including FCDO), UN, INGOs and government to address the malnutrition situation, with the main focus on acute malnutrition. This was then presented to the Yemen SUN Secretariat and the multisectoral planning team as a contribution to the MSNAP development.

Another UN representative interviewed noted that international organisations currently working in Yemen, including UN agencies and NGOs such as International Medical Corps and Save the Children, could have usefully contributed to planning discussions, but were seemingly not involved. Another stakeholder noted the need for international agencies to remain neutral in terms of their engagement with governments in the north and south of Yemen, which may have affected the engagement with MOPIC in Sana’a with relation to the MSNAP.

### Availability and use of data

The TA team used a range of data sources to inform the contextual analysis, the design of the TA and development of deliverables. These included Integrated Phase Classification (IPC) reports, SMART surveys, indicators collected by different sectors and a rapid capacity survey. Data collection focused particularly on women of reproductive age and children under five, as well as some specific marginalised groups. It was realised later on that a key group missed from the data collection and analysis, and ultimately from the outputs, was adolescent girls. Another key constraint linked to data collection is that in Yemen much of the data and information on nutrition-related activities is collected by UN agencies and development partners, who were reportedly not able to provide all the information required.

### Gender, equity and social inclusion considerations

Stakeholders reported that gender had always been a consideration linked to nutrition since signing up to the SUN Movement. Women participated in developing the nutrition action plan and were a clearly-identified main target of the plan, with gender well integrated into its sectoral components. Representatives from marginalised groups (e.g. coastal populations) also participated in planning workshops. However, representatives from the SUN Secretariat noted a lack of emphasis on practical ways to link nutrition, gender and equity. They suggested that

more expertise and orientation would have been welcome at the design stage, drawing from experiences and studies from other countries and using existing resources such as webinars, guidelines and country case studies. Stakeholders observed that gender/equity expertise and the use of a specific framework would also have facilitated a better incorporation of gender and equity issues in the contextual analysis; within subsequent stakeholder workshops and consultations; and in defining outcomes, indicators, activities and target groups.

### 6.3.2. TA provision process

#### Remote TA provision

MQSUN+ TA consultants provided remote support to the Yemen SUN Secretariat and the national consultant via email and Zoom, which was considered to have worked very well. This mode of support was not felt to have compromised the quality or effectiveness of TA provision, and in fact facilitated better government leadership of processes and ownership of the resulting outputs. The international consultant team supported national consultants and stakeholders in the preparation and facilitation of workshops and consultations, for example in terms of tools and resources to be used, objective setting, defining outcomes and write-up. The SUN Secretariat representatives highlighted the importance of clarity and shared consensus on the objectives of the process, preparation and robust design of tools for information collection.

The MQSUN+ international TA consultant noted how working remotely constrained their ability to gain insights on the dynamics of field implementation and outreach work, limiting possibilities to propose realistic and scalable solutions. This required the use of available evidence and experience to make estimates, which were then cross-checked and validated by country stakeholders. Costing the plan was conducted in a similar manner, building on information gathered online and through discussions.

#### Capacity strengthening through the TA process

Stakeholders reported they had learnt a lot from both the international and national consultants providing the MQSUN+ TA. However, given very limited existing knowledge and capacity in nutrition in Yemen at the start of the TA process, it was highlighted by a number of respondents that an initial phase of capacity strengthening for all stakeholders concerned (including sector ministries, private sector, civil society, academia, media) would have been extremely beneficial as part of the design phase and before the development of deliverables. As was pointed out by the SUN Secretariat representatives, although the roles that different sectors and stakeholders play in addressing malnutrition may be clear to TA providers, they are not necessarily clear to someone who, for example, has worked for 25 years in the agriculture sector. Suggested topics included: basics of nutrition; a whole of government approach to improving nutrition; specific examples of nutrition-related action within each sector; latest updates, information and evidence on nutrition; how to integrate gender, equity and social inclusion (GESI) and nutrition; an introduction to multisectoral nutrition actions and plans; and sharing a few key supporting reference documents and examples from other countries.

One ministry official noted this was the first time a multisectoral plan was developed with the participation of so many different stakeholders. The exercise represented a steep learning curve for country participants, covering areas such as setting a Theory of Change and objectives, agreeing targets, defining indicators and designing activities in relation to these. Different planning procedures were followed within government ministries, using specific models and templates. Stakeholders appreciated the introduction to a new, multisectoral mode of planning, based on tools used in other countries and contexts. Interviewees indicated that it is anticipated that the plan, along with the advocacy and communication strategy, will help significantly with resource mobilisation for nutrition across the sectors.

## Guidance and tools

Stakeholders noted that it would have been helpful if toolkits and guidance that were used by the TA team had been shared and discussed with national stakeholders upfront, rather than at the end of the design process. For example, data collection forms, training tools, GESI integration tools, stakeholder/capacity mapping and costing tools. This would have helped inspire the national stakeholders and facilitate their improved contribution to the TA design and implementation, and ensure the best tools and resources were used to suit the country context and needs. In fairness, it should be noted that during the MQSUN+ TA provision, many tools were being developed simultaneously to enhance country support, based on the evolution of the TA process, and were therefore not readily available at the outset for sharing. However, for future TA provision, this would be a realistic proposition.

## Stakeholder participation

Interviewees noted that, as with the design process, some key actors were missing from the TA stakeholder engagement process, for example, the nutrition cluster and the Chamber of Commerce; the latter of whom came on board later in the process.

Stakeholders from sector ministries reportedly provided very positive inputs for defining actions and indicators for nutrition, both for the multisectoral plan and for integration into their own sector plans, as well as the range of public and private sector stakeholders to be engaged. It was stated that draft outputs had been widely shared for review and validation with stakeholders, and inputs were considered to have been well-integrated in the final versions.

## Gender, equity and social inclusion

To ensure inclusion of the voices of women and other marginalised and vulnerable groups such as internally displaced persons (IDPs), and rural and coastal dwellers, MQSUN+ and the Yemen SUN Secretariat promoted their representation in workshops, advocacy events and bilateral consultations throughout the TA process. For example, representatives of the National Committee for Women, from the women's units within sector ministries, and from groups representing IDPs or rural/coastal populations were invited to attend meetings, as these agencies hold responsibility for their inclusion in government policies. Workshops to support the advocacy plan development included GESI considerations, for example through an exercise to discuss how women can lead and advocate for nutrition at district level, involving sub-national women's groups and women's committee representatives.

SUN Secretariat representatives felt the international consultant team did not provide expertise in designing and integrating sectoral activities which specifically aim to enhance nutrition through improving equity and social inclusion, or vice versa. It was suggested that specific expertise and training sessions are required on these issues, as well as the development of a checklist / guidance note with criteria, to improve the inclusion of gender, equity and nutrition within national nutrition plans.

### 6.3.3. Quality of TA outputs

The stakeholders interviewed all reported that the MSNAP developed through the TA by MQSUN+ was generally of good quality, succinct but sufficiently elaborated. The plan is considered to be realistic and with accurate and sensitive reference to the political and economic situation in Yemen, with the right level of analysis, given that the documents were to be shared with governments in both Sana'a and Aden. One respondent highlighted the inclusion of innovative private sector approaches in the plan, which has provided inspiration and examples during engagement with this sector. As noted above, some additions have been required to include technical areas previously absent (e.g. standardisation and quality control relating to food safety and food fortification, adolescent girls' nutrition).

Several stakeholders noted that a description of cost calculations was missing from the costing component of the plan, with the same costs repeated year by year. This has raised questions

among UN agencies and within ministries around costing methods, with potential ramifications for consideration of the plan as a serious prospect for financing. The TA consultant noted the difficulty of conducting costing remotely, but stressed that all relevant material available to inform the exercise had been used, including donor costing information, previous sector costing exercises, and materials available online, cross-referenced through stakeholder discussions. The consultant also suggested that for shaping donor pipeline preparations, a more practical and strategic approach than a costing exercise would have been to identify available funding and opportunities to leverage more, coupled with a financial gap analysis relating to nutrition priorities.

One respondent remarked on the complex nature of the outputs, which are accessible only to well-educated individuals. They proposed the further development of more digestible resources and tools to promote uptake and utilisation, particularly to lower levels of government and other partners at sub-national level, whose technical knowledge may not be as strong.

The SUN Secretariat and other stakeholders reported facing issues with a large number of errors in the Common Results Framework, requiring some significant adjustments. This included for example, weaknesses in the formulation of objectives, activities and outcomes, which were found to be too simplistic when it came to developing proposals and adapting plans to implement these (e.g. in response to the EU call for proposals for CRF implementation). Some respondents felt that the CRF included very limited linkages between the activities of different sectors, and did not provide sufficient detail to guide implementation, such as priority communities for targeting (e.g. based on malnutrition rates/figures). Large sections of the MSNAP document have reportedly been further developed under the supervision of the Yemen SUN Secretariat in collaboration with local experts. However, the TA representative noted that CRFs were not intended to be detailed but serve rather to provide 'top line' aspects for further elaboration in next steps, such as the development of sector-specific plans, proposals or thematic summaries. Informal sector briefing notes were prepared by the TA team, highlighting priority actions by sector. Both the TA provider and the SUN Secretariat representatives suggested that providing example proposals for each sector could have supported onward elaboration and implementation of activities proposed in the CRF.

#### **6.3.4. Utilisation/outcomes of TA provision**

##### **Launch and dissemination of outputs**

The MSNAP was officially launched by MOPIC (led by the SUN Secretariat) in late 2020. This had to be conducted online due to COVID-19. The MSNAP has since been widely disseminated at national level to high-level government stakeholders, ministerial representatives, UN agencies, development partners, private sector and donors. The package of TA outputs has also been shared with MOPIC and other stakeholders in Aden. SUN Secretariat representatives stated they have the impression that the outputs were well-perceived. However, stakeholders reported that beyond this, there has not been much publicity around the outputs.

The online launch and dissemination via email were viewed to perhaps have been overwhelming for country stakeholders, and a series of face-to-face workshops and consultations would have been more optimal to promote the uptake and utilisation of the outputs. A number of additional events with donors and other potential partners had been planned to encourage financing and implementation of plan activities, but to date this has not been possible due to COVID-19. Long-term lack of funding of the SUN Secretariat staff and other government staff has also severely restricted possibilities to conduct activities for plan promotion, dissemination or implementation. As MOPIC/SUN Secretariat were not able to publish the MSNAP online, they greatly appreciated that MQSUN+ profiled the plan on their website, together with a link to the document, making it easily accessible and retrievable with a web search.

##### **Capacity**

All stakeholders described how the TA provided by MQSUN+ has made a huge contribution to improving knowledge, awareness and capacity of country stakeholders around nutrition and its

multisectoral drivers in the Yemen context. It is hoped that this will empower stakeholders to take some action, even in the midst of a very challenging humanitarian context.

One stakeholder remarked on the benefits of having a common platform for nutrition for all stakeholders to jointly agree on a shared vision and plan. In addition, the experiences of the different sectors in developing the MSNAP has strengthened their capacity to contribute as a group to other nutrition-related processes, such as the GAP on wasting. However, in terms of taking the MSNAP into consideration in different sector policies and promoting joint implementation, it is felt that there is still some way to go in shifting mindsets from separate sector goals and priorities to a shared concern.

Participants stressed that continued advocacy and capacity building are still needed to ensure further progress in implementing the outputs and in scaling up nutrition. Capacity strengthening needs include management and coordination; consolidation of activities across sectors; mainstreaming GESI; monitoring and reporting; conducting surveys and assessments; developing fundraising strategies; writing proposals; and identifying financial resources. The potential to work with national academic institutions was highlighted by some stakeholders interviewed, in order to build knowledge and capacity in nutrition more sustainably.

### Gender, equity and social inclusion

Respondents noted that it is too early to comment on utilisation of the outputs to improve gender and equity outcomes with relation to nutrition. Although target groups are clearly delineated in the MSNAP, more specific examples of actions which mutually reinforce nutrition, gender equality, equity and inclusion would be welcomed. More involvement and participation from sub-national actors representing these groups and gender experts is felt to be needed for translating the plan into effective action.

### Scale

Although an increase in coverage of nutrition programmes has reportedly not yet been achieved as a result of the plan development, some government representatives noted some encouraging developments that are ultimately contributing to this. This includes an increase in the number of ministries and actors involved in and committed to nutrition, as well as the approval of plans to increase nutrition-related capacity within sector ministries. It is expected that this will facilitate an increase in nutrition-sensitive action across sectors, underpinning ongoing nutrition-specific actions. This is considered a great achievement in a context where making adaptations to the ministerial structure is very complex. It was reported that the MSNAP has been shared with stakeholders in the south (Aden), with the resulting establishment of a SUN Secretariat; this should facilitate further roll-out and utilisation of the TA products.

### Buy-in/utilisation from international actors

A key issue encountered during the review was the reported difficulty in communication and collaboration between state and international community actors in Yemen, impeding a common understanding of priorities and generating a sense of ‘external interferences’ in the nutrition sector. Although WHO and UNICEF were actively involved in the TA design and provision process, it was noted by some of the stakeholders interviewed that their support has since significantly reduced. One government stakeholder noted a “total disregard” for the MSNAP by international agencies, rather than a willingness to review the plan and coordinate accordingly with the relevant country stakeholders, taking pride in what has been achieved by the government with the support of partners, and supporting its implementation. As noted above, some key international stakeholders did not participate in the exercise and hence their perspective on these views cannot be represented here.

UN stakeholders highlighted how the current focus of operations is on responding to the emergency situation in Yemen, with the nutrition cluster becoming more dominant in terms of coordination (of international agencies), placing more emphasis on implementation of the GAP on wasting, and addressing other emergency needs. Although the UN Call for Action in

2018 had the longer-term intent to bridge the humanitarian-development divide, interviewees reported that in reality, the humanitarian response is increasingly the main focus of international actors. Interviewees stated that the MSNAP does not appear to have been used to inform this humanitarian action, although relevant components are included throughout. As the GAP relates to a global work plan and is contextualised in-country against this, its design in Yemen was conducted in relation to that, rather than in relation to the MSNAP, and no contributions were sought from the SUN Secretariat and sector ministries.

Although UNICEF and WHO supported the SUN Secretariat in accessing TA and resourced national-level activities, it was suggested that subsequent staff turnover has resulted in a lack of ownership of the TA outputs and engagement in related processes. UN partners interviewed were aware of the MSNAP and other TA outputs, but admitted they did not have detailed knowledge of these.

The absence of a SUN UN Network for Nutrition in Yemen was highlighted. The presence of a UN Coordinator who understands SUN could facilitate improved engagement and contributions from UN actors throughout the process; the dissemination of products to relevant actors, including donors; and the convening of events to discuss funding priorities. Stakeholders suggested that in a context such as Yemen, support from the international community for onward implementation of the MSNAP should be a criterion in assessing capacity to absorb and utilise TA products.

### Resource mobilisation

The EU issued a call for proposals at the end of 2020 to NGO partners for implementation of the CRF, for an amount of EUR 5 million. Apart from this, the Yemen SUN Secretariat and partners have had very limited success in mobilising funds for implementation of the plan since its launch. This is attributed to COVID-19 related restrictions and lack of staff capacity, together with a lack of interest and support from the international community. The SUN Secretariat reported how stakeholders involved in developing the MSNAP and associated documents have expressed their frustration at the lack of finance for implementation. A representative of the MQSUN+ TA team stated that plans are developed first and foremost for government use and not solely for the mobilisation of additional resources, but also for adjustment of existing budgets, policies and programmes. Such plans also enable better targeting and leveraging of existing/allocated donor funds (e.g. FCDO emergency, finance for social protection and water, sanitation and hygiene (WASH); UN food security, health, WASH, social protection and education interventions) and development partner programmes to address nutrition priorities.

A representative from the SUN Business Network highlighted the potential for the UN mission to better support resource mobilisation and targeting, to support the achievement of plan objectives, given the UN's existing involvement in all sectors covered. This would promote greater synergy between humanitarian and development action, and between emergency and long-term strategies to improve nutrition. Annual Humanitarian Needs Overview (HMO) discussions between the humanitarian community and government ministries were highlighted as an opportunity to profile some key funding priorities from the MSNAP for inclusion in the Humanitarian Response Plan (HRP).

### Empowering country-led action

COVID-19 has prevented face-to-face meetings since the beginning of 2020, hindering the extent to which the newly validated plan could be promoted to high-level government actors and potential donors. However, interviewees indicated that opportunities to promote the plan to high-ranking ministry officials have been used wherever possible. They regard the MSNAP as a strong advocacy tool for nutrition in facilitating focused discussions around funding and potential partnerships across the different sectors concerned. Given political preoccupations with the conflict, however, nutrition is not yet prioritised at the level of senior government nor adequately recognised in the Government of Sana'a's eight-year strategic plan (Yemen 2022-2030). Gaining commitment from politicians and making changes to outdated policies and legislation are therefore said to be very challenging at this time.

One UN representative suggested that TA providers should maintain involvement with country stakeholders until the outputs are validated and adopted at the highest level (e.g. through support

to presentations, identifying key messages, facilitation of roundtables), and support the elaboration of roadmaps to facilitate implementation.

Despite delays to implementation since the launch of the MSNAP and associated documents, stakeholders described how the plan has been used as a key resource to support a number of processes. Box 1 below presents some examples.



## Box 1 – How MQSUN+ TA outputs have been used in Yemen to make progress in improving nutrition

### National stakeholders

- Based on activities included in the MSNAP, the **Nutrition Information System has been improved** through the development of tools for measuring progress and reporting.
- The **Ministry of Agriculture (MOA)** has included nutrition within its **extension activities**, including referrals of malnutrition cases, school gardening, school meals provision, promotion of adolescent girls' nutrition, and integration of nutrition messages into social and behaviour change communication activities.
- The **Ministry of Standardisation** has used the MSNAP to **develop a new plan on industrial standards relating to nutrition**.

### Private sector

- Although still at a very basic level, **public and private sectors are integrating nutrition-related indicators from the MSNAP into policies and plans** (e.g. relating to malnutrition rates and diet diversity). More **brainstorming and advocacy on the inclusion of nutrition considerations** is happening in both the public and private sector.
- The **SUN Business Network** for Yemen has used the MSNAP as a key resource in drafting a private sector plan for nutrition in Yemen, with active participation of different sectors. Under the auspices of the Chamber of Commerce, the private sector has begun discussions around **nutrition integration** as well as consideration of potential conflicts of interests.

### UN partners

- The **MSNAP is reportedly being used as a foundation for stakeholder discussions on the Global Action Plan on wasting**, with parts of the plan being integrated into the Humanitarian Response Plan. The **FAO** has promoted MSNAP components in their interactions with the MOA, including supporting interventions in schools to improve the diets and nutrition of adolescent girls and boys.

### Civil society

- Discussions are taking place with NGOs and CSOs to **establish a civil society network for nutrition**.

### Donors

- **The EU launched a call for proposals (EUR 5 million):** 'Strengthening inclusive nutrition approaches in Yemen.' The specific objective is to implement sustainable, resilient and scalable nutrition-sensitive interventions, **aligned with the SUN Yemen Multisectoral Nutrition Action Plan 2020–2023**.<sup>50</sup>

<sup>50</sup> <https://webgate.ec.europa.eu/europeaid/online-services/index.cfm?do=publi.welcome&nbPubliList=15&orderBy=upd&orderByad=Desc&searchtype=RS&apply=N&aofr=171399&userlanguage=fr>

## 6.4 Key Messages and Lessons Learned from Yemen

### 6.4.1. TA design

#### Understanding national capacity with relation to TA priorities and needs

- Jointly agree on TA priorities; carefully assess in-country capacity and identify gaps; and include an initial dedicated phase of orientation and capacity strengthening, including activities relating to GESI and nutrition.

#### Assembling the TA team

- Share CVs/profiles of TA consultants, to ensure a good match of skills to needs and priorities, and include a national consultant to build capacity and promote sustainability. Ensure the team has the required skills relating to multisectoral nutrition implementation, including experience of sector programmes to address nutrition, and points of convergence between sectors and GESI and nutrition.

#### Contextual considerations

- In contexts of state fragmentation, aim where feasible for TA to engage both sides from the outset, to promote inclusion and neutrality as well as ownership.

#### Involvement of national and sub-national stakeholders

- Provide a 'stakeholder checklist' to the SUN Focal Point and team to promote the participation of a wide range of stakeholders from an early stage.
- Ensure the voices of citizens are heard and that they are meaningfully engaged. Where direct engagement with sub-national actors is not possible, invite stakeholders from this level to participate in national-level workshops and other events where feasible.

### 6.4.2. TA process

#### Consensus on TA methods

- Develop a reference framework outlining a choice of tools, resources and guidance available to support different sectors and processes, to promote consensus on methods and ensure high quality outputs.

#### Capacity development

- Build capacity in nutrition as much as possible within the framework of the assignment, across sectors and stakeholders with relation to their specific roles, prior to their engagement in the development of outputs (e.g. through capacity assessments and tailored training sessions).
- Include specific expertise and training sessions on aspects relating to GESI and nutrition. A checklist/guidance note can improve GESI aspects of TA outputs.

### 6.4.3. Quality of outputs

- Where data gaps exist, draw on development partners to enhance contextual analysis in relevant outputs.
- Ensure that country requirements and expectations are well understood, including aspects such as format, content, level of detail, prior to drafting outputs.

#### 6.4.4. Utilisation of TA outputs

##### Validation, launch and dissemination

- Support country stakeholders to plan for the launch and dissemination of TA outputs, e.g. developing resources (like roadmaps and handover notes); identifying key audiences, opportunities and resources to facilitate promotion and dissemination of outputs; and proposing means by which outputs and associated resources can be shared online, e.g. on country platforms, the SUN website, TA provider's website.
- Support country stakeholders to advocate to international partners to reference and align their funding, plans and actions with government plans.

##### Capacity development

- Work with national TA providers and academic institutions to identify priorities and opportunities for onward capacity development to support plan implementation.

##### Tools to support utilisation

- Provide abridged outputs which complement the key deliverables, to promote access/utilisation particularly by sub-national stakeholders.
- Include resources which support its onward utilisation of TA outputs, such as proposal outlines and practical examples by sector, in annex or a separate toolkit.

##### Resource mobilisation

- Support country stakeholders to identify ways to conduct a financial gap analysis for nutrition, and to identify opportunities to support plan implementation by leveraging existing sector budgets and plans, and UN, donor and development partner portfolios.

# Effectiveness of Technical Assistance:

## How has assistance provided to SUN countries by MQSUN+ (2017–2020) contributed to efforts to scale up nutrition?

### 7. Summary of key case study findings

#### Key findings from case studies in Guinea-Conakry, Honduras, Madagascar, Somalia, Tajikistan & Yemen

This section presents the key messages and recommendations from the six case studies relating to the design, process, quality and uptake/utilisation of technical assistance. These are also summarised in a separate synthesis report and stand-alone guidance note, for use by those requesting and those providing TA.

#### TA start-up & design

- **Strong leadership for nutrition at senior government level** (i.e. presidential or prime ministerial offices) is pivotal in designing, developing and implementing multisectoral nutrition policies, plans and related resources. Ensure **joint nutrition ownership by all sector ministries**, avoiding the predominance of one sector (e.g., Ministry of Health).
- **Clearly define the TA scope and respective responsibilities** of the country stakeholders and TA providers at design stage and formalise this in an agreement.
- **Include relevant sector ministries and government institutions** from the design phase of TA (not just in consultations to develop outputs), to promote a multisectoral perspective and improve ownership and uptake of TA. **A core country team** assigned to liaise with TA providers can expedite consultation and feedback processes, as well as improving the quality and relevance of programmes/actions. This team can be comprised of: the SUN Focal Point, representatives from key line ministries, SUN Networks, UN agencies and other partners, civil society and should also include women and representatives from vulnerable and marginalised groups,
- Consider the unique support needs of fragile, conflict-affected countries. For example, provision of **entirely remote assistance**, assessing **how optimal geographical coverage of outputs can be achieved regardless of political allegiances** and identifying means to **effectively engage government representatives and humanitarian actors across the humanitarian-development nexus**.
- **Remote TA** in particular requires clarity and consensus on objectives; careful joint preparation and robust design of tools for consultation and information collection.

#### TA provision & quality

- **Understanding of government protocols and planning processes** and cycles is helpful in informing a realistic approach, methodology, work plan. Timing of TA matters and allocating sufficient time.

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- **A nutrition capacity assessment** across sectors at design stage can inform capacity-strengthening strategies of the TA itself and the definition of capacity development activities within outputs.
- **Involvement of sub-national stakeholders** in TA is essential from the outset, to ensure that their TA needs are considered and to improve their engagement in the process as well as their ownership and understanding of the TA outputs, enhancing knowledge and skills to take forward TA outputs at their respective levels of action.
- **National consultants** can leverage in-country knowledge, experience and promote sustainability; strengthening their capacity could be an explicit component of the TA.
- **Sector-specific expertise** within the team can facilitate the development of sector-specific activities with relevant ministries and enable a multisectoral approach.
- **Dedicated expertise in gender, equity and social inclusion (GESI)** as part of the TA can help to ensure the meaningful participation of women and marginalised and vulnerable groups, build local GESI expertise, and improve GESI analysis and enhance its integration within policies, plans and other outputs. More weight should be given to equity and social inclusion in TA provision.

### TA utilisation & uptake

- Whilst **optimal uptake and utilisation of TA outputs** are dependent on wider country processes and systems, there are steps that can be taken throughout the TA process to maximise the chance of success. These include: ensuring TA requests are well-informed and appropriate, engaging multi-sectoral stakeholders at national and sub-national level from the conceptualisation and design stages, relevant and accessible outputs, strengthening national capacity to absorb the TA and putting in place a clear plan for launch, validation and dissemination of outputs.
- **A specific plan for validation and dissemination of TA outputs** could help to improve their uptake and onward use, particularly at subnational level. TA providers could support in its development as well as provision of tools which support onward use (e.g., hand over notes/roadmaps, abridged versions of outputs to improve accessibility, examples from other countries, example proposals).
- **Support sector ministries and government institutions** in integrating relevant component of TA outputs into sector plans and in activities at subnational level to improve ownership and uptake of TA.
- **The media** can help to raise the profile of, and engagement in, processes such as multisectoral nutrition plan development and implementation, particularly at subnational level.
- **Optimal utilisation and uptake of TA outputs** are the result of a combination of factors: well-informed and appropriate TA requests, a participatory and inclusive process where sectors are fully engaged with clearly defined roles, relevant and accessible outputs, existing national capacity to absorb the TA with a clear dissemination plan in place.

## Annex 1 – Abbreviations

<b>CLT</b>	SUN Movement's Country Liaison Team
<b>CRF</b>	Common Results Framework
<b>CSOs</b>	Civil society organisations
<b>DAI</b>	Development Initiatives
<b>DFID</b>	Department for International Development
<b>DHS</b>	Demographic and Health Survey
<b>EOI</b>	Expression of Interest
<b>EU</b>	European Union
<b>FAO</b>	Food and Agriculture Organization
<b>FCDO</b>	Foreign, Commonwealth and Development Office
<b>FP</b>	Focal Point
<b>FSN</b>	Food Security and Nutrition
<b>GAP</b>	The Global Action Plan
<b>GESI</b>	Gender, Equity and Social Inclusion
<b>GIZ</b>	Deutsche Gesellschaft für Internationale Zusammenarbeit
<b>GRSE</b>	Groupe de Responsables de Suivi et Evaluation (Regional M&E Group)
<b>GTNA</b>	Groupe Technique de nutrition et alimentation (Technical Group for Nutrition and Food)
<b>IPC</b>	Integrated Phase Classification
<b>JAA</b>	Joint Annual Assessment
<b>KII</b>	Key informant interviews
<b>MOA</b>	Ministry of Agriculture
<b>MOH</b>	Ministry of Health
<b>MOHSPP</b>	Ministry of Health and Social Protection of the Population
<b>MOPIC</b>	Ministry of Planning and International Cooperation
<b>MQSUN(+)</b>	Maximising the Quality of Scaling Up Nutrition (Plus)
<b>MSNAP</b>	Multisectoral Nutrition Action Plan
<b>MSNP</b>	Multisectoral Nutrition Plan
<b>MSNS</b>	the Multisectoral Nutrition Strategy
<b>NGOs</b>	Non-governmental organisations
<b>NI</b>	Nutrition International

## Annex 1 – Abbreviations

OCHA	UN Office for the Coordination of Humanitarian Affairs
ONN	Office National de Nutrition (National Nutrition Office)
OPM	Office of the Prime Minister
ORN	Office Régional de Nutrition (Regional Nutrition Office)
SDG	Sustainable Development Goal
SMS	SUN Movement Secretariat
SUN	Scaling Up Nutrition
SUN FP	Scaling up Nutrition Focal Point
TA	Technical assistance
TAN	Technical Assistance for Nutrition programme
TASC	Technical Assistance to Strengthen Capabilities project
TOC	Theory of Change
TOR	Terms of reference
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	US Agency for International Development
UTSAN	Unidad Técnica de Seguridad Alimentaria y Nutricional (Technical Unit for Food Security and Nutrition)
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization

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