

**From national vision to local
implementation: multisector collaboration
for improved nutrition at the subnational
level**

June 2020

About MQSUN+

MQSUN+ aims to provide the Department for International Development (DFID) with technical services to improve the quality of nutrition-specific and nutrition-sensitive programmes. The project is resourced by a consortium of five leading non-state organisations working on nutrition. PATH leads the consortium.

The group is committed to:

- Expanding the evidence base on the causes of undernutrition.
- Enhancing skills and capacity to support scaling up of nutrition-specific and nutrition-sensitive programmes.
- Providing the best guidance available to support programme design, implementation, monitoring and evaluation.
- Increasing innovation in nutrition programmes.
- Knowledge sharing to ensure lessons are learnt across DFID and beyond.

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About this publication

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Table of Contents

About MQSUN+	ii
MQSUN+ Partners.....	ii
Contact.....	ii
About this publication.....	ii
Abbreviations.....	iv
Introduction	1
Methods and Scope	2
Description of Case Studies.....	3
Results.....	5
Institutional arrangements	5
Sectoral engagement in multi-stakeholder strategies and platforms	9
Nongovernmental stakeholder engagement in multisector strategies and platforms	11
Decentralisation and autonomy for decision making.....	12
Advocacy and advocates for nutrition	15
Multisector convergence	17
Sharing platforms for joint delivery of programmes	18
Community mobilisation.....	19
Finance mobilisation, tracking and alignment.....	21
Monitoring, evaluation, accountability and learning.....	23
Conclusions and Recommendations.....	25
Sector and stakeholder engagement in MSPs	25
Situating leadership of subnational MSPs	25
Incentives for collaboration: Policy coherence.....	26
Decentralisation and autonomy for decision making.....	26
Advocacy.....	27
Convergence	27
Finance.....	28
MEAL.....	28
Community mobilisation.....	29
References	31

Abbreviations

4Ps	Pantawid Pamilyang Pilipino Program
C2C	Commune 2 Commune
CAN	Food and Nutrition Council
CCC	Communal Concertation Framework
CNN	The National Nutrition Council
COMUSAN	Municipal Council for Food Security and Nutrition (El Salvador)/Municipal Committees on Food and Nutrition Security (Guatemala)
CONASAN	National Council for Food Security and Nutrition (El Salvador)/National Council for Food and Nutrition Security (Guatemala)
COTSAN	Technical Committee for Food Security and Nutrition
DDC	District Nutrition and Food Security Steering Committee
ENN	Emergency Nutrition Network
FNSC	Food and Nutrition Security Committee
Lao PDR	Lao People's Democratic Republic
MEAL	monitoring, evaluation, accountability, learning
MQSUN+	Maximising the Quality of Scaling Up Nutrition Plus
MSCBM	multisectoral community-based model
MSNP	multisector nutrition plan
MSP	multisectoral / multi-stakeholder platform
NGO	nongovernmental organisation
NNC	The National Nutrition Committee (Lao PDR)/ National Nutrition Council (Philippines)
NNTC	National Nutrition Technical Committee
ONN	The National Nutrition Office
PDU	Programme Delivery Unit
PNAN	National Food and Nutrition Plan
PPAN	Philippine Plan of Action for Nutrition
SESAN	Food and Nutrition Security of the Office of the President of the Republic
SMS	Scaling Up Nutrition Movement Secretariat
SUN	Scaling Up Nutrition
UN	United Nations
WASH	water, sanitation and hygiene

Introduction

The determinants of malnutrition are varied, encompassing a range of biological, economic and sociocultural factors. Achieving global targets for reducing undernutrition calls for a multisectoral approach that includes scaled-up, proven, nutrition-specific interventions as well as nutrition-sensitive interventions and approaches.¹ The last two decades have seen increasing mobilisation amongst governments to coordinate actions across relevant sectors and stakeholders to better combat malnutrition in a more holistic way.

The Scaling Up Nutrition (SUN) Movement encourages coordination of both nutrition-specific and nutrition-sensitive interventions and approaches through the creation of multisectoral and multi-stakeholder platforms (MSPs) and networks of relevant actors from civil society, academia, businesses and United Nations (UN) agencies to strengthen coordination and action on nutrition at both national and subnational levels.

Although efforts to coordinate have varied by country and context, in recent years, commonalities have begun to emerge in how governments seek to coordinate efforts across sectors and stakeholders to improve nutrition outcomes.² This review adds to a growing, albeit still limited, literature examining multisector nutrition policies, plans and governance arrangements across a range of low- and middle-income countries.

A 2012 review³ of six country case studies of multisectoral responses to malnutrition examined policy and programming in Bangladesh, Brazil, Ethiopia, India, Peru and Zambia. The findings of the review were further strengthened by a more recent review of multisector policies for nutrition more generally, which was conducted in 2017 across a range of low- and middle-income countries. Both reviews highlighted a number of key elements that are necessary to achieve successful implementation—namely, high-level political support, robust governance structures for coordination, availability of adequate resources and capacity, information for informed planning, vertical coordination within existing governance systems, government-managed funding mechanisms to strengthen accountability and robust systems for monitoring and evaluation.

These findings have been explored further alongside other emerging themes in a range of literature in recent years, including studies on the impacts of multisectoral nutrition plans on budgeting and government priority setting in Nepal⁴; tracking nutrition spending and limitations in human resource capacity in Uganda⁵; integration of nutrition within broader subnational development planning in Burkina Faso⁶; competing agendas in achieving nutrition coordination in Mozambique,⁷ Burkina Faso, Mali, Ethiopia and Uganda;⁸ and multisector nutrition information systems in Malawi.⁹

The rollout of multisectoral programmes and policies has also been documented more generally in countries including Rwanda,¹⁰ Brazil,¹¹ Zambia, Uganda,¹² Bangladesh,¹³ Ethiopia,¹⁴ Sri Lanka¹⁴ and India.¹⁵

This review aims to add to this growing body of knowledge on multisectoral nutrition policy and programming. This review synthesises key learnings from 14 case studies of subnational collaboration towards improving nutrition outcomes across multiple sectors, encompassing both government and nongovernmental stakeholders.

Methods and Scope

This review draws on 14 case studies that were conducted between 2017 and 2019. Eight case studies were conducted by the Emergency Nutrition Network (ENN), and six were conducted by the Scaling Up Nutrition Movement Secretariat (SMS) with the support of Maximising the Quality of Scaling Up Nutrition Plus (MQSUN+) and other partners.

The case studies were uploaded to the Dedoose qualitative softwareⁱ analysis tool, and emerging themes were identified and coded. The SUN Movement's theory of change for 2016 to 2020 was used as a framework to investigate case study findings. This theory of change explores how multiple stakeholders from different sectors come together, change their behaviours, mobilise resources and align implementation efforts to achieve results, ultimately improving nutrition status and realising key sustainable development goals through better nutrition.¹⁶ The scope of this review is further informed by protocols developed by SMS to inform the SMS-led country case studies; these protocols were developed in 2018 and revised in 2019 for further case studies in light of lessons learned.

The overall purpose of the review is to learn from and document the experience of key stakeholders at national and subnational level and identify key pathways in selected countries that have contributed to the strengthening of country commitment and action to address malnutrition. Specifically, the review seeks to identify key learnings that could be used to further develop multisector and multi-stakeholder policy and programming at the subnational and national level in both the case study countries of focus and other contexts.

The 14 case studies included in the review and the review itself do not seek to answer any specific hypothesis per se or to apply any objective measure of quality or success or failure to the efforts of governments and other stakeholders that were explored in the case studies. Rather, the review seeks to identify key learnings that could be used to (I) inform discussions, on the SUN Movement's added value taking place in the context of the SUN Mid-term review 2018, and (II) inform countries' own reflections on how to further develop or improve multisector and multi-stakeholder policy and programming.

The 14 case studies included in the review, and hence the review itself, have a number of limitations. The case studies did not adhere to any predefined set of guidelines or standards for qualitative research and were not formally peer reviewed. They primarily sought to provide a snapshot of opinions and experiences, both positive and negative, of the individuals interviewed. The studies aimed to better understand the advancement and benefits of decentralised multisectoral nutrition coordination in the selected countries, as well as challenges encountered. The studies also reflected on options for a Movement such as SUN to support member countries to drive further results.

ⁱ Dedoose is a cross-platform application for analysing qualitative and mixed-methods research.

Description of Case Studies

Table 1. Main features of the 14 included case studies.

Country	Year	Organisation*	Subnational areas of focus		Primary policy or programme of focus	Secondary focus
Kenya	2017	ENN	Homa Bay	Makueni	Orange-Fleshed Sweet Potato Programme (OFSP)	Accelerated Value Chain Development
Senegal	2017	ENN	Kédougou	Matam	PINKK, Yaajeende programmes	Cellule de Lutte contre la Malnutrition (CLM)
Nepal	2017	ENN	Jumla	Kapilvastu	MSNP I	Suaahara programme
Ethiopia	2018	ENN	Naedir Adet	Naedir Adet	Seqota Declaration	
Niger	2018	ENN	Maradi		Commune 2 Commune (C2C)	
Bangladesh	2018	ENN	Sunamgunj	Rangpur	National Plan of Action on Nutrition	
Philippines	2019	ENN	Cagayan Valley Province Quirino	Gingoog City, Northern Mindanao	Philippines Plan of Action for Nutrition (PPAN 2017–2022)	
Zimbabwe	2019	ENN	Chipinge	Chiredzi	The Multi-Sectoral Community-Based Model	Near real-time monitoring system (NRTM)
El Salvador	2018	SMS/ MQSUN+	Chalatenango	Ahuachapán	Nutrition Governance	SUN Networks multisector plans & programmes
Madagascar	2018	SMS/ MQSUN+	Vakinankaratra	Anosy	Nutrition Governance	SUN Networks multisector plans & programmes
Benin	2018	SMS/ MQSUN+	Adja Ouere	Malanville	Nutrition Governance	SUN Networks multisector plans & programmes
Lao PDR	2019	SMS/ MQSUN+	Saravan	Savannakhet	Nutrition Governance	SUN Networks multisector plans & programmes
Pakistan	2019	SMS/ MQSUN+	Khyber Pakhtunkhwa	Sindh province, Karachi	Nutrition Governance	SUN Networks multisector plans & programmes
Guatemala	2019	SMS/ MQSUN+	San Juan Sacatepéquez	Santa Rosa	Nutrition Governance	SUN Networks multisector plans & programmes

Abbreviation: ENN, Emergency Nutrition Network; Lao PDR, Lao People’s Democratic Republic; MQSUN+, Maximising the Quality of Scaling Up Nutrition; MSNP, multisector nutrition plan; SMS, Scaling Up Nutrition Movement Secretariat (SMS); SUN, Scaling Up Nutrition.

The main features of the case studies included in this review are shown in Table 1 above. All studies had a primary focus on multisector, multi-stakeholder collaboration to improve nutrition outcomes at the subnational level. Each case study included interviews from both the national level and two subnational areas, with the exception of the case study in Niger, where the focus at the subnational level was on only one commune. Interview respondents across case studies included ministerial staff, as well as representatives of civil society, UN agencies and donor agencies. SMS-led case studies also included members of SUN private-sector and academia networks.

In 2017, the ENN set out to document how sectors are working together to roll out multisectoral nutrition programmes and plans, with a focus on the experiences of stakeholders involved in multisectoral nutrition programming at the subnational levels. The subnational area of focus was mostly the district or its equivalent; this was supplemented with additional interviews at the village level.

Three case studies were conducted in 2017. Two studies, in Senegal and Kenya, focused on the implementation of multisector nutrition programmes and their interaction with nutrition governance systems and policies. A third study, in Nepal, focused on the implementation of the country's multisector nutrition plan I (MSNP I) with a secondary focus on a large-scale, multisector nutrition programme, Suaahara, which is being implemented by a nongovernmental organisation (NGO), alongside the MSNP I.

In 2018, case studies were conducted in Ethiopia, Niger and Bangladesh. The Bangladesh case study examined the early stages of the rollout of the country's national plan of action on nutrition. The Ethiopia case study examined the early stages of the rollout of the Seqota Declaration, a policy initiative and programming approach with the objective of ending stunting amongst children under 2 years old by 2030. In Niger, the case study focused on Commune 2 Commune (C2C), an initiative driven by UN agencies that seeks to develop ground-up, commune-level, multisector nutrition planning in the country. Both policy initiatives were also at an early stage of rollout.

In 2019, case studies were conducted in Zimbabwe and the Philippines. The Zimbabwe case study focused on two pilot districts of a government-led multisectoral community-based model (MSCBM) programme that was launched in 2015; this programme is currently being rolled out in another 34 of Zimbabwe's 59 rural districts. The case study also explored a second initiative, the near real-time monitoring system, which was integrated within the MSCBM. The Philippine case study focused on the rollout of the second Philippine Plan of Action for Nutrition (PPAN) 2017–2022.

In line with the SUN Movement theory of change, SMS—with support from MQSUN+, SUN Global Networks and partners—organised six in-depth country reviews. Country reviews were conducted in 2018 which focused on El Salvador, Madagascar and Benin. Country reviews also were conducted in 2019 which focused on Guatemala, Lao People's Democratic Republic (Lao PDR) and Pakistan. The case studies set out to identify key pathways that have contributed to the strengthening of country action and results to address malnutrition and to learn from the experience of key stakeholders at the national and subnational levels.

These SMS-led case studies tend to be broader in focus than those conducted by ENN. They consider SUN Networks and national-level political processes, regulation and legislation relevant to nutrition, as well as major nutrition-specific, nutrition-sensitive and multisectoral programmes in the country.

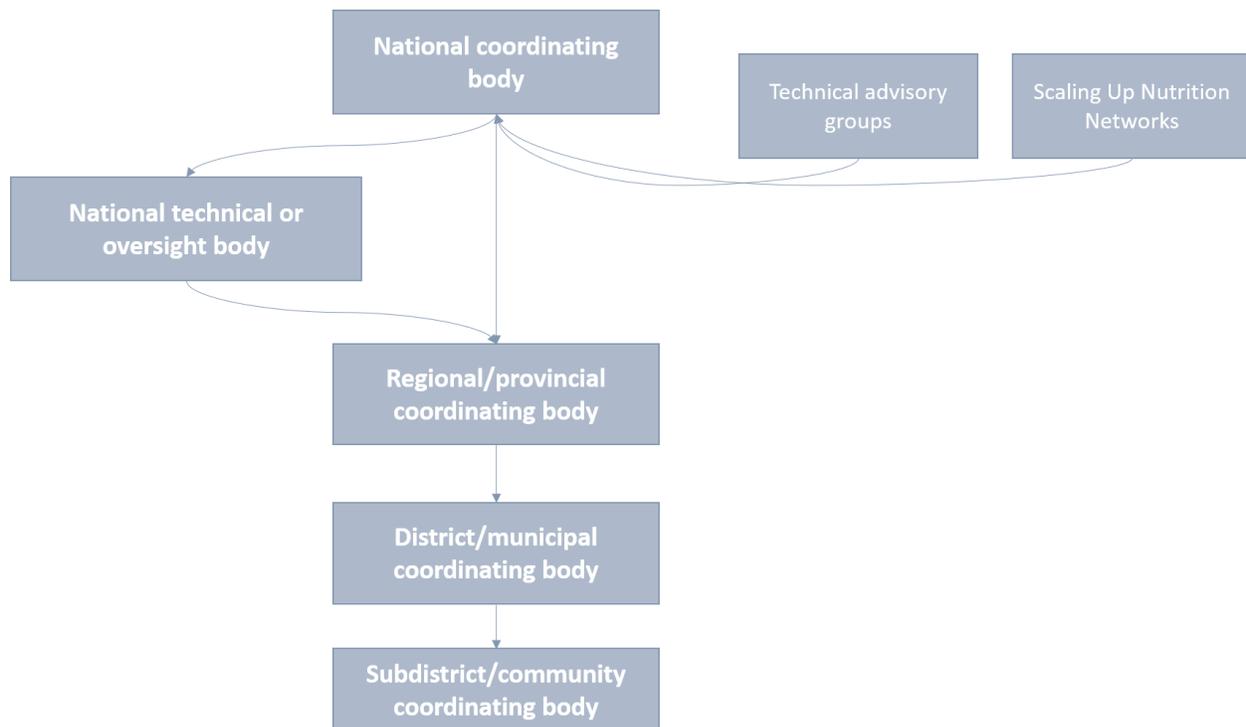
Results

Institutional arrangements

This review uses the term *institutional arrangements for nutrition governance* to refer to the set of governing bodies that oversee the coordination of multiple sectors and stakeholders with the aim of improving nutrition outcomes. In many of the countries included in this review, the architecture of institutions and governing bodies is complex, involving multiple governmental ministries and NGOs and associated governing bodies, committees and working groups.

All countries studied are SUN Movement countries. As such, high-level political steering committees and various networks (mirroring the SUN Global Networks, UN agencies, donors, civil society and the private sector) are in place in the countries, with different degrees of formalisation. In a number of countries, parliamentarians and advocacy platforms are also in place. At the subnational level, other institutions—such as committees and platforms focused on local development, food security, disaster risk reduction and sector-specific activities—also often overlap and interact with nutrition-focused governance.

Figure 1. Common features of institutional arrangements for nutrition governance in case study countries.



Describing the full spectrum of nutrition architecture and its interaction with wider governance systems across case study countries is beyond the scope of this review. However, a number of key features of nutrition governance are particularly pertinent to highlight. These are outlined in Figure 1 above.

Platforms for intersectoral and stakeholder collaboration are all commonly referred to as ‘multi-stakeholder and multisectoral platforms’ (MSPs) within the literature on nutrition programming and policy. At the national level in most countries, these platforms include relevant government ministries and, in most cases, variously include representatives from civil society, the private sector, UN agencies, academia and donors.

In the case studies reviewed, national-level platforms are typically replicated at the subnational level, often at both the provincial and district levels and, in a more-limited number of cases, at the subdistrict or community levels. The interaction between national- and subnational-level MSPs is, in many cases, mediated by a technical committee or governing body, which typically facilitates monitoring and evaluation, capacity building, and general support and oversight of MSP.

In almost all case studies, institutional arrangements broadly similar to this are outlined in some form of an MSNP. Plans typically outline governance arrangements alongside a range of nutrition-specific and -sensitive interventions, relevant nutrition objectives across included sectors and an explanation of the logic and principles that underlie the plan’s development and planned implementation.

The names of plans differ by country and language. However, for the sake of brevity, in this report, any plan is referred to as an MSNP if its primary focus is bringing together stakeholders across sectors to improve impact on nutrition outcomes. In many countries, an MSNP or some form of common results framework is also developed at the subnational level, often on a more regular basis than national MSNP. These are described throughout the report as relevant.

Table 2 presents the key institutional arrangements for nutrition governance in case study countries, as described above, as well as the main guiding MSNP.

Table 2. Institutional arrangements for nutrition governance in case study countries.

Country	National coordinating body	National technical or oversight	Regional /provincial coordinating body	District/ municipal platforms	Subdistrict /community platform	National multisector plans
Benin	Food and Nutrition Council (CAN)	Permanent Secretariat (SP-CAN)	Cadres Départementaux de Concertation en Nutrition (in the process of being set up)	Communal Concertation Framework (CCC)	Food and Nutrition Surveillance Committees (CSAN) Nutrition Assistance Groups (GAN)	National Development Strategy for Food and Nutrition (PSDAN 2009–2019)
El Salvador	<i>National Council for Food Security and Nutrition (CONASAN)</i>	<i>Technical Committee for Food Security and Nutrition (COTSAN)</i>	<i>Departmental Council for Food Security and Nutrition (CODESAN)</i>	<i>Municipal Council for Food Security and Nutrition (COMUSAN)</i>		Food Security and Nutrition Strategic Plan (2013–2016)
Madagascar	<i>The National Nutrition Council (CNN)</i>	<i>The National Nutrition Office (ONN)</i>	<i>Monitoring and Evaluation Regional Group (GRSE) Implementing Agencies (AMIOs)</i>			National Food & Nutrition Plan 2017–2021 (PNAN III)
Lao PDR	The National Nutrition Committee (NNC)		Provincial Nutrition Committees	District multi-stakeholder meetings		National Nutrition Strategy and Plan of Action 2016–2025
Pakistan	National multi-stakeholder platform	SUN Secretariat Pakistan, Ministry of Planning	Provincial SUN Secretariats facilitating multi-stakeholder platform	District integrated nutrition committees (Programme specific to KP SPRING)		Pakistan Multi-Sectoral Nutrition Strategy 2018–2025
Guatemala	National Council for Food and Nutrition Security (CONASAN)	Food and Nutrition Security of the Office of the President of the Republic (SESAN)	Departmental Committees on Food and Nutrition Security (CODESAN)	Municipal Committees on Food and Nutrition Security (COMUSAN)		Plan for Food Security and Nutrition (PESAN) 2016–2020
Ethiopia	National Nutrition Coordinating Body (NNCB) Programme Delivery Unit (PDU)	National Nutrition Technical Committee (NNTC)	Programme Delivery Unit (PDU)	Stakeholders in <i>woreda</i> costed plans	Community labs (CLs) (<i>kebele</i> level)	Seqota Declaration

Nepal	High-Level Nutrition and Food Security Steering Committee (HLNFSSC)	Technical Support Unit		District Nutrition and Food Security Steering Committee (NFSC)	Village Nutrition and Food Security Steering Committee (NFSC)	Multi-Sector Nutrition Plan II 2018–2022
Kenya	Nutrition Interagency Coordinating Committee (NICC)		Nutrition Multi-Stakeholders Platform (ad hoc); County Health Stakeholder Forum (Homa Bay); Nutrition Technical Forum (Makueni)	Sub-County Health Management Teams (CHMT) (Homa Bay); Nutrition Technical Forum (Makueni)		Kenya National Nutrition Action Plan
Senegal	Regional Monitoring Committee (CRS) at a national level		The Departmental Monitoring Committee (DMC)	The Local Monitoring Committee at the commune level	The Local Management Committee at the village level	The Multi-Sector Strategic Nutrition Plan (PSMB) 2017–2021
Zimbabwe	Food and Nutrition Council (FNC)	National Food and Nutrition Security Committee (FNSC)	Provincial Food and Nutrition Security Committees	District Food and Nutrition Security Committees	Ward & village Food and Nutrition Security Committees	Multi-Sectoral Community-Based Model (MCBM)
Philippines	National Nutrition Council (NNC)	Regional Nutrition Committee (RNC)	Provincial Nutrition Committee (PNC)	City Nutrition Committee Municipality Nutrition Committee	Barangay Nutrition Committee (BNC)	Philippines Plan of Action for Nutrition (PPAN) 2017–2022
Niger	National Committee on Prevention and Management of Crisis (Food and Nutrition) and Disaster Reduction.	Planning and Community Development Directorate		Commune multisector coordination platform (the Cadre Communal de Concertation platform)		Politique Nationale de Securite Nutritionnelle Au Niger (2016–2025)

Sectoral engagement in multi-stakeholder strategies and platforms

Sectoral engagement

The review found that the range of ministries included in MSNPs varies widely across case study countries. At the subnational level, the review found that the sectors engaged in multisector activities and platforms are generally more limited. The core sectors included in MSNPs and MSPs across case studies are health; agriculture; water, sanitation and hygiene (WASH); education and social protection—with health and agriculture being the most engaged. Ministries related to women’s and children’s affairs are also included in a majority of country plans and several subnational MSPs, with ministries responsible for decentralisation processes included in several cases also.

The number of ministries included in MSNPs varies widely; for instance, in Benin, there were 5; in Kenya, 6; in Nepal, 7; in Ethiopia, 7; in Zimbabwe, 12; in Bangladesh, 17; and in the Philippines, 18. The review generally did not interrogate the reasoning for the number or type of sectors that were included in strategies and coordination platforms in the case studies.

The number of ministries that are regularly engaged at a subnational level in multisector collaboration through MSP or otherwise is not always clear from case studies. However, subnational case study respondents tend to come from the core sectors outlined above.

Incentives for sectoral engagement

A lack of incentives for engagement in multisectoral nutrition efforts remains a barrier to multisector collaboration, particularly amongst nutrition-sensitive sectors. Competing incentives to meet sector-specific targets and resource constraints are the most commonly identified reasons for this. For instance, the volume of crop production in agriculture was noted in Senegal, Lao PDR, Guatemala, Nepal and El Salvador, and education enrolment and quality were noted in Pakistan and Ethiopia.

Another, more general observation on incentivisation relates to the activity-focused nature of many of the MSNPs used to guide collaborative efforts. Several case studies noted that strategies tend not to introduce new activities (noted in Ethiopia, Niger, Bangladesh and the Philippines). Rather, plans bring together pre-existing sector-specific activities under a single strategy to scale up implementation. At times, this has resulted in a lack of clarity around the value add of multisector collaboration given that the activities that are included in a guiding MSNP are already included under the remit of specific sectors.

Introduction of nutrition-sensitive approaches within sector programming can help to increase engagement from sectors. As noted in examples in the Convergence; Sharing platforms for joint delivery of programmes ; Financing; and Monitoring, evaluation, accountability, learning sections of this report, when individual sectoral activities outlined in an MSNP are accompanied by nutrition-sensitive approaches—such as common criteria targeting nutritionally vulnerable populations, joint platforms to deliver programmes, dedicated funding for nutrition-related activities and joint monitoring, evaluation, accountability and learning (MEAL) systems—this makes collaboration through MSPs more necessary and provides clear motivation for engagement.

Another means of incentivisation is through the integration of nutrition-related goals and targets within individual sector strategies and incentivisation structures. Common examples of nutrition-sensitive target indicators are diversification of production and establishment of small-scale home and school gardens in the agricultural sector, delivery of disease prevention and control and nutrition messaging in schools in the education sector, amongst others. The inclusion and prioritisation of nutrition-sensitive targets in sector strategies and monitoring and evaluation systems, in addition to MSNPs, are seen to further incentivise collaboration.

For instance, in Ethiopia, it was noted that the existence of nutrition-sensitive policies within sectors increases stakeholder's engagement in collaborative efforts, as the targets of multisectoral strategies better align with their sector-specific mandate and responsibilities. In Bangladesh and Nepal, the livestock sector was also noted as having clear nutrition-relevant targets—namely, improving dietary diversity, delivering nutrition messaging and ensuring a proportion of beneficiaries are women.

In Nepal, the Philippines, Benin, Pakistan and Lao PDR, it was noted that nutrition activities and targets or MSNPs are integrated within wider pre-existing subnational development governance and planning. In Nepal, district and village development committees are mandated to incorporate nutrition into their periodic and annual plans and monitoring frameworks by adopting the multisector principles and approaches to the district context. In Benin, municipalities are required, in parallel to establishing an MSP (Communal Concertation Framework, CCC), to include nutrition-relevant actions within their local development plans with a dedicated budget of at least 5 percent.

In the Philippines, MSNs (Barangay Nutrition Committees) are incorporated within the pre-existing Expanded Barangay Development Council alongside a range of other committees for health, environment and social protection. In Nepal, MSNs (NFSC) are formed at the level of pre-existing District Development Committees and Municipality and Village Development Committees, with terms of reference relating to coordination, guidance and oversight of functions at their respective levels.

In Pakistan, provincial-level nutrition cells have been established within Planning and Development Departments. These units act in a coordination role for the provincial steering committees; they are supported by technical working groups on particular programmatic areas. In Lao PDR, it was noted that the National Socio-Economic Development Plan incorporates targets on various nutrition and anthropometric and dietary indicators within its monitoring framework. As there is regular follow up and reporting on the plan, relevant sectors are compelled to work towards and report on nutrition indicators listed in the plan.

Capacity and resources for sectoral engagement

Capacity-building and awareness-raising efforts around the roles and responsibilities of ministries under MSNPs are important determining factors for engagement in some countries (noted in El Salvador and Benin). In other contexts, a lack of adequate training is a limiting factor (noted in Ethiopia, the Philippines and Madagascar).

Current or past presence of nutrition-sensitive programmes or intersectoral collaboration is an important determinant in several case studies (noted in Ethiopia, Bangladesh and Nepal). In Ethiopia, varying levels of engagement across ministries is attributed to the availability of nutrition staff or focal points. For instance, the Ministry of Agriculture is found to be well engaged at local and national levels, where ten staff are specifically dedicated to nutrition activities within the ministry.

In Nepal, at the district level, it was noted that it is relatively easy to engage the health sector in assisting in delivery of nutrition-related messaging through the health workers' training curriculum and community information sessions, as capacity is already present and no additional funds are required. This contrasts with the agricultural sector where capacity to engage in nutrition is considerably lower and resource needs are greater.

In El Salvador, recognition of individual ministries' efforts increases engagement at both national and subnational levels—for example, through displaying institutional logos in shared products, showing participants in pictures and otherwise documenting the role of ministerial staff.

In countries with a more notable double burden of malnutrition, the ministry of education was noted as being much more engaged in MSP activities and committed to nutrition activities (the Philippines, Guatemala and El Salvador). In other case studies, the ministry of education's role in national and subnational MSPs appears more limited (noted in Bangladesh, Pakistan and Ethiopia).

Which government ministry houses or chairs MSPs can also impact the level of engagement of other sectors and stakeholders, as noted below.

Sectors chairing of subnational MSP

In a number of case studies, subnational MSPs are chaired by local high-level political conveners, such as the mayor (Benin), district administrator (Bangladesh), district development committee chairperson (Nepal), governor or *préfet* (Niger, Madagascar) or high-level departmental and municipal authorities (El Salvador, Pakistan).

In Lao PDR and Zimbabwe, subnational MSP are chaired within the ministry of health and ministry of agriculture respectively. In Lao PDR, it was noted that some respondents felt that whilst the convening power of the health department at the national level is strong, this is not necessarily the case in provinces; planning authorities may be better situated to lead multisectoral efforts.

In the Philippines, the Ministry of Agriculture's role was noted as being somewhat limited at the national level. Respondents noted that this was due to a perception that the MSP (National Nutrition Council) was "taken away" from the ministry when it transitioned to being led by the Ministry of Health. However, the Ministry of Agriculture remains relatively active at the subnational level.

In Madagascar, it was noted that whilst governors are mandated with heading subnational MSPs (Monitoring and Evaluation Regional Group), in practice, they have low levels of capacity and engagement.

Nongovernmental stakeholder engagement in multisector strategies and platforms

The role of nongovernmental actors such as international, national and local NGOs, community-based groups, UN agencies and donors within both MSNPs and national and subnational MSPs varies across case studies. In most case studies, nongovernmental stakeholders were noted as being engaged in subnational MSPs, the most common being NGOs and UN agencies. However, broader civil society groups were also found to be included in some contexts.

In El Salvador, it was noted that consulting civil society in the formulation of national government MSNPs plays a positive role in increasing subsequent engagement in MSPs tasked with coordinating implementation. In El Salvador, it is also mandatory to register NGO activities at municipal and departmental level in the Departmental and Municipal Food and Nutrition Security Strategic Plan.

In some case studies, coordination platforms are partly led by NGOs or UN agencies, most often towards implementation of a specific programme (Kenya and Senegal). In the case of Anosy in Madagascar, coordination is through a humanitarian cluster-based approach reporting to the Ministry of Health. In Niger, UN agencies have a central role in driving development of the C2C multisector approach in the country. It was noted that whilst the approach has facilitated alignment between humanitarian and developmental efforts, it has also led to tensions, as decisions around resource allocation are not in the hands of subnational government.

Several case studies also found significantly less or no engagement from nongovernmental actors. In Guatemala, it was noted that nongovernment actors have no involvement in the subnational MSP. In Lao PDR, respondents from civil society noted a lack of space for NGOs to participate in MSPs (Provincial Nutrition Committee) in practice.

Case studies noted that SUN Civil Society Alliances increases the space for civil society to organise and interface with government with a more unified voice. In Pakistan, at the subnational level, members of the SUN Civil Society Alliance noted that working with the regional MSP helps to ease the bureaucratic burden associated with establishing and implementing NGO-led programmes. At the national level, in Lao PDR, it was noted that engagement with the SUN Civil Society Alliance improves relations. Nonetheless, respondents from civil society noted that more engagement from civil society in government-led MSP would be welcome (noted in Lao PDR and Benin).

In several case studies, respondents identified sociocultural factors as the key drivers of malnutrition (for instance in Benin, Madagascar and Zimbabwe). Respondents mentioned that religious groups are particularly influential in household-level decisions on food consumption and nutrition-related practices (Ethiopia and Zimbabwe).

One way of addressing sociocultural drivers of malnutrition is engaging nontraditional partners in MSPs, especially community-based and religious groups. This has occurred in some contexts—for instance, through engaging women’s union groups in Lao PDR and directly mobilising and interfacing with community groups in Zimbabwe, Ethiopia and Benin. However, in other contexts, it remains a seemingly somewhat underexplored area of engagement.

Decentralisation and autonomy for decision making

The subnational platforms for collaboration examined in case studies came about and function within a wide range of contexts. These contexts range from large provinces in countries with a considerable degree of government decentralisation (e.g. in Pakistan and the Philippines) to small municipalities or communes (e.g. in Guatemala and Benin) in countries with far more centralised systems of governance (e.g. Lao PDR).

A widely cited motivation for establishing subnational MSPs reported in case studies is that they will result in stakeholders aligning around a set of commonly agreed objectives and collectively identifying and addressing duplication or gaps in the coverage of interventions in specific geographic or population groups. However, the extent to which stakeholders at a local level can engage in these

processes and take ownership depends on the degree to which they are able to control where resources are allocated or which populations or interventions are prioritised.

The case studies reviewed identified difficulties in finding a balance between vertically and horizontally aligned structures for decision making within organisations. The case studies observed several instances of mismatch between expectations for collaboration in subnational MSPs and the actual ability or mandate of members to make decisions around how resources are allocated or interventions or populations are prioritised.

Even where MSP members have the will and capacity for engagement, if MSP members lack a requisite mandate, collaboration can be limited to information sharing and joint planning. MSPs are thus limited to a compilation of individual sectors or organisational plans, rather than an interactive response to population needs and available resources.

Conversely, where MSNPs or institutional arrangements call for greater decentralisation of decision-making powers, this needs to be accompanied by adequate guidance, support and monitoring at the subnational level to ensure effectiveness.

In Guatemala, decisions are made at the national-level MSP (National Council for Food and Nutrition Security, CONASAN), whilst implementation takes place through the MSP at the departmental level (Departmental Committees on Food and Nutrition Security, CODESAN) and municipal level (Municipal Committees on Food and Nutrition Security, COMUSAN). These decentralised bodies act as spaces for the exchange of information between sectors, but they lack significant decision-making powers. The technical nutrition committee (Food and Nutrition Security of the Office of the President of the Republic, SESAN) also lacks meaningful authority to enforce monitoring or direct budget allocation.

In Niger, national-level ministries determine policies and programmes to which communes adhere. For example, the national Ministry of Water Resources determines the number of wells to be dug; this will then be disseminated to the commune level. This centralised planning contrasts to the C2C multisector approach, which begins by analysing and compiling needs at the community level into commune-level plans that are then implemented by stakeholders working in communes.

In Madagascar, the relatively narrow focus of the subnational MSP (Monitoring and Evaluation Regional Group) on monitoring implementation of the national MSNP (National Food and Nutrition Plan, PNAN) limits space for strategic coordination at the local level as decision making continues within individual sectors at the national level. Respondents expressed an ongoing need for a space for joint planning and coordinated decision making.

In the Philippines, significant governance powers are devolved to local governance units in provinces, municipalities and *barangays*, which have considerable autonomy and capacity. Subnational MSPs align with this structure of decentralisation. However, respondents working at the subnational level still noted slow bureaucratic processes in dealing with national government and centralisation of procurement impacting programming.

Where stakeholders in subnational MSPs do have a clear mandate for decision making, capacity may be lacking and transference of decision-making powers needs to be accompanied by provision of adequate resources, guidance, support and monitoring.

This was noted by respondents in the Philippines: officials at the national level noted ‘disproportionate power in the absence of capacity’ within local governance units. Similarly, in Niger, there is a widespread feeling amongst respondents that the capacity to manage funds is lacking in

government at the commune level, which limits the alignment of donor funding with the C2C approach of commune-led planning. In Senegal, it was also noted that decentralisation had led to more responsibilities residing at the ‘municipality’ level, whilst municipal capacity remains limited and the transfer of responsibilities is not adequately matched by a transfer of resources and capacity.

In many contexts, expectations for collaborative planning approaches and decision-making powers are better aligned. In a number of cases, this is linked to a wider process of government decentralisation, which has allowed sectors to engage in a more flexible and opportunistic way based on shared objectives whilst remaining within the remit of sectoral mandates.

In Senegal, despite the aforementioned challenges, it was noted that the institutional arrangement between regional and national levels allows for the adaptation of projects to subnational contexts. However, context-specific modifications within regions still require endorsement at the national level.

In El Salvador, it was noted that a clear mandate for a participatory planning process at the subnational level facilitates stakeholder alignment behind a set of common results. Flexibility in the national multisector nutrition strategy allows for its adaption to territorial priorities, strengthening adoption at departmental and municipal levels.

In Pakistan, devolution of government powers to the provincial government, including in the areas of health and nutrition, means provincial governments have primary responsibility for implementation of national programmes. However, the federal government nonetheless retains power over overall budgetary allocations and administrative approvals.

In the initial years after devolution (in 2010), provincial governments were unprepared to handle the breadth of their new mandates, and linkages between federal and provincial levels were poorly defined. Provincial SUN units were established in each province with the mandate to facilitate coordination between the federal and provincial counterparts. These units have helped in strengthening vertical coordination. Nonetheless, it was noted that a strong mandate is still lacking for priority setting and allocating funding for nutrition at the provincial and district levels.

In Nepal, the institutional arrangements for the implementation of the national MSNP give stakeholders the flexibility to innovate and adapt based on local conditions and priorities. The district MSP (District Nutrition and Food Security Steering Committee, DDC) has a clear term of reference for convening and supporting coordination and oversight. With the recent increase in devolution of powers, coordination is expected to improve considerably, as sector representatives will be housed within one office and have a smaller geographic area of responsibility.

Decisions around the allocation of MSNP funding will be made in each local government unit, which will decide allocations to sectors based on need and more contextualised planning. However, the Nepal case study noted concerns that the new decentralised system involves a new set of arrangements for bureaucrats and elected representatives, which may lead to confusion and gaps in capacity, as was seen in the initial years after decentralisation in Pakistan.

Nongovernmental actors also face difficulties in finding a balance between vertically and horizontally aligned structures for decision making within organisations. In a number of case studies where NGOs are included in subnational MSPs and joint planning processes, they face their own challenges in responsive and collective decision making through MSPs, given pre-existing vertical lines of command within organisations.

Case studies in Niger, Ethiopia and Madagascar noted that NGOs and donor priorities are set at the national or regional level. This results in funding being earmarked upon reaching stakeholders who are engaged at district-level MSPs. This was found to limit the scope for realigning funding and resources in a complementary fashion with other MSP members' activities and collectively agreed priorities.

Encouragingly, in Ethiopia, where there is quite a strong regulatory environment for NGOs, the government increased the mandate for priority setting at the *woreda* (district) level. This has led to development partners increasingly funding *woredas* directly, which in turn has increased the scope for collaboration.

Overall, it is clear from the case studies that shifting where and how decision making occurs is far more complex and challenging than merely bringing stakeholders together at a subnational level. Different stakeholders within MSPs often have differing levels of autonomy in decision making. Moreover, both stakeholders' capacity and the nutrition dynamics within administrative areas may vary greatly within a country, calling for context-specific arrangements.

Advocacy and advocates for nutrition

Fostering engagement and momentum for improved nutrition requires building a good understanding of the causes and consequences of malnutrition and firm support across the public and private sectors and the general public. This, in turn, requires advocacy at all levels—from executive offices of government to communities—through clear and unified messaging from government, media and partner organisations.

There are numerous examples in case studies of high-level political advocates for nutrition driving a multisector nutrition agenda forward at the national level in countries. Translating this high-level political will into increased resources for nutrition and changes to ways of working within ministries remains a challenge, though some case studies offered exemplary approaches. Most case studies mentioned that the visibility of nutrition has increased in political discourse in recent years at a national level. The growing set of governing bodies and policy frameworks for multisector collaboration for nutrition in case studies are testaments to this.

The case studies noted that high political visibility leverages buy-in to efforts to improve nutrition outcomes from politicians and government ministries more broadly (noted in Pakistan, El Salvador and Benin). The importance of translating political will into resources, legislation and mandates to avoid loss in momentum due to changes in the political landscape was noted in several countries (Ethiopia, Madagascar, Pakistan). In Benin and El Salvador, it was noted that having a set of governing and coordinating bodies for nutrition, which include a broad range of stakeholders from different ministries and organisations, has helped to keep nutrition on the agenda, even through political change.

Highlighting the importance of nutrition to wider social and economic development is an effective means of shifting the perspective that nutrition is the responsibility of the health sector only. In Lao PDR and El Salvador, case studies noted that quantification of the costs of malnutrition to the economy increases the visibility of nutrition in the political agenda and fosters a broader understanding of nutrition as a driver of socioeconomic development. In Nepal, it was similarly noted that reframing nutrition as a development issue helps to gain traction with stakeholders outside of

health. Many respondents noted that the Nepal government prioritises nutrition as a means to transition to lower-middle-income country status.

Motivated and engaged advocates for nutrition at the subnational level are key to driving and sustaining the multisector nutrition agenda. Case studies included a limited number of examples of formalised strategies to drive this engagement at the subnational level. One notable example in this respect is Ethiopia, where focused efforts by the government drive increased engagement among stakeholders. Dedicated human resource positions in each region have been established; they are tasked with engaging the political and senior sector stakeholders to drive the multisector nutrition agenda behind the country's Seqota Declaration.

In Benin, an integrated institutional communication plan was developed that targets political and administrative decision makers at national and subnational levels in order to increase MSPs' convening capacity vis-a-vis different government sectors. A twin-track approach was used, which engaged regional conveners as well as local mayors through separate but related channels.

Case studies noted that engaging mayors as conveners in MSPs increases the visibility of nutrition both within sectors and in engagements with local leaders. In one commune, it was noted that the mayor had reached out to heads of municipalities and village chiefs directly to discuss the importance of nutrition. However, despite these advances, the link between nutrition and sustainable human and economic development remains poorly understood by many local and national government actors in the country.

In the Philippines, the importance of local-level leadership amongst political actors, such as provincial governors, was also highlighted. Local government actors have flexibility around budget allocation to nutrition, which makes advocacy at this level of governance particularly key.

Clear, simple messages that are aligned with policy initiatives allow for consistent and effective messaging around nutrition. Examples of this can be seen in Nepal, the Philippines and Ethiopia. In Nepal and the Philippines, the MSNPs have a clear focus on the first 1,000 days as a key period when support can be most effective. This message was found to be consistently understood and appreciated by stakeholders as a targeting criterion to ensure that households with a mother or child in the 1,000-day period receive a range of interventions across sectors. Similarly, in Ethiopia, there is clear and consistent messaging on the importance of stunting reduction and the goal of ending stunting amongst children under 2 years of age by 2030.

In Pakistan, a constitutional change increased citizen's fundamental rights, including the right to food. It is envisioned that this will provide the constitutional underpinning for a large-scale social protection program (called 'Ehsaas'). The right to food is similarly enshrined in law in Guatemala. A case study noted that this is an important advocacy tool, as it holds public institutions to account for their role and obligations as regards the nutritional well-being of the nation.

The media plays an important role in shaping opinions and beliefs around nutrition both amongst MSP members and within communities. In both locations visited for a case study in Bangladesh, officials from various sectors had gained much of their understanding of nutrition issues from newspaper articles and television shows on child health. In Pakistan, it was noted that the growing reach of the media has led to increased awareness on issues around food quality and safety; this in turn has created a demand-side push from consumers for higher standards.

Case studies noted that civil society networks work with the media to increase awareness and engagement in El Salvador and Benin. In Lao PDR, case studies noted that the continuing poor

media coverage in high-burden regions limits the effectiveness of attempts at engaging communities through media based information campaigns in some areas. In Zimbabwe, engaging the media is a feature of the nutrition strategy. However, efforts towards this end were not explored in the case study. **A majority of case studies did not mention engagement with or the impact of the media on multisector nutrition efforts.**

Case studies in Zimbabwe and the Philippines showed examples of evaluation data being used for learning, positive reinforcement and increased accountability. This is explored in detail in the Monitoring, evaluation, accountability, learning chapter of this report.

Multisector convergence

Achieving convergence of services in specific geographic areas, populations groups, households or individuals who experience a high relative prevalence or burden of undernutrition or are vulnerable to undernutrition (for instance, households with members in the 1,000-day period) is a key objective of multisector nutrition coordination.

Convergence can be achieved through sectors agreeing on common or overlapping targeting criteria. When some common targeting criteria are agreed on, the use of shared lists of beneficiaries and systems for cross-referral between sectoral programmes can further increase the likelihood of convergence of services at the household or individual level.

Case studies presented some valuable and impressive examples of where convergence has occurred. In Ethiopia, the health, agriculture, livestock and education sectors undertook shared work plans. This has allowed the use of a shared beneficiary list of vulnerable children, which has enabled household-level convergence amongst sectors.

In Benin, the use of community-based groups to identify and refer cases of malnutrition to the commune MSP (CCC) enables beneficiary identification for delivery of interventions from multiple sectors—namely, agriculture, health and social protection. Furthermore, social protection centres conduct weekly nutrition monitoring and referral and liaise with MSP (CCC) members and the implementing NGOs for comprehensive follow up, further strengthening the convergence of services.

In El Salvador, the municipality-level MSPs (Municipal Councils for Food Security and Nutrition or COMUSANs) use spreadsheets for registering stakeholders' interventions and beneficiaries. This provides a single record of registration of interventions across sectors, by household members. COMUSANs have utilised this information to develop a system for monitoring families vulnerable to food or nutrition insecurity through simple mapping. This common registration monitoring tool allows for more efficient use of resources amongst frontline service providers and the tracking of service eligibility and uses amongst households.

The multisectoral nutrition 'PINKK' programme examined in the case study in Senegal utilised an innovative method for selecting regions for programme implementation. Firstly, regions were identified on the basis of high prevalence of wasting or stunting. Data on the relative vulnerability of villages from regional development agencies were then used alongside forums organised at the commune level to create a list of the most-vulnerable and least-served villages. At the village levels, forums were then organised with local leaders to identify target households.

In Niger, a key objective of the multisectoral C2C approach is to allow targeting of vulnerable districts and joint planning at a local level. However, whilst the plan enabled convergence of interventions at the commune level, convergence of services in particular vulnerable villages or households was not possible due to different targeting criteria amongst stakeholders and divergent criteria amongst UN agencies.

The focus on households with a member in the first 1,000 days (pregnant and lactating women and children aged less than 2 years) is an easily understood and applied criterion for targeting in multisector programmes. In Nepal, the MSNP's focus on households with members in the first 1,000 days provides a uniform approach to targeting across sectors; in turn, it ensures that beneficiaries receive a range of interventions.

Programmes with a focus on the first 1,000 days were noted in a number of countries. For instance, in El Salvador, the Universal Social Protection System provides conditional cash grants to households with members in the first 1,000 days. These are conditional on accessing prenatal care, child health check-up attendance and school enrolment.

In the Philippines, household targeting across the country is through the 4Ps (Pantawid Pamilyang Pilipino Program). The programme is primarily targeted at households below the poverty line. However, households with members within the first 1,000-days category are encouraged to utilise the services offered within the health system.

In Kenya, the OFSP programme examined in the case study targeted households with pregnant and lactating women for services spanning health, agriculture, health and livelihood support.

Despite these encouraging examples of a variety of approaches to achieving convergence, there were few instances of MSNPs or MSPs having clear guidance or a clear goal towards achieving convergence on vulnerable communities or households.

Sharing platforms for joint delivery of programmes

Case studies found a number of instances of sectors jointly delivering programmes or integrating nutrition-related activities from other sectors. The most common example of this is the incorporation of nutrition-related messaging into interventions in the agriculture, education and WASH sectors; this was noted in some form in all case studies. Case studies also noted examples of integrated nutrition screening, delivery of health interventions through nutrition-sensitive sectors and resource sharing amongst stakeholders.

In Benin, social protection centres act as a venue for child nutrition monitoring. Acutely malnourished children are referred to treatment and screening is carried out by social protection staff. Nutrition education is also delivered to beneficiaries through the promotion of the national Family Code and children's right to be free from hunger. Centres also liaise with the MSP (CCC) and NGOs for comprehensive follow-up. These activities are facilitated through a dedicated budget line for nutrition within the social protection budget. Mayors/MSP chairs also engage security forces (police) to engage families who refuse treatment for children due to cultural or religious taboos.

In Nepal, social mobilizers who support women's credit and savings groups use the groups to deliver nutrition messages to members; female community health volunteers also attend meetings to counsel mothers on nutrition. In Bangladesh and Kenya, farmers are given messages on the

importance of nutrition and health in agricultural training sessions. In Kenya, agriculture officers deliver messages on good agricultural practices through platforms for information dissemination established by the Ministry of Health.

In Lao PDR, the agricultural sector has adopted a peer-learning approach by selecting 'model families' for animal raising and farming within the community. Ethiopia has similarly implemented a 'model farming' model for dissemination of messages on good agricultural practice, which includes promotion of dietary diversification.

In the Philippines, training sessions for women on food processing, which aim to strengthen livelihoods, are also used as platforms for information dissemination on optimal infant and young child feeding practices.

In Senegal, examples were noted of multisector programmes (PINKK and CLM) sharing staff and resources, namely personnel and micronutrient powders. An example also was noted of one programme filling gaps in growth monitoring activities, where another programme had not yet begun implementation.

Case studies included examples of a range of nutrition-related interventions: interventions delivered through schools, such as deworming (Kenya, Bangladesh, Ethiopia, Philippines); school gardens (Lao PDR, Bangladesh, El Salvador, Ethiopia, Philippines, Zimbabwe); nutrition and nutrition-related messaging (Bangladesh, Lao PDR, El Salvador, Nepal, Niger, Philippines, Zimbabwe); school meals (El Salvador, Benin, Guatemala, Kenya, Nepal, Niger, Philippines); WASH (Ethiopia, Niger, Pakistan, Philippines); vitamin supplementation (Madagascar, Philippines) and nutrition screening (El Salvador, Philippines) as well as regulating retail of highly processed 'junk' foods in the vicinity of schools (El Salvador, Philippines).

The majority of case studies did not explain in any detail how such activities were coordinated through MSPs or funded, planned, implemented or monitored in cooperation with ministries outside of the ministry of education. In case studies in the Philippines and El Salvador, collaboration between the ministries of agriculture, health and education to deliver programmes through schools was more clearly outlined.

Community mobilisation

In several case studies (Guatemala, Benin, Zimbabwe and Madagascar) respondents noted that increasing services alone is not sufficient as a strategy to reduce malnutrition, as sociocultural practices are key causal factors in communities. Case studies contained examples of a number of different strategies to increase community mobilisation and engagement and link with subnational MSPs.

The most commonly cited entry points to communities in case studies were community health workers and volunteers. In Zimbabwe, it was noted that increasing the burden on this workforce through a growing range of multisectoral activities is a significant problem.

Case studies in Zimbabwe, Benin, Ethiopia, Nepal and Senegal all presented examples of the establishment of community food and nutrition security platforms at the village level. These platforms are variously involved in planning, implementation and monitoring of multisector activities.

In Zimbabwe, community mobilisation and participation in planning, implementation and monitoring are central to the country's MSCBM strategy, which 'is a people-centred approach that places ownership and control of the development process within the community'. The strategy has been piloted in four districts and is now being scaled up. Village-based structures are linked to the MSP at the ward (the lowest administrative level). Under the strategy, community-based processes are aimed at empowering adolescent girls, pre-pregnant and pregnant women and mothers; local chiefs and headmen are deliberately involved, given their significant role in influencing local practices.

Activities at the community level include the development of food and nutrition security committees at the community level. These committees are engaged in identifying nutritionally vulnerable households and contribute to developing and implementing village-level microplans for addressing stunting, including interventions in health, agriculture, WASH, social protection and gender. The community-based system of near real-time monitoring, described in the Monitoring, evaluation, accountability, learning chapter of this report, is also facilitated through the community-based committees.

In Benin, it was noted that not addressing socioeconomic and cultural causal factors during planning and programme design has limited meaningful progress in reducing malnutrition in the past. The country has increased its focus on implementation at the community level by establishing village-level social and health centres and nutrition committees. It was noted that mobilising strong local leaders to lead community-level committees has been an important factor in both improving coverage and quality of preventative and curative interventions and increasing health-seeking behaviours amongst communities.

In Ethiopia, the Seqota Declaration has a focus on engaging communities to address negative sociocultural and traditional practices in relation to diet, hygiene, health-seeking behaviours and other factors that predispose individuals to undernutrition. Community labs have been piloted in a number of areas in the country at the *kebele* (village) and *woreda* levels. These labs provide a space in which communities and stakeholders from relevant sectors work to collaboratively identify innovative methods to reduce undernutrition and food insecurity, which can provide prototype innovations for scale-up.

The labs are reported to be successful in increasing awareness of nutrition issues in communities. However, the case study noted that the community lab approach was only just established in Ethiopia when the case study was conducted, and there were limited observations of it in practice. Furthermore, it was noted by respondents that it remained unclear whether community lab actors possess the necessary skill, influence and tools to effectively promote social change.

In Nepal, the lowest level of nutrition governance is the Village Development Committee. These committees as much as possible mirror the structure of district-level MSPs (FSNC). The case study noted that chiefs of the Agriculture and Livestock Service and representatives from the health facility and school management committees were included in committees visited. The Village Development Committee is tasked with the coordination of all nutrition stakeholders and alignment of work towards the reduction of stunting; thus they ensure nutrition programmes are incorporated into annual Village Nutrition and Food Security Steering Committee plans and they review implementation.

In Senegal, local management committees at the village level were noted as being engaged in implementation of multisector nutrition activities. However, no further specifics on their role were provided.

Finance mobilisation, tracking and alignment

A lack of sufficient and sustainable resources is a major challenge in coordinating implementation of multisectoral nutrition plans in almost all case study countries. Whilst a number of case study countries had costed plans, information on expected sources of funding was rarely clear from case studies. Ethiopia was the only country where the expected proportional contributions of government and partners and gaps were described in detail.

In several countries, MSNPs are in the early stages of development and funding sources are yet to be clearly identified (Bangladesh, Nepal). Across case studies, respondents at both national and subnational levels identified shortfalls in funding as an impediment to the realisation of planned multisectoral activities.

Where MSNPs have been costed in case studies, it is not clear what the additional costs are of implementing activities through a coordinated multisectoral nutrition approach. This means that whilst activities in specific sectors may have costs attached, the additional costs of implementing these through a multisector approach are not clear—for instance, costs of establishing MSPs, financing meetings, staffing, etc.

In many countries, it was noted that donor funding continues to play a large role in both nutrition-specific and -sensitive spending. For instance, significant reliance on donor funding for multisector nutrition activities was noted in Niger, Madagascar, Zimbabwe, Pakistan and Benin.

Several case study countries have middle-income country status (Pakistan, El Salvador, Philippines). In all three countries, it was noted that having middle-income status resulted in lower levels of donor funding. However, in El Salvador and the Philippines, it was also noted that as middle-income countries, funding is more targeted to capacity-building efforts, with support largely provided through government institutions and budgets.

Case studies presented a number of examples of donor funding increasing alignment with government priorities. In Ethiopia, implementing partners and funding agencies have moved towards providing funding at the *woreda* level and aligning with government timelines. A majority of nutrition-specific and -sensitive financing in Ethiopia is provided ‘on budget’, i.e. through the national government budget and treasury rather than outside of it.

In El Salvador, strengthening institutional capacities of the national nutrition governance system (CONASAN) at all levels is a key strategic objective of the World Food Programme, accounting for over 50 percent of the World Food Programme’s total country budget. In Benin, two major World Bank-funded programmes, the Results-Based Food and Nutrition Programme and the Multisectoral Food, Health and Nutrition Project, have aligned behind government MSNPs and associated institutional arrangements and funding channels.

Similarly, in Madagascar, the National Community Nutrition Program, also funded through the World Bank, has been implemented through the national MSP (the National Nutrition Office) since 2004. Local NGOs work as implementing agencies that are managed through the regional government authorities.

It should be noted that in both the cases of Benin and Madagascar, this has resulted in the national-level MSP taking on the role of implementing body; this undermines its perceived role as coordinator

amongst stakeholders at the national level. This runs the risk of disengaging sectoral ministries by giving undue influence to the MSP, which takes on the role of sectoral ministries.

In Bangladesh, it was noted that recent NGO-led initiatives have an increased focus on supporting government systems. A five-year, large-scale project funded by the European Commission has been launched with a specific aim of improving district-level nutrition governance in two districts; its further expansion is expected. Furthermore, a US Agency for International Development-funded project, the Suchana project, has been launched with a stated aim to work closely with government systems and improve multisector coordination. Both projects are planned to run for five years, but with the aim of establishing sustainable mechanisms for coordinated implementation, which can continue after the project.

In Nepal, the large scale multisectoral Suaahara programme was found to align well with the framework of the MSNP. However, coordination with the government was limited; government respondents reported that they had little involvement and information, and coordination was limited to meeting attendance rather than joint planning of activities or monitoring. Nonetheless, respondents noted some examples that activities in the programme were being modified to avoid duplication.

Costing and tracking financing for multisectoral nutrition plans and activities at the subnational level are inherently challenging due to the multiple sectors and stakeholders involved. Even where MSNPs are costed, countries invariably lack robust finance tracking mechanisms. In Nepal, funding to District Development Committees has increased as the MSNP has been rolled out. Some funding is retained at district level for coordination, and the remaining money is distributed equally amongst sectors.

Where ministries in nutrition-sensitive sectors were found to have budget lines and staff dedicated to nutrition, it was seen to have resulted in positive shifts in programming. In Benin, a dedicated budget line for nutrition in the social protection sector has increased cooperation between ministries and facilitated cross-referral. In Ethiopia, it was noted that dedicated resources for nutrition staff in the Ministry of Agriculture has helped to drive the nutrition agenda within the ministry.

A vital aspect of the costing and financial tracking process is identifying where resources are being targeted in relation to population needs and where better alignment could be achieved. In Pakistan, the SUN UN Network and Civil Society Alliance have been supporting government budget analysis for nutrition-specific and -sensitive spending at the provincial and district levels. Civil society organisations have used these analyses for advocacy, highlighting where there is misalignment between needs and funding.

In El Salvador, budget analysis, supported through MQSUN+, was undertaken in 2013 for the development of the country's strategic plan; this was done again in 2016. The exercise was noted as strengthening national capacity in the area, and the analysis was cited as having been widely used by the national MSP (CONASAN) and civil society to advocate for more resources.

In Guatemala, the state has a separate budget line for nutrition, enabling transparency on public spending. The national committee for nutrition (SESAN) manages and monitors budgetary allocations within the country. However, at the subnational level, resources for food and nutrition-related activities are primarily from local government. Providing financial or other data to SESAN is voluntary, limiting the scope for comprehensive financial data collection at the subnational level.

In Ethiopia, the introduction of costed *woreda* (subnational) plans is an interesting example of using subnational planning to better align and allocate the national budget. The case study noted that the process both gives detailed insight into what resources are being allocated, where, by whom and within what timeframe whilst also building capacity and accountability amongst the stakeholders involved in the process. It was further noted that donors have begun to engage indirectly funding *woreda* plans since the initiative began.

Fiscal decentralisation has a negative impact on the availability of funding where the subnational government has co-responsibility for contributing funding. Difficulties in subnational governments raising expected levels of funding were noted in Benin, Philippines and Senegal.

Monitoring, evaluation, accountability and learning

Measuring progress towards meeting commitments in MSNPs remains a challenge at both national and subnational levels. Across case studies, a common challenge was bringing information from all sectors together into a common MEAL platform or dashboard. Where multisector MEAL data are collated into a common monitoring system, challenges were noted in using the data in an effective way, or at least in a way visible to stakeholders at the subnational level.

Several case studies noted instances of large-scale multisector programmes with monitoring and evaluation systems that do not align with or feed into government systems (noted in cases studies in Kenya, Nepal, Madagascar and Senegal).

An ongoing challenge to multisector programming in case studies and more generally is a lack of data or indicators that capture the benefits of a multisector approach over a more siloed approach. Due to a lack of disaggregated data at the district or subdistrict level and the complexity of nutrition dynamics, it was difficult to directly link multisector programming to improvements in anthropometric or biomarkers of population nutrition status.

No case studies mentioned use of randomisation or quasi-experimental techniques to measure the impact of multisector programming or inform results-based budgeting. This seems like a missed opportunity, especially where rollout of multisector programmes is graduated across geographic areas, making them potentially suitable for quasi-experimental ‘pipeline’ approaches to impact evaluation.

Even where efforts were made to achieve convergence on households through common targeting across sectors, there were no clear examples of where this was used as an indicator within MEAL systems when monitoring or evaluating multisectoral collaboration for nutrition. However, the use of single registration sheets for multiple programmes in El Salvador is a notable example of using data on convergence of multiple sectors on vulnerable households and communities to guide programming amongst MSP stakeholders (see “Multi Sector Convergence” on page 17 of this report for further details).

Case studies in Zimbabwe and the Philippines showed examples of monitoring and evaluation data being used for learning, increased accountability and positive reinforcement. In the Philippines, a system of rewards for MSPs’ performance provided recognition for exemplary performance in nutrition program management and service delivery. Recognition comes in the form of a number of incentives and awards—namely, the Green Banner Award, Consistent Regional Outstanding Winner in Nutrition, Nutrition Honour Award and the National Outstanding Winner in Nutrition.

In Zimbabwe, it was reported that data generated through the near real-time monitoring system on the ward's performance on nutrition-related indicators had introduced a sense of competition between wards, which drove further engagement and improved performance. These examples show the potential for data produced through monitoring and evaluation systems to provide positive feedback and a sense of ownership and accountability amongst local governments.

The case studies above contrasted with other case studies that showed few opportunities for information exchanges around MSPs' experiences or progress between districts (Nepal) and a lack of clarity around how monitoring and evaluation data produced and submitted to national bodies were actually used for learning or course correction (noted in Pakistan, Benin, Nepal and Madagascar).

Use of digital technologies has the capacity to revolutionise MEAL systems. Whilst efforts to introduce digital platforms are at an early stage, Zimbabwe and Ethiopia are examples of countries making progress in the area. In Ethiopia, the government is working towards establishing a web-based platform where implementing sectors can efficiently and routinely report and review their progress against the 50 strategic initiatives of the Seqota Declaration. The platform aims to promote an objective and impartial means of routinely reporting and reviewing progress.

The system is not yet in use. Monitoring was reported to remain a challenge, as it is limited to quarterly review meetings at the regional level and six-monthly review meetings at the federal level. A pilot project, the Unified Nutrition Information System for Ethiopia, was implemented in two *woredas* in late 2018. The programme uses the Ministry of Health's web-based DHIS2 platform to report on key indicators for each sector involved in activities through the Seqota Declaration.

In Zimbabwe, the near real-time monitoring system is implemented as part of the MSCBM, with support from the Bill & Melinda Gates Foundation and UNICEF. It involves village health workers and volunteers collecting data from the community. The data are fed to the local and regional MSPs (Food and Nutrition Security Committees, FNSCs), entered onto Android tablets and uploaded to the national Food and Nutrition Council's server. Key indicators are then measured against set thresholds. Results are used to provide feedback to subnational MSPs using an SMS messaging system with a traffic light colour-coding system, where green, amber and red indicate if their results are 'good', 'satisfactory' or 'concerning'.

Whilst subnational stakeholders reported that the system was very useful, national-level respondents felt it was too data heavy and overly reliant on external donor funding. The case study noted that the system has been operating without external funding for two years, albeit on a very limited basis. A number of issues were noted regarding the availability of working tablets and a perceived overburdening of community-based health workers and volunteers with data collection-related tasks.

Conclusions and Recommendations

Sector and stakeholder engagement in MSP

Whilst a wide range of sectors and stakeholders are typically included in national MSPs and in rolling out national MSNPs in the countries studied, at the subnational level, engagement tends to be more limited to key nutrition-sensitive sectors (health, agriculture, education, WASH and social protection) as well as locally active NGOs, community groups and UN agencies.

Whilst case studies presented a number of examples of donor and partner funding increasing alignment with government priorities and governance arrangements at the subnational level, more could be done to explicitly encourage nongovernmental actors to directly support and coordinate with subnational MSPs.

Respondents in several case studies drew attention to the sociocultural drivers of malnutrition. Engaging community-based groups as advocates for nutrition can help address these sociocultural practices in communities and lead to more participatory planning processes. Engagement with community-based groups, including nontraditional partners, appeared to be variable and currently not prioritised in MSP in many cases studies.

Recommendations:

- *Government and nongovernmental actors such as NGOs, UN agencies and donors in national-level MSPs should more clearly outline, through consultation, the expected roles and responsibilities of nongovernmental actors in subnational MSNPs and MSPs.*
- *The scope of civil society engagement in MSPs, particularly nontraditional partners such as community-based and religious groups, should be increased where feasible.*

Situating leadership of subnational MSP

Creating strong linkages and dynamic synergies between nutrition MSPs (both national and subnational) and various administrative levels of government institutions and representatives can play a vital role in increasing engagement, effectiveness and accountability. Case studies cited examples were seen where mayors or governors of districts who chair MSPs are important levers for driving engagement with MSP and communities. However, where 'non-technical' actors chair or convene MSPs, additional technical support and capacity building around nutrition issues are necessary with national MSP best to coordinate this support. Where possible, engaging the ministry or authorities that are responsible for decentralisation is an effective means high potential.

Leadership of MSP from specific sectors, often in relation to national-level hosting arrangements of the MSP, can also offer benefits at the local level, depending on the context. However, a number of case studies found that this potentially could lead to tensions. In particular, housing efforts within the ministry of health runs the risk of a business-as-usual approach focusing on nutrition specific programming and a low level of engagement from a wider number of nutrition sensitive sectors.

Linking or integrating subnational MSP with pre-existing governance structures such as district development committees already active in areas was noted in a number of contexts as having generally had a positive impact on buy in from MSP members and effectiveness of coordination efforts.

Recommendation:

- *Where possible, promote local ownership and prioritisation of nutrition in local political agendas, through chairing of MSPs by nonsector-specific actors, such as governors, mayors or similar officials. Accompany this with adequate capacity building and training for chairs, where technical capacity to lead may be lacking, as well as sectoral support.*
- *Encourage linking or achieving some degree of integration of MSP with other governance arrangements and bodies such as provincial or district development committees.*
- *Strengthen the multisectoral nutrition narrative at the subnational level to step up the contributions of all relevant sectors.*

Incentives for collaboration: Policy coherence

Case studies cited a number of instances where sector incentives (e.g. high-priority sectoral targets, budgetary allocations, etc.) were poorly aligned with nutrition-related objectives set forth in the MSNP, as well as examples of better alignment. MSNPs are likely to be most effective when aligned with and reflected in relevant individual sectoral policies, plans, targets and budgets. Further work on policy coherence is still needed at the national level.

Recommendation:

- *Incentives within individual sectors need to be aligned with MSNPs and efforts. This requires nutrition-sensitive activities, targeting criteria and monitoring and evaluation indicators to be included and prioritised within relevant sectoral plans, consistent with the MSNP.*
- *Support sectors and stakeholders in ensuring dedicated resources are available within national nutrition-sensitive sectors for nutrition-focused implementation at the subnational level. National SUN Movements are well positioned to leverage high-level political will towards these objectives; they can also explore utilising budgets for decentralisation for nutrition.*

Decentralisation and autonomy for decision making

The various sectors and stakeholders engaged in subnational MSP often have differing levels of autonomy in decision making around intervention prioritisation, coverage and resource. A number of case studies identified difficulties in finding a balance between vertically and horizontally aligned structures for nutrition impact-targeted decision making within both government and NGOs.

Organisational capacity and nutrition dynamics within administrative areas also vary greatly within countries, calling for context-specific arrangements.

Recommendation:

- *It is important that the MSNP and institutional arrangements for nutrition governance take better advantage of where financial and operational decision-making powers lie (national, provincial, district, municipal levels, etc.). They should also be able to address the differing capacities of stakeholders, as well as political and nutrition dynamics within countries.*
- *Encourage member countries to develop MSNP and institutional arrangements that are tailored to the range of subnational contexts. Subnational MSP composition and mandates should ultimately respond to contextual needs.*

The national MSP comprising all relevant partners should look into ways to support efforts towards more effective, context-specific decision-making arrangements.

Advocacy

Motivated and engaged advocates for nutrition at the subnational level are key to driving and sustaining the multisectoral nutrition agenda where their impact is ultimately expected—in communities. Case studies include a limited number of examples of formalised strategies to drive this engagement at the subnational level. Examples in this respect are focused efforts and dedicated resources from the government directed towards sensitising and engaging senior-level political and ministerial decision makers at the subnational level and promoting behaviour change to address the sociocultural factors and food taboos that remain important challenges to improving nutrition at the subnational level.

Highlighting the importance of nutrition to wider social and economic development and utilising easy to understand messages, such as the importance of the first 1,000 days, have proven to be effective messages in shifting the local perspective that nutrition is the responsibility of the health sector only, and to galvanise local political commitment to champion nutrition as a local development priority.

Recommendation:

- *Scale up advocacy for nutrition through formalised and sustained efforts to build political will at the subnational level, utilising clear, easily understandable and actionable messaging.*
- *Engage a wide range of stakeholders, including political and ministerial staff, NGOs, civil society and the media, but also harness local (political, religious, traditional) leaders and existing civil society groups (women's associations, groups of elders, etc.) for communication on nutrition behaviours.*

Convergence

Achieving convergence of services on specific geographic areas, populations groups, households or individuals who experience a high relative prevalence or burden of undernutrition or are vulnerable to undernutrition (for instance, households with members in the 1,000 period or including adolescent girls) is a key objective for multisector nutrition coordination.

Case studies presented some valuable and impressive examples of where convergence has occurred. However, many MSNPs and MSPs lack clear guidance around achieving convergence in decentralised contexts.

Recommendation:

- *More work needs to be done within countries and through global support networks to encourage multiple sectors to converge services on vulnerable communities and households, be it through utilising common targeting criteria, ensuring cross referral between relevant programmes or sharing platforms to deliver nutrition-related interventions across sectors. This is underpinned by the need to strengthen national information systems.*

Finance

Finance tracking data need to demonstrate increased spending by the government and increased impact of multisectoral programming, as opposed to interventions already delivered as part of sectoral plans. Country case studies generally lacked information on what activities would be covered under sectoral budgets and what would remain unfunded. They were also unclear about the additional costs of a coordinated multisectoral approach to deliver nutrition interventions.

Recommendation:

- *Finance tracking data need to identify and track increased spending from national governments, as well as from subnational sources, on implementing MSNPs.*

A vital aspect of costing and financial tracking processes is identifying where resources are being directed in comparison to population needs, and where better alignment of needs and spending could be achieved. Subnational budget analysis and development of costed subnational plans both show promise in this regard.

Recommendation:

- *Subnational budget analysis and development of costed subnational plans should be supported and better linked up with funding partners at international, national and subnational levels.*

MEAL

There is a critical gap in the documentation of the impact of multisector programming on nutrition outcomes, with little to no published evidence in peer-reviewed journals. Increasing evidence in this area must be a priority for SUN.

No case studies mentioned using scientifically robust techniques to measure the impact of multisector programming. This is a missed opportunity, especially where rollout of multisector plans and programmes is in a graduated fashion across geographic areas, making them potentially suitable for quasi-experimental impact evaluation techniques.

Recommendation:

- *Supporting evidence creation on the impact of multisector programming must be a priority for the SUN Movement and SUN Countries. Academic and research networks, and international research funding and expertise more broadly, can be further leveraged towards this end.*

Even where efforts had been made to achieve convergence of services from multiple sectors on vulnerable households, case studies provided no examples of where convergence was being used as an indicator within MEAL systems when monitoring or evaluating multisectoral collaboration for nutrition.

Recommendation:

- *Subnational MEAL systems that underpin the subnational and national Common Results Frameworks should be encouraged and capacitated to measure and report where the households that are vulnerable to, or affected by, malnutrition access and utilise services from multiple sectors.*

Whilst some case studies provided positive examples of monitoring and evaluation data being used for increased accountability, learning and positive reinforcement within subnational MSPs, several case studies found a lack of clarity in how monitoring and evaluation data was actually being used. There were a few examples of MEAL data being used for results-based budgeting at the subnational level. Most data are still used vertically to feed reporting to line ministries.

Recommendation:

- *Case study countries need increased support across all aspects of MEAL. SUN should encourage and support countries to use MEAL data for learning and accountability, as well as advocacy and sharing of stories of success and challenges across subnational, national and international levels.*

Digital technologies will likely become increasingly common within multisector nutrition MEAL systems. Whilst efforts to introduce digital platforms are at an early stage in the countries studied, case studies did provide some interesting examples in Zimbabwe and Ethiopia.

Recommendation:

- *Leverage the resources and technical expertise of international partners to further drive low-cost digital solutions for MEAL systems, by studying and documenting existing innovative approaches in SUN Countries.*

Community mobilisation

Perhaps the most impressive examples of subnational collaborative efforts to improve nutrition amongst case studies were those where subnational MSPs have worked to mobilise communities through inclusive planning processes, built capacity to collect data for targeting and monitoring interventions, and worked to shift sociocultural practices to improve nutrition outcomes.

Recommendation:

- *Establishing, or building on existing, community structures and engaging and mobilising community members to engage with multisector nutrition efforts and MSPs should be key features of SUN Country strategies going forward.*

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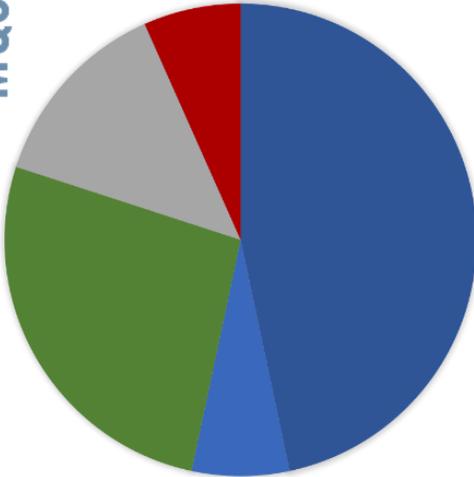
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National MSP Composition Key

- Federal Government
- Subnational Representatives
- Civil Society Organisations
- UN Agencies
- Donors
- Private Sector
- Academia
- Media
- Other

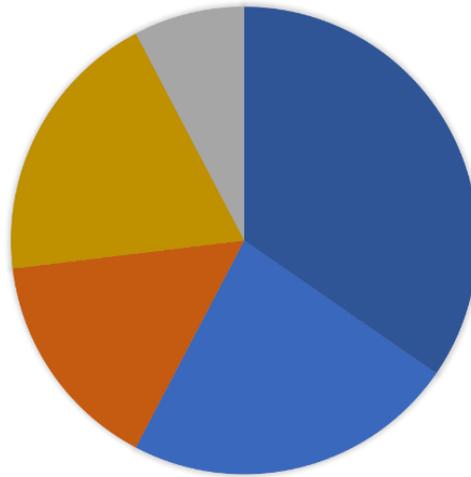
National Multi-Stakeholder Platform (MSP) Compositions

NATIONAL MSP COMPOSITION BENIN



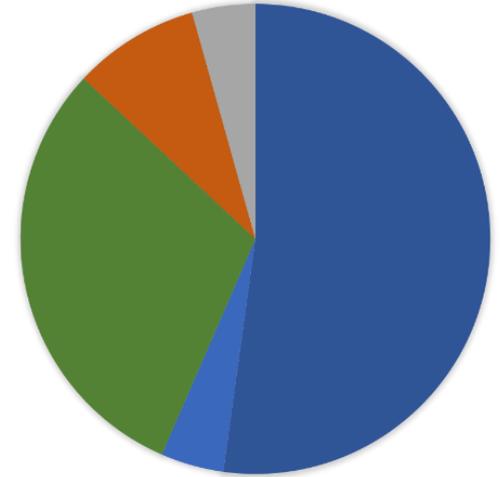
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NATIONAL MSP COMPOSITION GUATEMALA



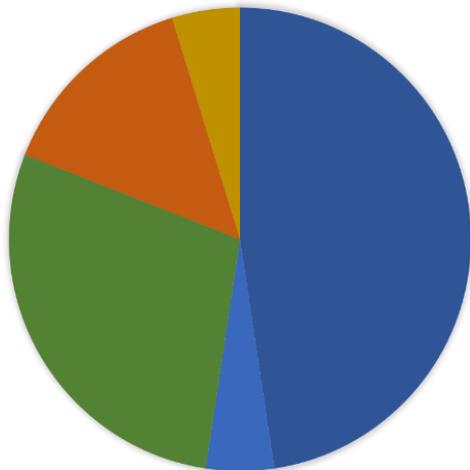
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NATIONAL MSP COMPOSITION, EL SALVADOR



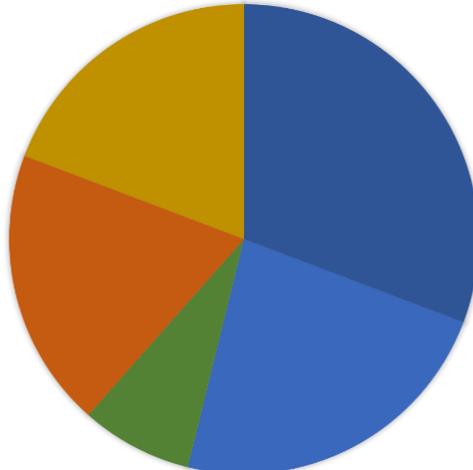
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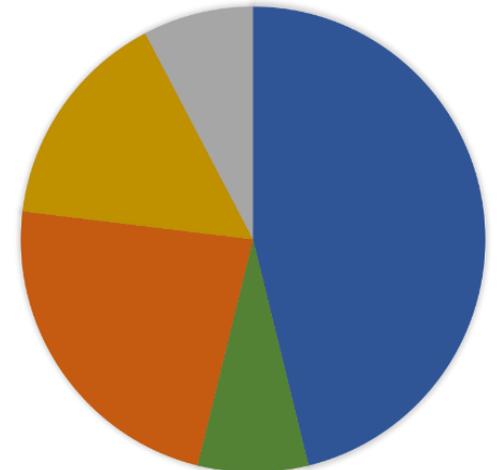
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NATIONAL MSP COMPOSITION, PAKISTAN



Total # of MSP Members: 26

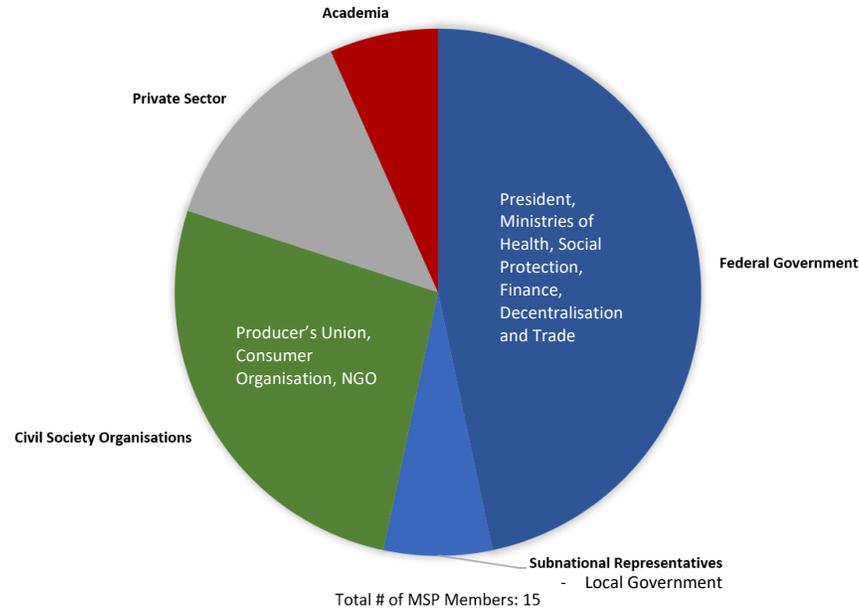
NATIONAL MSP COMPOSITION, LAO PDR



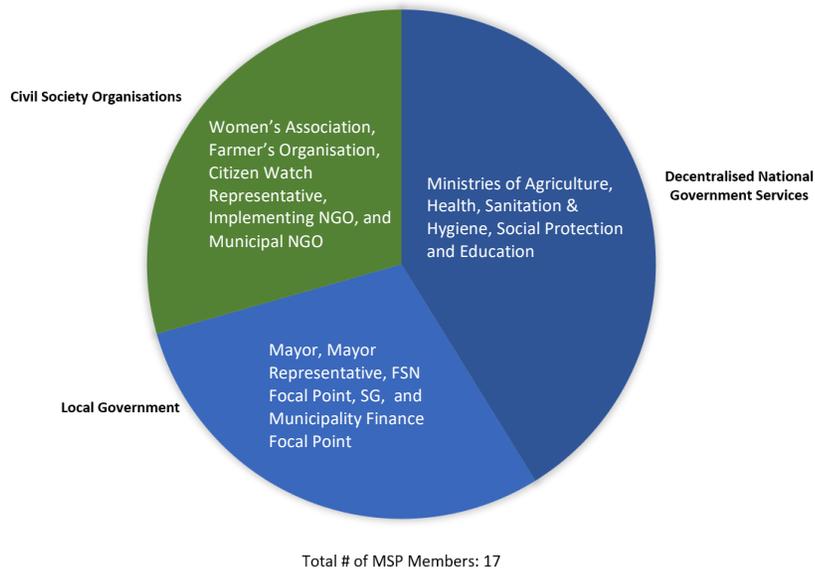
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MSP Compositions, by Country

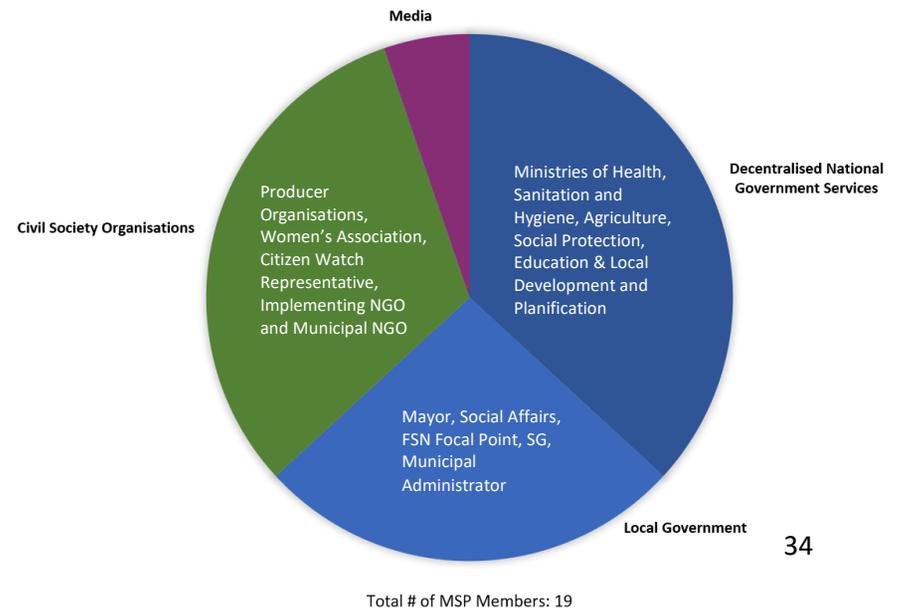
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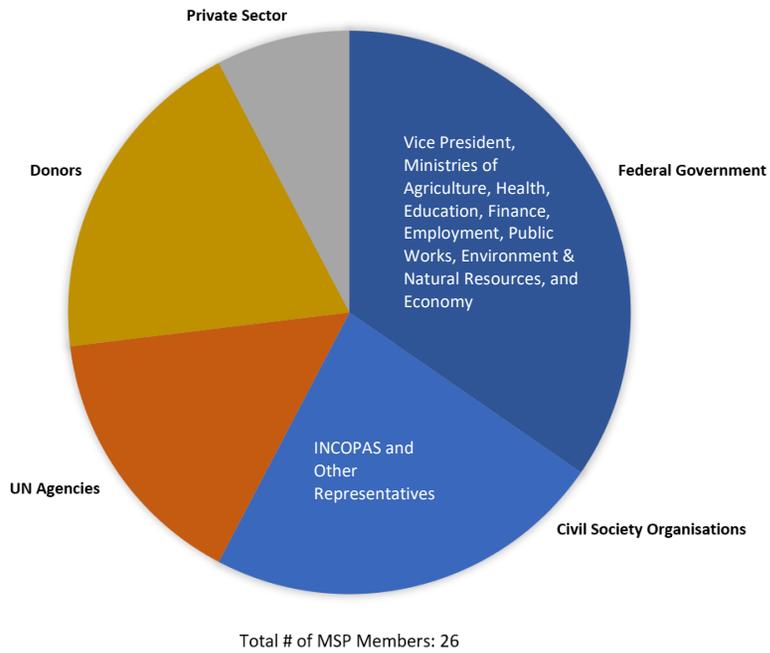
SUBNATIONAL MSP COMPOSITION, ADJA OUERE, BENIN



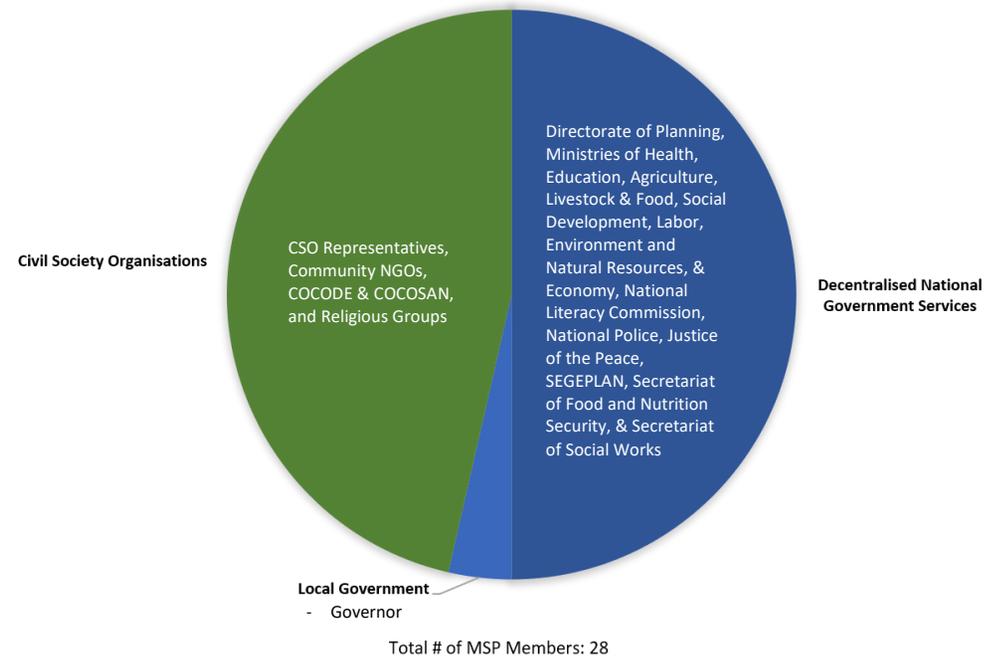
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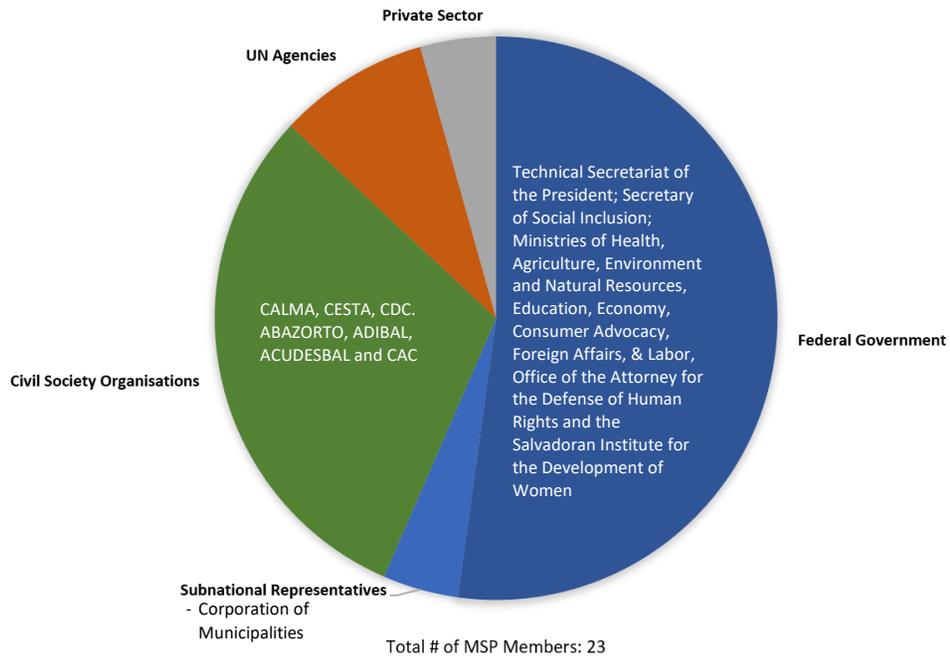
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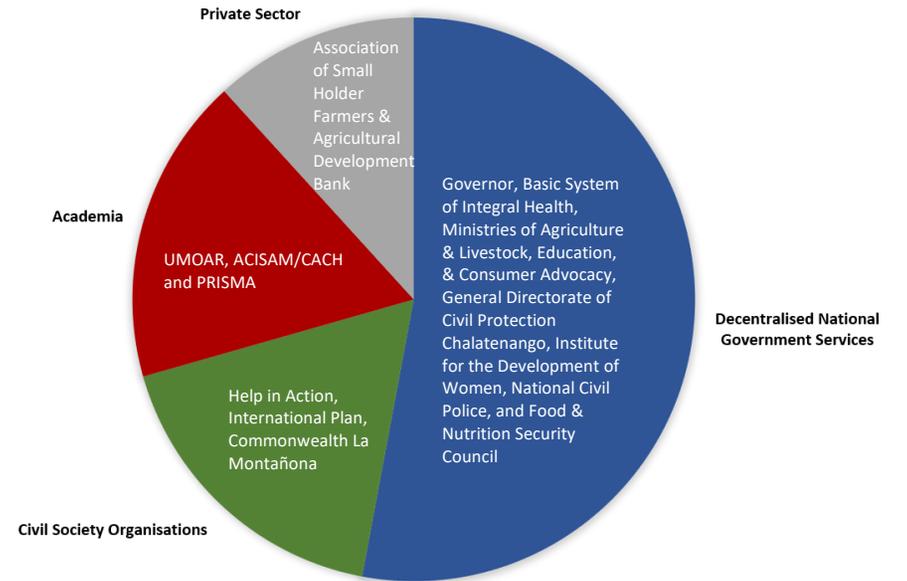
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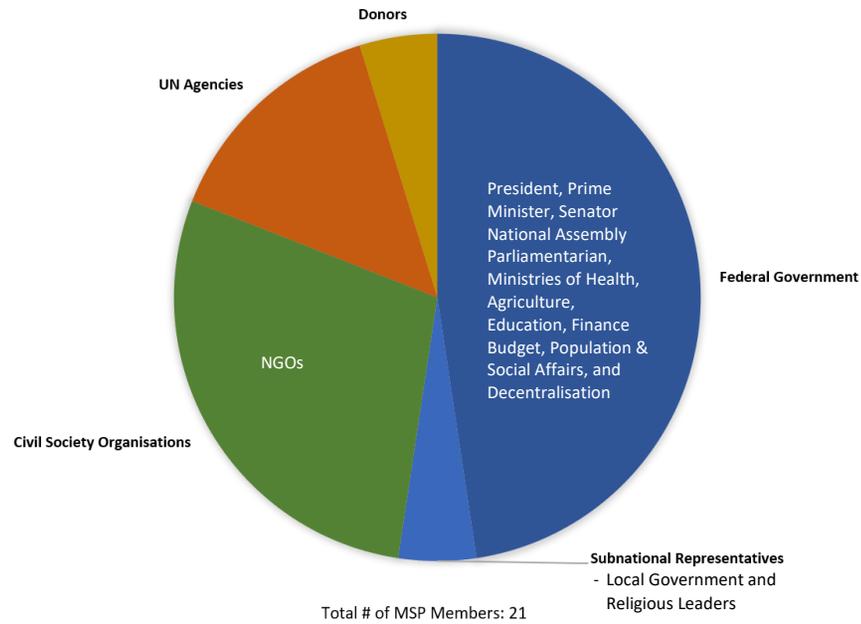
NATIONAL MSP COMPOSITION, EL SALVADOR



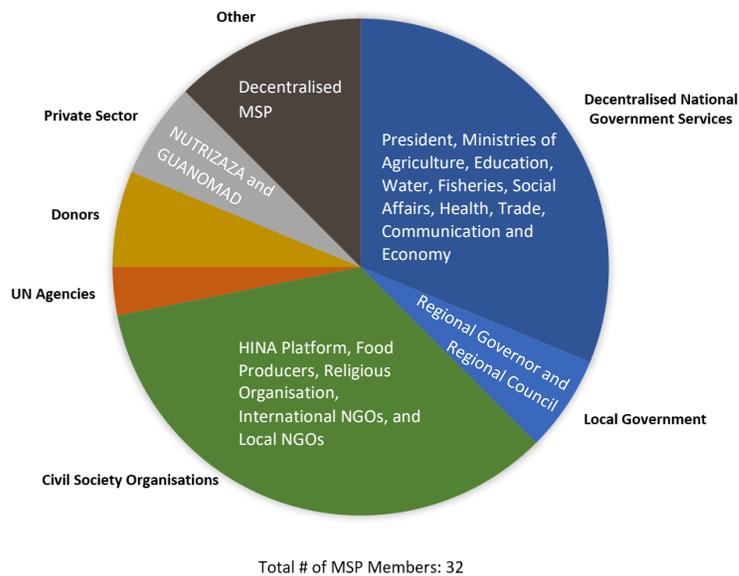
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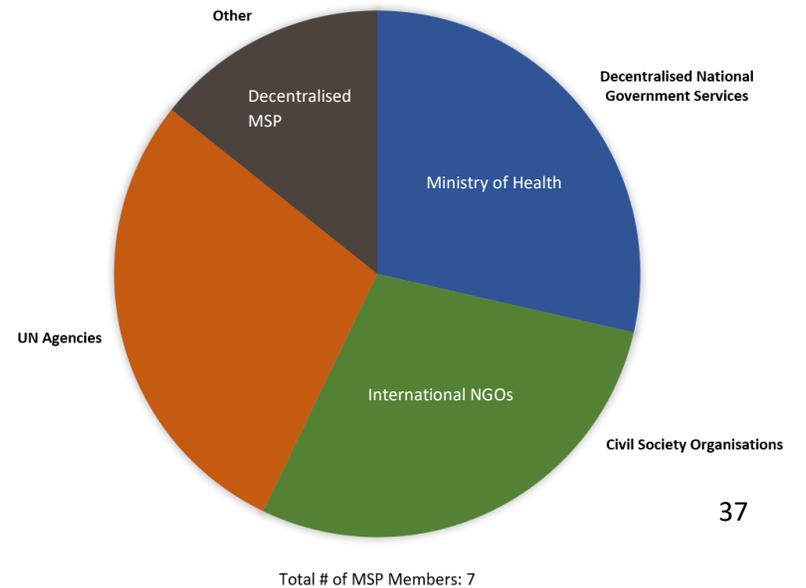
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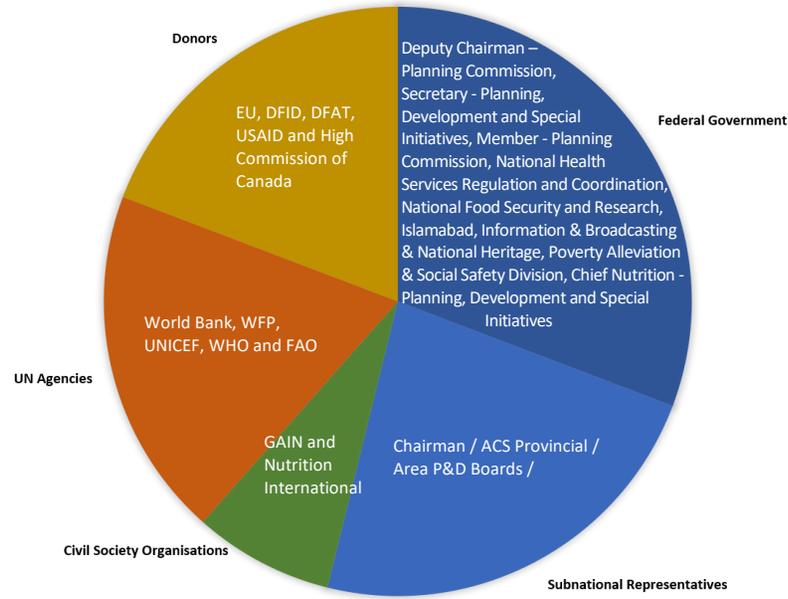
SUBNATIONAL MSP COMPOSITION, ANTSIRABE, MADAGASCAR



SUBNATIONAL MSP COMPOSITION, ANOSY, MADAGASCAR

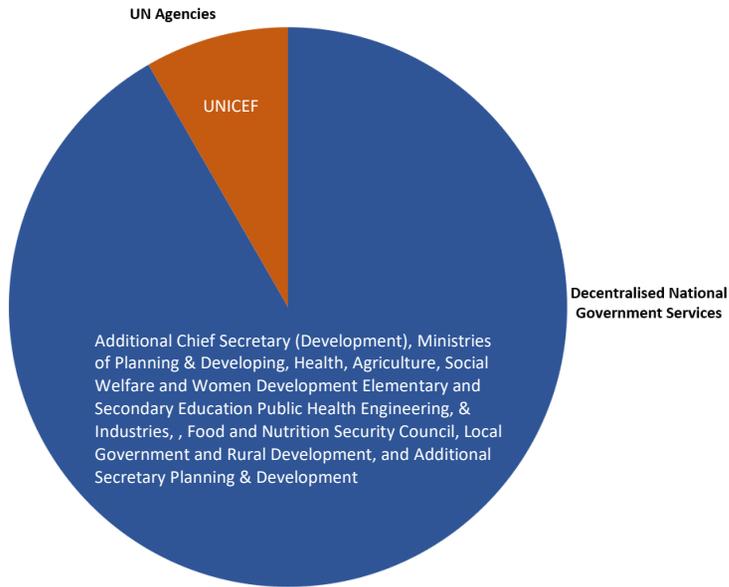


NATIONAL MSP COMPOSITION, PAKISTAN



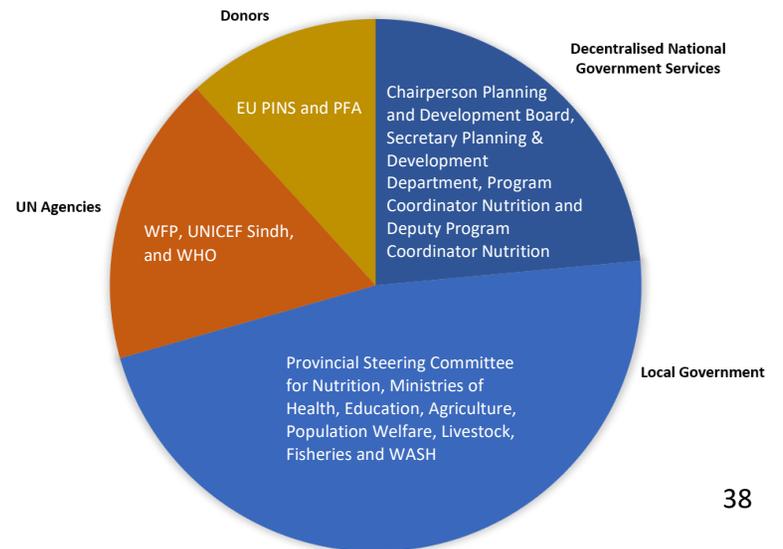
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SUBNATIONAL MSP COMPOSITION, KHYBER PAKHTUNKHWA, PAKISTAN



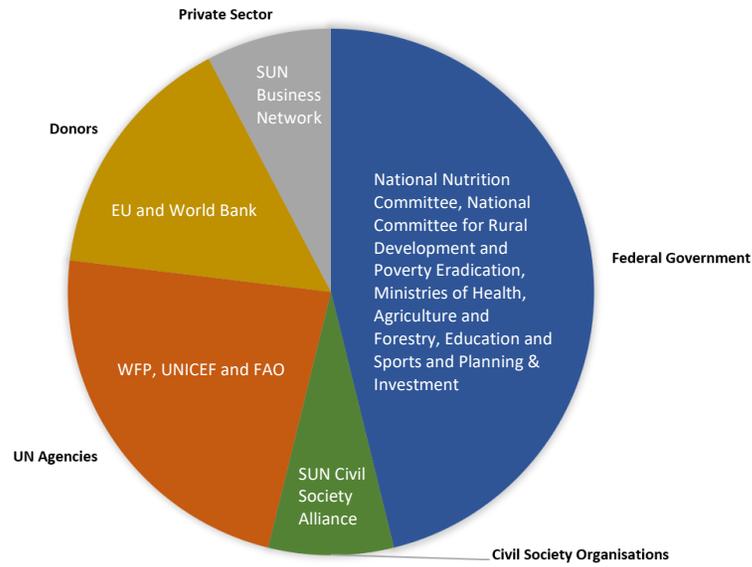
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SUBNATIONAL MSP COMPOSITION, SINDH, PAKISTAN



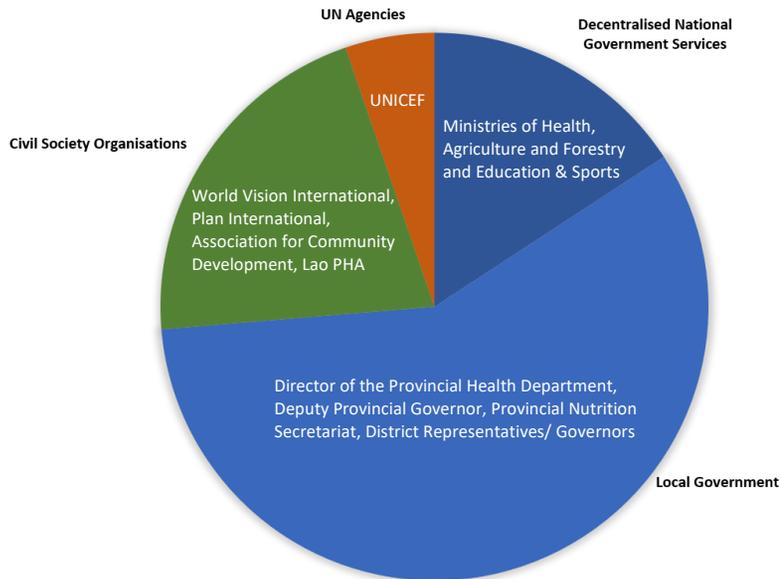
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NATIONAL MSP COMPOSITION, LAO PDR



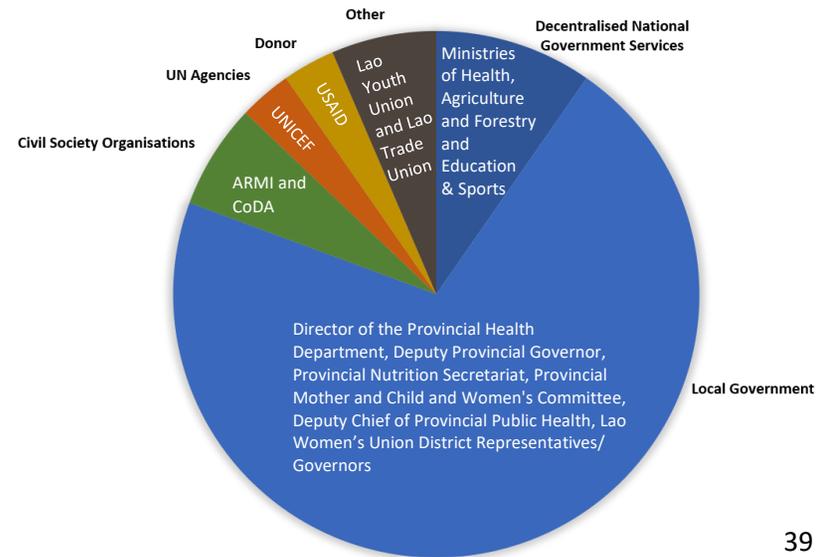
Total # of MSP Members: 13

SUBNATIONAL MSP COMPOSITION, SARAVAN, LAO PDR



Total # of MSP Members: 19

SUBNATIONAL MSP COMPOSITION, SAVANAKHET, LAO PDR



Total # of MSP Members: 31