

Effectiveness of Technical Assistance:

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



Somalia

Effectiveness of Technical Assistance:

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

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.

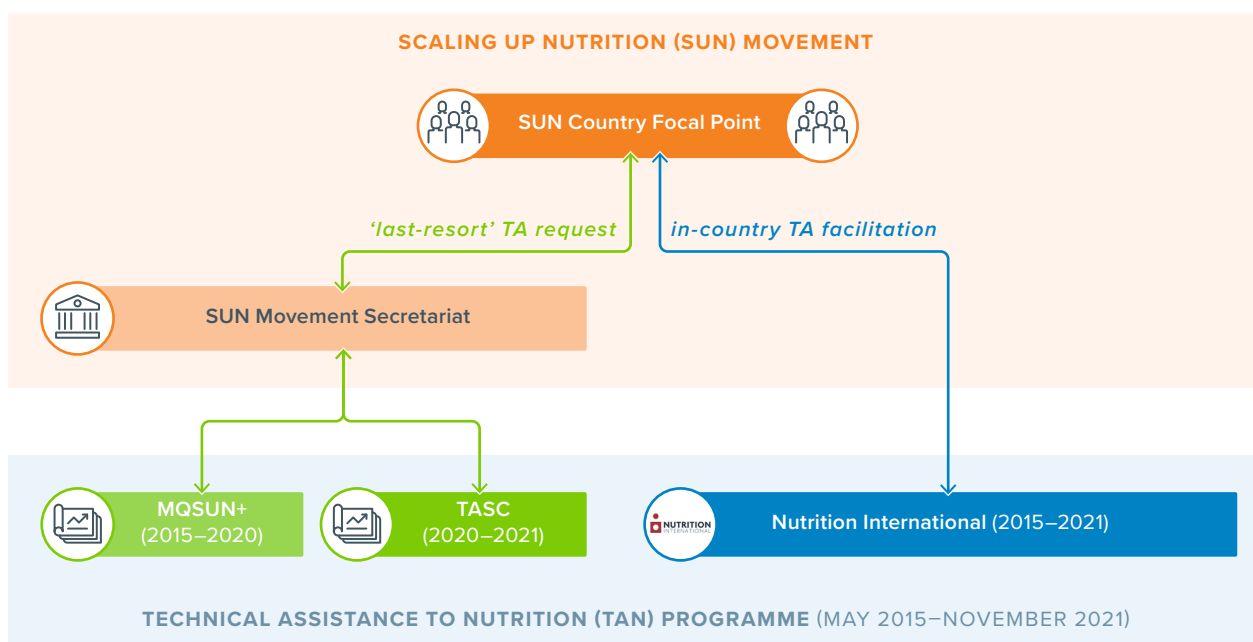
1. Introduction

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.

The review team selected six case study countries from a list of 14 countries where MQSUN+ provided TA between 2017 and 2020. Somalia was selected based on the emergency/humanitarian context and the deliverables produced (CRF and MSNS).

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. 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.² According to the Global Nutrition Report,³ Somalia is 'off course' to meet all targets⁴ 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 data⁷ 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.

2.2. 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+.

3. 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.

² www.unicef.org/somalia/nutrition

³ <https://globalnutritionreport.org/resources/nutrition-profiles/africa/eastern-africa/somalia>

⁴ <https://www.who.int/publications/i/item/WHO-NMH-NHD-14.2>

4. Findings

4.1. TA design

4.1.1. 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.

4.1.2. 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.

4.1.3. 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.


4.1.4. 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.

4.1.5. 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.

4.2. TA provision process

4.2.1. 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.

4.2.2. 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.

4.2.3. 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.

4.2.4. 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 2019⁵ and this should be taken into account in monitoring progress and achievements of the strategy.

4.2.5. 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

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

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. 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.

4.4. Uptake and utilisation of outputs

4.4.1. 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. 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.

4.4.2. 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.

4.4.3. 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.

4.4.4. 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.

4.4.5. 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.

4.4.6. 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.

4.4.7. 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.

4.4.8. 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.

5. Key Messages and Lessons Learned from Somalia

5.1. TA design

5.1.1. 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.

5.1.2. 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.

5.1.3. GESI

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

5.1.4. 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.

5.1.5. 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.

5.2. TA provision process

5.2.1. 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.

5.2.2. 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.

5.2.3. 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.

5.3. 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.

5.4. 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.

Annex 1 – Abbreviations

CRF	Common Results Framework
CSOs	Civil society organisations
DHS	Demographic and Health Survey
FAO	Food and Agriculture Organization
FCDO	Foreign, Commonwealth & Development Office
GESI	Gender, equity and social inclusion
M&E	Monitoring and evaluation
MoH	Ministry of Health
MQSUN(+)	Maximising the Quality of Scaling Up Nutrition (Plus)
MSNS	Multisectoral Nutrition Strategy
NDP	National Development Plan
NGOs	Non-governmental organisations
OPM	Office of the Prime Minister
PATH	NGO who led MQSUN+ implementation
SMS	SUN Movement Secretariat
SUN	Scaling Up Nutrition
TA	Technical assistance
TAN	Technical Assistance for Nutrition programme
TASC	Technical Assistance to Strengthen Capabilities project
UN	United Nations
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organisation

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