

Effectiveness of Technical Assistance:

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



Madagascar

Effectiveness of Technical Assistance:

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

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.

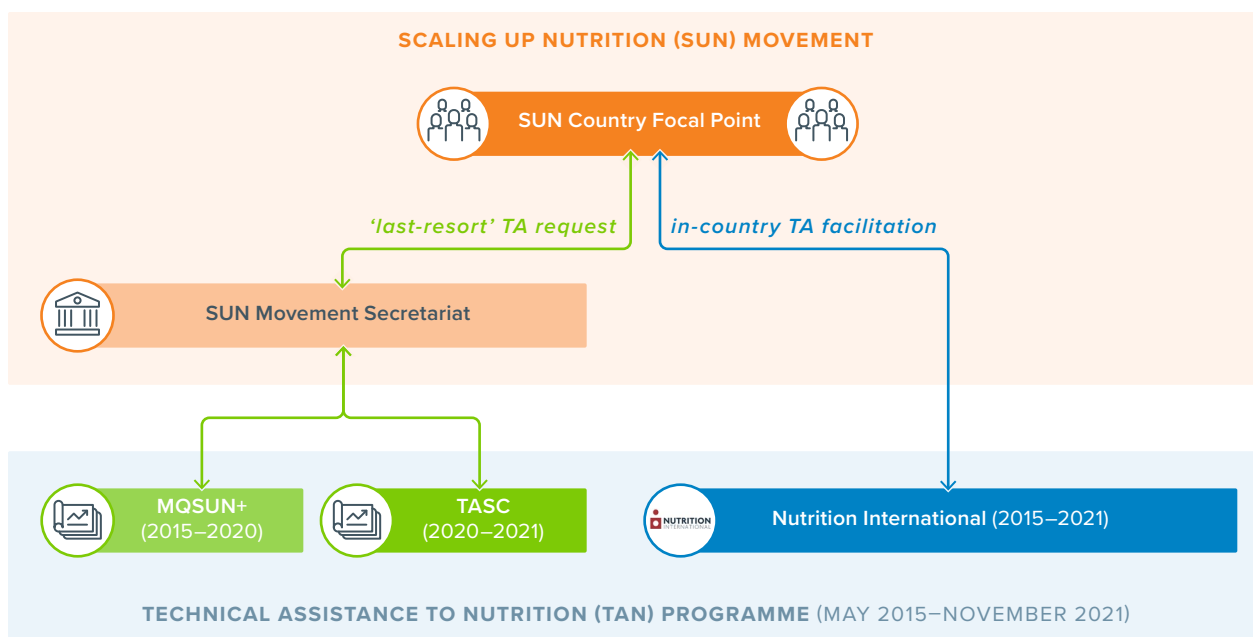
1. Introduction

1.1. 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



1.2. 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.¹ 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. Madagascar was selected based on its location and the range of deliverables produced (costed National Nutrition Policy, monitoring and evaluation (M&E) plan, and an implementation 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).

¹ 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

2. Case Study Background

2.1. 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.^{2,3} In addition, 36.8% of women aged 15-49 years are anaemic and 17.1% of infants have a low birth weight.⁴ 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.⁵

Emphasising its commitment to nutrition, Madagascar joined the SUN Movement in 2012, with a letter of commitment from the National Nutrition Office (ONN).⁶ 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).^{7,8} 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).⁹ 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.¹⁰

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),¹¹ 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.

2.2. 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.

2 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]

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

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

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

6 Office National de Nutrition

7 Office National de Nutrition

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

9 Président du Bureau Permanent du Conseil National de Nutrition

10 Ministère de l'Eau de l'Assainissement et de l'Hygiène, Ministère de l'Éducation Nationale, Ministère de l'Agriculture de l'Élevage et du Pêche, Ministère de la Population et Ministère de la Santé Publique.

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

3. 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.

4. Findings

4.1. TA design

4.1.1. 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.

4.1.2. 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.

4.1.3. 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.

4.1.4. 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,¹² which they believed to be responsible for GESI in Madagascar. Only one respondent referred to the National Gender and Development Action Plan 2004–2008¹³ 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.

4.2. TA provision process

4.2.1. 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 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.

4.2.2. 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.

¹² Ministère de la Population, de la Protection Sociale et de la Promotion de la Femme

¹³ Plan d'Action National Genre et Développement 2004–2008

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.

4.2.3. 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.

4.3. 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).

4.4. 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),¹⁴ 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),^{15, 16} 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.¹⁷

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.

14 Groupe de Responsables de Suivi et Evaluation

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

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

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

5. Key Messages and Lessons Learned from Madagascar

5.1. TA design

5.1.1. 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.

5.1.2. 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.

5.1.3. 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.

5.2. TA provision process

5.2.1. 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.

5.3. Uptake and utilisation of output recommendations

5.3.1. 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).

5.3.2. 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).

5.3.3. 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).

Annex 1 – Abbreviations

FCDO	Foreign, Commonwealth & Development Office
GESI	Gender, equity and social inclusion
GRSE	Groupe de Responsables de Suivi et Evaluation [ORN M&E group]
M&E	Monitoring and evaluation
MQSUN(+)	Maximising the Quality of Scaling Up Nutrition (Plus)
ONN	Office National de Nutrition (National Nutrition Office)
ORN	Office Régional de Nutrition (Regional Nutrition Office)
PNAN III	National Action Plan for Nutrition 2017-2021
SMS	SUN Movement Secretariat
SUN	Scaling Up Nutrition
TA	Technical assistance
TAN	Technical Assistance for Nutrition programme
TASC	Technical Assistance to Strengthen Capabilities project
TOR	Terms of reference
UN	United Nations
UNICEF	United Nations Children's Fund

DEVELOPED BY TECHNICAL ASSISTANCE TO STRENGTHEN CAPABILITIES (TASC)



This document was produced through support provided by UK aid and the UK Government; however, the views expressed do not necessarily reflect the UK Government's official policies