



Synthesis: exploring multi-sectoral programming at the sub-national level in Senegal, Nepal and Kenya



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Acronyms

ARD	Regional Development Agency
AVCD	Accelerated Value Chain Development
BCC	Behaviour-change communication
CAN	Compendium for Actions on Nutrition
CLM	Fight Against Malnutrition Unit (Cellule de Lutte contre la Malnutrition)
DTC	Drought-tolerant crops
EU	European Union
GNR	Global Nutrition Report
GoN	Government of Nepal
GTC	Group de Travail Citoyen
HERD	Health, Research and Social Development
HINI	High-impact nutrition interventions
KM	Knowledge Management
M&E	Monitoring and Evaluation
MoAg	Ministry of Agriculture
MoALF	Ministry of Agriculture, Livestock and Fisheries
MoE	Ministry of Education
MoFALD	Ministry of Federal Affairs and Local Development

MoH	Ministry of Health
MoHP	Ministry of Health and Population/ Health and Planning
MoUD	Ministry of Urban Development
MoWCD	Ministry of Women and Child Development
MSNP	Multi-sector nutrition plan
NGO	Non-governmental organisation
NPC	National Planning Commission
NSP	National Surveillance Programme
OFSP	Orange-Fleshed Sweet Potato
PINKK	Kolda and Kédougou Integrated Nutrition Project
PRN	Nutrition Strengthening Programme
SUN	Scaling Up Nutrition
TAN	Technical Assistance for Nutrition
TSU	Technical Support Unit
UNICEF	United National International Children's Emergency Fund
USAID	United States Agency for International Development
VDCs	Village Development Committees
WASH	Water, Sanitation and Hygiene
WHA	World Health Assembly

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Overview

ENN has undertaken three case studies to explore the 'what' and 'how' of multi-sector nutrition activities and programmes in three countries with a focus on the sub-national and implementation level. These are the first in a series of case studies that will be conducted as part of ENN's knowledge management (KM) work under the DFID-funded Technical Assistance for Nutrition (TAN) programme which supports the SUN Movement in the current phase (2016-2020). These case studies describe the structures and programmatic details of interventions that are **multi-sector** and address undernutrition through both nutrition-specific and nutrition-sensitive pathways. The programmes we looked at are typical of the types of programmes that are currently being implemented by governments and their partners in countries with a high burden of undernutrition around the world.

ENN selected three countries who are members of the SUN Movement and have made demonstrable progress in reducing child undernutrition in recent years. They have also committed to adopting a multi-sector approach to combatting undernutrition. They are Senegal in the West Africa region, Kenya in the East Africa region and Nepal in the South Asia region. Within these countries, ENN purposively selected two districts (or counties) for focus, allowing the ENN team to document in detail how programmes that are nutrition-sensitive and multi-sector (in design) are being operationalised and how implementation is impacted by the underlying institutional architecture, policies and

financing arrangements at the national and sub-national level. Districts were selected to reflect the significant regional diversity present in the chosen countries on important indicators like burden of malnutrition, environment and ecology, economic status and socio-cultural variation. While much of the discussion on multi-sector programming has focused on national-level nutrition strategies and plans with reference to aggregate country-level data, experience at the district or county level is extremely important for understanding the implementation realities, challenges and opportunities associated with multi-sector programming in nutrition.

ENN's primary objective for this work was to construct case studies to explore how institutional change and commitments have translated into new types of programmatic approach and how this plays out on the ground. We looked at the role of government either as lead implementer of multi-sector programmes (as in the Nepal case study), or enabler of multi-sector programme implementation (as in the Senegal and Kenya case studies) and describe the nature of interventions to explore what is being done to make interventions more nutrition-sensitive and therefore more likely to address the underlying causes of child undernutrition.

¹ At scale, high-impact nutrition interventions (HINI) are vital to address the global burden of stunting, but at scale will address 20 per cent of the burden, hence the need for additional nutrition-sensitive interventions.

Rationale

There is now broad consensus on the need for nutrition-sensitive programming to be rolled out in addition to at-scale, nutrition-specific programmes, as it is recognised that nutrition-specific interventions, while vital, can only go so far in addressing the overall burden of child undernutrition (Lancet series of 2008 and 2013¹).

Advocacy efforts within high burden countries and at the global level, such as through the Scaling Up Nutrition (SUN) Movement and networks, have helped create enough political momentum to ensure that multi-sector nutrition programming is now part and parcel of many national nutrition plans and the focus of donor strategies and funding. However, while a shift towards multi-sector approaches has translated into new or revised national plans, policies and architecture, there is less evidence of how these developments relate to changes to programming sub-nationally or how they enable change 'on the ground'. Given the complexity of multiple sectors working towards a shared set of targets, this is perhaps unsurprising. It may take many years before the generic, high-level guidance on multi-sector programming can be adapted to multiple geopolitical contexts, resulting in substantial change in programming.

At the same time, while many countries are promoting multi-sector nutrition approaches and beginning to roll these out, it will be vital to document practice and learning as this takes place and to disseminate this widely to countries concerned with multi-sector nutrition programme scale-up. ENN hopes that this work will contribute to understanding how programming is beginning to change. These case studies therefore focus on 'changes' and aim to tease out the enablers of and

constraints to multi-sector nutrition implementation at the sub-national level.

Focus districts and programmes

ENN selected six districts for focus in this work; two in each of the three focus countries chosen (Kenya, Nepal, Senegal). These districts represent diverse regions within the countries selected and have diverse patterns of malnutrition. One multi-sector programme with nutrition-sensitive and nutrition-specific components was selected for focus in each district. Details of the key programme activities within each of these are shown in table 1 (Annex 2). This shows the main donors supporting the programme, the extent to which there is convergence or joint programming in the programme, and which activities are designed to impact nutrition through nutrition-sensitive pathways. The Compendium for Actions on Nutrition (CAN) was used to classify the activities within the programmes.

Based on the six district experiences documented (for more details, see the Nepal, Senegal and Kenya case studies), this paper summarises the key issues and lessons learned on multi-sector nutrition programming and identifies priority areas for further investigation and documentation. It is important to note that the only government-led programme documented was in Nepal.

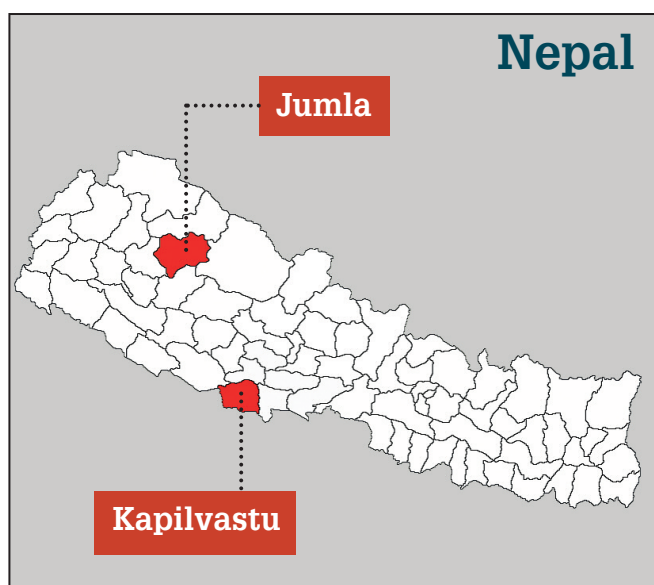
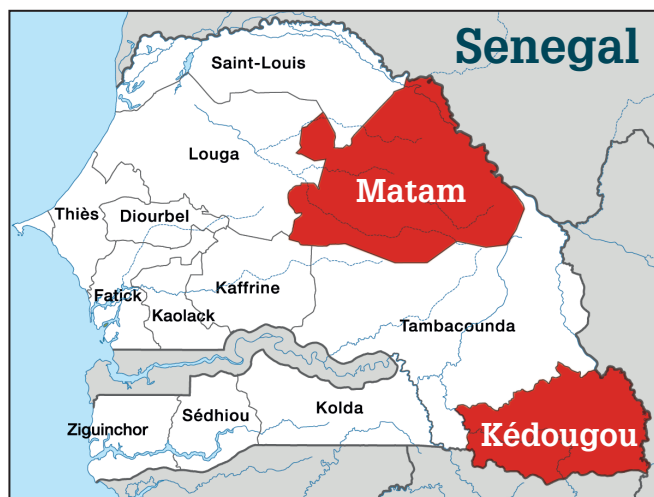
The programmes documented in Kenya and Senegal are led by non-governmental organisations (NGOs) and/or partner-led, with an important strategic or programmatic role for government at the national, district and implementation level.

Nutrition architecture and commitments

All three countries chosen for focus in this work have a strong track record in reducing undernutrition. In 2017, Kenya was on track to achieve almost all World Health Assembly (WHA) targets (Global Nutrition Report (GNR) 2017) and Senegal is among the only countries in West Africa or the Sahel that has made sustained improvements in reducing child undernutrition rates in the two last decades². Similarly, Nepal has been widely

regarded as a leader on nutrition, with strong government leadership behind the achievements in reducing undernutrition in recent years. It is important to note that, thus far, results in these countries have been achieved through *existing* plans, programmes and infrastructure that pre-date the shift towards multi-sector

² <https://data.unicef.org/resources/joint-child-malnutrition-estimates-2017-edition/>



programming and national programmes and budgets oriented towards nutrition-sensitive activities. This illustrates the importance of continuing to support nutrition-specific programming and high-impact nutrition interventions (HINI) as part of the scaling-up of nutrition programmes.

In all three countries, until very recently, multi-year national nutrition plans have been oriented towards nutrition-specific activities, including treatment of acute malnutrition. Only in Nepal has the government been planning and implementing multi-sectorally for multiple years; apex nutrition bodies in Senegal and Kenya (the Cellule de Lutte contre la Malnutrition (CLM) or, Fight against Malnutrition Unit and the Nutrition Directorate of the Ministry of Health respectively) play a convening role in nutrition, but have an implementation mandate that largely covers nutrition-specific activities. While partners have been implementing nutrition-sensitive programmes in these countries for some years, this has not been at a large, national scale.

An important factor that has driven forward the multi-sector agenda in Nepal, is the location of responsibility

Making programmes nutrition-sensitive

For the sake of simplicity, we have categorised five types of programmes or adaptations that can render an intervention increasingly sensitive to nutrition:

- i) Multiple sectors converge on nutritionally vulnerable households or demographic groups to offer programmes services; e.g. targeting of services to first 1,000 days households.
- ii) Multiple sectors converge at the level of village or commune believed to be vulnerable to undernutrition; e.g. agriculture and health workers use the same list of target beneficiaries to deliver complementary agriculture and nutrition inputs within the same village commune.
- iii) Nutrition messaging is incorporated into the work and activities of other sectors; e.g. education curricula changes to include nutrition components, nutrition behaviour-change communication (BCC) within a social protection programme.
- iv) Nutrition-sensitive sectors change or add inputs into programmes; e.g. replacing poultry with milk-producing animals, introducing seeds for fortified crops, changes in hardware.
- v) Nutrition-specific platforms utilised to introduce nutrition-sensitive messaging from other sectors; e.g. food and personal hygiene, need for dietary diversity, etc.

for implementation of the national multi-sector nutrition plan (MSNP). The Ministry of Health and Population (MoHP) retains its national remit as a front-line service provider of health activities, including nutrition-specific activities, and takes part in the MSNP as one of seven line ministries relevant to nutrition. It is the Ministry of Federal Affairs and Local Development (MoFALD) that leads implementation and coordination of the multi-sector plan, with a remit to allocate budgets to the different line ministries and monitor results. In Senegal, although the CLM has responsibility for nutrition and representation from seven 'nutrition-sensitive' ministries, nutrition had not been embedded in the sector plans of these ministries

until recently, with the different sector roles and responsibilities clearly articulated in the new 2017-21 multi-sector nutrition strategic framework. This has meant that nutrition objectives and inputs have not been incorporated widely into sector programming, with the exception of those regions where development partners are supporting the CLM and other sectors to do so.

In Kenya, an evaluation of the last Kenyan national nutrition plan was ongoing, with the aim of informing the development of the next multi-year nutrition strategic plan. This next phase may include more nutrition-sensitive activities.

Emerging changes to practice

Several programme elements or adaptations have taken place within the framework of a multi-sector approach or programme which are summarised in this section. As will be seen, the institutional architecture and coordination to bring about these changes have varied enormously and have posed a number of challenges and opportunities to those working at implementation level. Some of the changes we documented through this work are the result of structured approaches or design, while others have been opportunistic and emerged through the process of implementation. Some of the observed trends or changes to practice are summarised under three headings: advocacy, sharing and targeting.

Advocacy

One strongly emerging theme in these case studies is the importance of broad, simple messaging and advocacy. In Nepal, messaging and advocacy at all levels on the importance of the 1,000-days window of opportunity (known in Nepal as the "Golden Thousand Days") has resulted in a widespread understanding of why nutrition is relevant to people working right across the sectors engaged in the MNSP. It is now repeated and communicated by frontline workers across all sectors and has been communicated to communities, explaining why certain households are being prioritised for activities and services. So, even without at-scale joint targeting or programme convergence among the different sectors within the MSNP, the reorientation of services from the different sectors towards priority nutrition beneficiaries/ households based on their 1,000-days status is itself 'sensitizing' programmes and services to nutrition. This has been particularly evident in the agriculture and livestock departments, which are now prioritising these households. This seems to be an

achievable and replicable example of how targeting can make sector activities or programmes more nutrition-sensitive, even before coordination and planning structures are put in place to facilitate more sophisticated forms of convergence.

Platform sharing

One emerging element of multi-sector approaches seen in these case study countries is the use of different sector or delivery points that connect to vulnerable communities and households. Examples of where synergies have occurred with frontline workers seeing opportunities to co-target and share are evident in implementation of the Accelerated Value Chain Development (AVCD) programme in Kenya. Within this programme, platform-sharing by frontline services led to a broadening of target beneficiaries. Nutritionists or public health officers accompanied agriculture extension workers to field farmer trainings (venue shift) and used these opportunities to sensitise farmers and broader audiences on nutrition messages. There were also examples of agriculture officers using the opportunities created through the Ministry of Health's (MoH) community strategy (venue shift) to pass on agriculture messages (such as preparing the soil in order to increase yields, pest control, etc). Venue sharing is not yet systematised throughout the whole programme and there is an unevenness in how this plays out on the ground, but further enquiry into how it has evolved and whether it has beneficial impacts on nutrition outcomes is needed. In Senegal, there were also examples of sharing of staff and resources (personnel and micronutrient powder) between projects; notably the Kolda and Kédougou Integrated Nutrition Project (PINKK) in Kédougou and the CLM Nutrition

Strengthening Programme (PRN) project. PINKK also extended some of the activities of CLM by doing National Surveillance Programme (NSP)-compatible growth monitoring in villages where the NSP was not yet being implemented.

Targeting

Targeting of nutritionally vulnerable households is a common component of multi-sector, nutrition-sensitive programming. In each of the programmes looked at, changes to targeting at the programme level was achieved in different ways. In Senegal, regions were selected for programmes because of high rates of wasting or stunting, and villages within these regions were selected on the basis of data from the Regional

Development Agency (ARD) on vulnerability. Forums organised at commune level then determined, in a consensual manner, the most vulnerable villages and those least covered by other nutrition and food security interventions. In each targeted village, a forum was organised with local leaders and target households were selected. Households for both projects were targeted on the basis of nutrition data from the NSP growth-monitoring programme. In Kenya, the Orange-Fleshed Sweet Potato (OFSP) programme was targeted at households with pregnant and lactating women (farmers were targeted for the Drought-tolerant crops (DTC) programme) and in Nepal, the MSNP also targeted households with pregnant and lactating women (the golden thousand days).

Opportunities and challenges

Coordination

Coordination between sectors is critical for enabling multi-sector action. However, available guidance on how to coordinate multi-sector programming is mainly generic and ‘high level’, outlining the need for a set of enabling factors; e.g. a Common Results Framework attached to a national plan, a ‘multi-sector platform’, and a high-level representative of government office convening on nutrition. This form of guidance is mainly geared towards the national level and is not easily transferred to meet the needs of sub-national institutional and administrative arrangements. Furthermore, institutional architecture and coordination processes – especially at sub-national level – are highly context-specific and in many countries are evolving, with concerted efforts to devolve governance to sub-national level. As a result, it is difficult and may be unwise to generalise about the optimal processes for enhanced sub-national, multi-sector coordination.

This case study work clearly shows how a significant challenge in the implementation of multi-sector programmes across multiple administrative levels is coordination. For more detailed information, see the country case studies. The challenges observed fall into six main categories, as follows:

i) Incentives to coordinate with other sectors: The lack of incentives to coordinate meaningfully with other sectors to improve nutrition was evident in the three case studies. In Nepal, it was seen that some sectors (i.e. health and water, sanitation and hygiene (WASH)) are more ready to coordinate around nutrition goals compared to other sectors (i.e. education) as there is a

common target group of interest; i.e. nutritionally vulnerable households with young children. In many cases, sector agents had limited incentives to prioritise nutrition as they had existing sector targets to meet (e.g. agriculture staff having to reach targets around volume of crop production), so these were prioritised over nutrition goals and outcomes, in spite of a willingness to collaborate and an understanding of their role in nutrition.

ii) Prior experience of inter-sector coordination: This was evident in Kenya and contrasts with Nepal, where sectors had been coordinating and working together before implementation of the MSNP. In cases where sectors are working together for the first time, it is harder to make progress on nutrition than when there are structures or institutions in place to support multi-sector collaboration already and where sectors may have a history of working together (as in Nepal). Additionally, the institutional arrangements in Nepal that give planning and convening authority to the MoFALD and the Ministry of Planning allow for multi-sector processes to be brought in and overseen by a more ‘neutral’ agent than a line ministry itself.

iii) Limited financial resources to effect district-level coordination: Convening sector actors is a problem that was identified in all three country case studies. In Nepal, lesson learning on this challenge led to the appointment of new dedicated coordination staff for every MSNP 1 district in the form of the Technical Services Unit.

v) Multiple parallel coordination meetings: Considerable effort and time are taken up with coordination, with multiple parallel meetings and commitments to

coordination activities highlighted in all country case studies. In Matam, Senegal, stakeholders highlighted the burden of multiple coordination meetings on their time not only for nutrition, but also for food security, WASH and other sectors drawing in many of the same people at the district level. So, not only does this have a time cost, but some of these meetings may be of limited value when it is the same people coming together in multiple different meetings.

vi) Appropriate level of seniority needed for participants to ensure effective coordination:

There is a tension between seniority of people involved in coordination meetings (if higher up, then more authority and decision-making power but more distance from the implementation work) and technical staff (closer to the work and implementation details, but lacking authority to make decisions). In several coordination bodies/structures in the three countries, senior staff are mandated to sit on coordination bodies, but often delegated this to more junior staff, which presents both opportunities and challenges.

The consequences of the challenges above are several. In all three countries, the type of coordination that evolved at sub-national, operational level were variously described as “loose”, “unstructured” and “opportunistic”.

In Nepal, part way through phase one of MSNP, a Technical Support Unit (TSU) was introduced for all MSNP districts to better coordinate the seven implementing ministries. To date, the TSUs have been a ‘game changer’ in the way the MSNP works – the new dedicated coordination teams (each TSU has a coordination lead and a monitoring and evaluation (M&E) lead)) now facilitate routine meetings between the sectors and carry out other crucial tasks which previously did not have an ‘institutional home’, such as creating activity plans, tracking progress against set targets, and sending quarterly reports and monitoring data to the central level. An NGO, HERD, seconded staff to each TSU. In the Kenya case study, the important role of development partners in helping coordinate sector activities was also highlighted.



WFP/Santosh Shahi, Nepal, Sindhuli District

Delivery

It is commonly understood that households who receive a comprehensive package of services that simultaneously address the underlying causes of malnutrition have better outcomes.

A primary consideration for the ENN team looking at the programmatic realities within multi-sector programmes, focused at the community and sub-national level, was the extent to which these programmes have enabled more comprehensive sector support for household members and what lessons there are for future programming design and scale up.

In Nepal, the government began the MSNP rollout in six districts in 2015, followed by 14 additional ones, then by all districts in the country. However, while the plan aimed to scale the programme, it only set out to reach 50 per cent of the population in each district under MSNP. So, even with the programme at significant scale, the coverage means that only some communities and households are benefitting from a comprehensive suite of services that will impact nutritional status and others are not benefitting directly from it at all.

In some cases, district-level staff in Nepal recognised this challenge and set about intentionally aligning their work at the district level. One example is from Kapilavastu, where the MSNP Focal Points from the different sectors acknowledged that their sector efforts had been too scattered and were unable to demonstrate impact during the first three-year MSNP. Accordingly, they agreed in the next phase to target the same Village Development Committees (VDCs) to align their activities and deliver a comprehensive package. This was also accompanied by a joint monitoring plan. The results of this pilot will offer promising insights that can feed into future planning within Kapilavastu and beyond.

A critical point about convergence and targeting of multi-sector programming is that none of the case study programmes collected robust data on the proportion of households in the intervention area in receipt of multi-sector/multiple interventions.

Smaller-scale programmes are able to deliver a 'complete package' to target households more easily, but the extent to which this sometimes resource-intensive approach can be implemented by government and at scale is another issue requiring more attention.

Cost and resources

None of the case study country programmes were able to collect data on the (additional) cost of implementing

nutrition-sensitive multi-sector programming. This is a complex subject as it requires precise definition or categorisation of what activities or processes are, or contribute to, nutrition-sensitive multi-sector programming; e.g. substituting milking animals for poultry, adding nutrition messaging to a sector intervention, targeting particular households, etc. Without this information, it is difficult to assess the cost-effectiveness of multi-sector nutrition programming; or indeed, what funds need to be made available by government and development partners to enable programming. In Nepal, there were reports from both MSNP study regions that money made available for sectors was not adequate to implement real change to programming and MSNP-specific funding was dwarfed by the larger sector-specific spend. At best, the small sums of money made available by government simply reminded sectors to consider the nutrition sensitivity of their work.

Devolution

High-level commitments around stunting and wasting reduction, along with other improvements in nutrition, must take account of districts' or counties' plans, capacities and resources.

The shift towards devolving governance in many countries means that careful analysis is necessary to understand how this may impact (positively or negatively) the drive towards multi-sector nutrition programming. Little or no work has been conducted on the impact of devolution on multi-sector nutrition programming to date.

The countries ENN looked at are at differing stages of decentralisation or devolution. Kenya has undergone extensive devolution, with a constitutional change in 2010 devolving government to two arms: a national government and 47 county governments. Counties depend on the national level for technical guidance (policies, guidelines, standards, frameworks and their overall budget), but the allocation of this budget and provision of services is determined by each county. Nepal is also in the process of undergoing devolution. The study was done at a time when the local-level elections in Nepal had just taken place in both Kapilavastu and Jumla and representatives had just taken office. Nepal has now transitioned to a federal system, involving a major reorganisation of governance with the 75 districts (formerly the seat of District Development Committees) being dissolved into District Coordination Committees, which have no executive or decision-making powers and only a coordinating function.

Although understanding of the impact of devolution on multi-sector nutrition programming in the three case study countries was largely impressionistic, a few issues are noteworthy. In Kenya, there was a strong sense that devolution has facilitated multi-sector engagement at sub-national level as there is less bureaucracy. In Nepal, the impression was that decentralisation had created more challenges than solutions – especially with respect to resourcing. There is also a frustration that, in spite of all the data produced through monitoring at sub-national level, there is scarcely any feedback from national-level government. In Senegal, there was a strong sense that national-level nutrition policies and frameworks need to be regionalised and more embedded in sector policies to allow more context-appropriate interventions.

Clearly, devolution can impact programme implementation capacity, flexibility of programming and underpinning institutional architecture, etc. With devolution, sector heads/ministries at a national level have less control over expenditure, what is prioritised and how sectors work together on the ground in nutrition; yet they must adapt to ensure they are still able to provide guidance and support to the districts, build capacity and align actions around national goals and targets. This is an important area for future documentation and enquiry.

Monitoring and Evaluation

Two of the case study country programmes (Kenya and Nepal) had not yet developed a monitoring system able to demonstrate the nutrition impact of the set of multi-sector interventions under study, although in the case of Nepal, evaluation of MSNP 1 has concluded that this is a substantial gap, so that phase two of MSNP has planned carefully for a robust monitoring system that will be able to assess impact of the approach on nutrition and other outcomes. In Senegal, baseline, mid-term and end-term evaluations were conducted for the Yaajeende project. These included nutrition impact assessments, which thus far have demonstrated only limited impact on nutrition indicators (see the country case studies for more information).

Given the nature of the changes brought about by multi-sector programming (which are mainly changes to targeting or convergence, BCC and changes to project inputs), there is a pressing need and substantial opportunity to demonstrate effectiveness and impact of the interventions. There are three key points here:

- i) Effecting and enabling multi-sector programming (particularly at sub-national level) is considerably more difficult than has perhaps been realised. There are many reasons for this, which ultimately coalesce

around coordination, resources and flexibility of programming. The effort and changes required to enable multi-sector programming must therefore be matched by proven benefit (on nutrition). This makes M&E a critical area for focus in future programmes.

- ii) The type of changes to programming that can occur in a multi-sector approach (with the exception of targeting and convergence) have not yet been proven to impact nutrition. For example, the evidence base for nutrition-sensitive agriculture and WASH is not strong. The evidence around BCC is also inconclusive.
- iii) There are hitherto unique opportunities for measuring impact of a multi-sector approach, given the momentum for this type of approach in many countries. Yet, as we have seen, these opportunities are not currently being capitalised upon. The gradual rollout of the programmes in Kenya and Nepal offers the perfect opportunity to conduct research with control or comparison groups.

Finally, it seems axiomatic that a key element of monitoring for programmes which aim to achieve convergence of interventions for a target group would be to demonstrate the proportion of households/target population that are receiving some or all of the sector interventions.

Understanding nutrition sensitivity

It was clear from interviews conducted that there are diverse understandings of what ‘nutrition sensitivity’ means among the many stakeholders consulted. In some cases, stakeholders saw their work or the work of their sector as ‘already sensitive to nutrition’, i.e. contributing to food production, and did not necessarily understand the need to tailor or adapt programmes or change the way in which they are measured. This suggests that, while many stakeholders appeared to understand the need for a multi-sector approach to tackle undernutrition, fewer understood nutrition-sensitivity or the impact pathways that lead to undernutrition. The multi-sector approach was articulated by some stakeholders as simply requiring that every sector ‘does its bit’ for nutrition, largely through business-as-usual in implementation of activities, rather than a need to tailor or adapt approaches or change the way that programmes are measured.

Areas for further enquiry

This work identified several areas for further enquiry:

- More information needs to be gathered on how advocacy for nutrition was successfully achieved (as in the Nepal case) at all levels and was able to shift attitudes among field staff from various sectors and also the beneficiaries of their services and programmes. Communication of the 'national vision' for nutrition was linked to the ambitions of all stakeholders.
- The process of devolution is ongoing around the world; many countries who have made national commitments and targets for nutrition must look at how these high-level targets relate to the plans, approaches and investments at the district level.

- The process of adaptation of national institutional architecture for nutrition to mirror devolution processes will also be an important area of future work.
- Costing is an important area requiring further attention: how this is actually done in practice and what challenges arise in doing so. Currently, it is difficult to assess the cost-effectiveness of multi-sector nutrition programming and therefore what funds need to be made available to enable programming at scale. Understanding the cost of adapting existing programmes or adding different components must be established in order for future multi-sector work to be planned and implemented effectively. Learning from this work suggests that this remains an important knowledge gap.

Conclusion

In spite of the substantial progress towards reducing undernutrition in the three countries that ENN looked at in this work, multi-sector nutrition programming at scale is still fairly limited, although it is emergent. Initiatives like the SUN Movement have undoubtedly generated considerable impetus and momentum towards scale-up of multi-sector nutrition programming and there is evidence of new policies, plans and architecture in place in many member countries. Arguably, we have reached a critical juncture (eight years after the launch of the first Lancet nutrition series) for this type of nutrition-sensitive programming across multiple sectors. Staff from technical services and sector programmes are increasingly being invited to work together to coordinate and integrate programming. However, there has been very little focus to date on what type of programming these shifts in policies, plans and architecture are enabling; i.e. what activities and programme changes are occurring and what programmes look like on the ground.

These three case studies demonstrate a need for more in-depth and detailed work on what processes, structures, funding arrangements and programme designs best facilitate and enable nutrition-sensitive and multi-sector programmes to work and be effective at scale. Implementation is still being guided by a 'one-size-fits-all' generic approach, which is simply not sufficiently detailed to support those people making decisions about nutrition planning or implementation on

the ground. The generic, broad outline of how enabling environments for multi-sector action in nutrition can be fostered has helped at a high level within countries in terms of establishing basic plans and policies, but more nuanced and detailed guidance to help practitioners is still needed.

By looking closely at examples of multi-sector nutrition programme implementation in several 'high-achieving' countries (based on their track record for reducing undernutrition) and talking to people involved at the district and field level, this work has thrown up new insights into what challenges are faced on the ground and, crucially, has helped to identify important new areas for further documentation and enquiry.

The studies also highlight where there may be opportunities to advance the multi-sector nutrition agenda. One clear, overarching message is that multi-sector nutrition programming impact is poorly evidenced and that the focus programmes of this study have not until now aimed to deliver such evidence – but only a critical mass of evidence is likely to generate the resources and decentralised political will that will allow multi-sector nutrition programme scale-up.

Annex 1

Methodology

Methodology from July to September 2017. ENN did preliminary work to identify two districts (or counties) in three SUN countries. At the first stage, mapping was conducted at country and sub-national level of key stakeholders in nutrition and related sectors, including mapping major government and partner programmes relating to nutrition. A desk review was also carried out to look at major nutrition programmes in the country and how these fitted into the existing institutional architecture and national nutrition plans of the country.

Counties/districts were then selected based on this mapping work and a first round of stakeholder interviews at national level and with district-based stakeholders where possible. In all three countries, regions were selected to demonstrate diversity within the national context and how national level plans/programmes were playing out in regions with distinct needs, different patterns of malnutrition and governance.

In Nepal, a national multi-sector programme led by the government (coordinated by the Ministry of Planning and involving seven different line ministries in implementation) is being scaled up gradually. The two districts selected were both among the six districts in the first round enrolled into this national programme, so they have been exposed to it the longest. The districts chosen were from diverse regions of the country; one in the remote high mountains region (Jumla) and one on the plains on the border with India (Kapilavastu). When the field work was done for this, the MSNP was entering a second four-year phase, building on the work and learning from the first round and scaling up the programme to include many more districts across the country.

In Senegal, two districts were chosen out of 14 districts in the country; one in the far northern region of the country bordering the Sahara Desert (Matam) with a high burden of acute malnutrition; the second a more fertile region in the south of the country with a higher rate of chronic malnutrition (Kédougou). Like all districts in Senegal, the coordinating unit of the national peak nutrition body, the CLM, has a strong presence and is involved in implementing nutrition-specific programmes as well as a number of partner-led and district-specific initiatives.

In Kenya, the most devolved country we looked at, two districts were selected representing diverse regions of

the country. One (Makueni) is in the arid central region among the states designated as arid and semi-arid lands; the other (Homa Bay) is in the far south-west of the country on Lake Victoria and has a lower burden of malnutrition. Kenya has no national multi-sector plan in place, so a partner-led programme, implemented in collaboration with the Ministry of Agriculture and Ministry of Health at county level, was chosen as the focus for this study.

Stakeholder interviews started with consultations at the national level and continued with follow-up with district/county level. Stakeholder mapping and desk review were completed for the six districts and permission was sought at the district level to conduct interviews and document programmes on the ground. Then district-level meetings were held with key stakeholders involved in programme implementation at the district/county level and in some exemplar villages or commune units.

The ENN regional team members who conducted interviews used a common list of questions that were adapted to the context and were supported to do semi-structured interviews with informants. Questions covered a number of key themes, including governance, coordination, programme detail, coherence, roles, etc. Conversations varied, depending on the background and perspective of the informant.

In addition to written documentation, the regional team was accompanied by a videographer in one of the two districts where they team conducted fieldwork to produce an accompanying video of the interviews. Country-level stakeholders, including some of the key informant interviewees, were engaged in the review process of the country case studies. The feedback provided was extremely useful in shaping the final outputs from this work.

Annex 2

Table 1 Programmes of focus within study districts					
Country & district	Programme	Government ministry/ sector involved	Donor(s)	Targeting	Nutrition activities/components (reference to Compendium of Actions for Nutrition (CAN)) ¹
Kenya - Makueni	AVCD	MoH, MoAg, MoE	USAID	Frontline staff from agriculture (agriculture extension officers) and health (sub-county nutrition officers, community health extension workers and volunteers) targeting common beneficiaries	CAN Classification: Crops/Horticulture ACTION 1 Diversification and locally adapted varieties - Sub-action 1b Sustainable intensification of staple crop production for dietary diversification (MoALF) - Sub-action 1c Biodiversity and under-utilised crops (MoALF) ACTION 7 Social norms: Education/sensitisation, BCC and social marketing - Sub-action 7a Nutrition education to support dietary diversity and food hygiene education to safeguard nutrition (MoH and MoE) ACTION 10 Other enabling environment actions - Sub-action 10a Availability of credit/microcredit and microfinance to farmers, targeting both men and women, to help make healthy foods available (MoALF) CAN Classification: Food Consumption Practices for Healthy Diets ACTION 1 Food-based nutrition education - Sub-action 1a Nutrition education, skills training, participatory cooking sessions/sensitisation/counselling for mothers and other caregivers (MoE, MoH and MoALF) ACTION 3 Complementary feeding - Sub-action 3a Promotion of dietary diversification as part of optimal complementary feeding (MoH)
Kenya - Homa Bay	AVCD	MoH, MoAg	USAID	Frontline staff from agriculture (agriculture extension officers) and health (sub-county nutrition officers, community health extension workers and volunteers) targeting common beneficiaries	CAN Classification: Crops/Horticulture ACTION 2 Biofortification - Sub-action 2a Introduction of biofortified varieties to support healthy diets (MoALF) - Sub-action 2b Social marketing campaigns on biofortified foods to support healthy diets (MoALF and MoH) ACTION 7 Social norms: Education/sensitisation, BCC and social marketing - Sub-action 7a Nutrition education to support dietary diversity and food hygiene education to safeguard nutrition (MoH) ACTION 10 Other enabling environment actions - Sub-action 10a Availability of credit/microcredit and microfinance to farmers, targeting both men and women, so as to help make healthy foods available (MoALF) CAN Classification: Food Consumption Practices for Healthy Diets ACTION 1 Food-based nutrition education - Sub-action 1a Nutrition education, skills training, participatory cooking sessions/sensitisation/counselling for mothers and other caregivers (MoH and MoALF) ACTION 3 Complementary feeding - Sub-action 3a Promotion of dietary diversification as part of optimal complementary feeding (MoH) - Sub-action 3b Promotion of fortified foods for complementary feeding, where appropriate (MoH and MoALF)
Nepal - Jumla	MSNP	MoHP, MoAg, MoFALD, MoUD, MoWCD, MoE NPC	UNICEF, EU, GoN	Joint targeting – Golden 1,000 days households	Ministry of Agriculture - Action in project – Seeds distribution, kitchen gardens and greenhouse cultivation training CAN Classification: - Diversification and locally adapted varieties. - Promotion of fruit and vegetable gardens for healthy diets. - Inputs and irrigation for fruit and vegetable gardens and crops. Department of Livestock - Distribution of cows and goats - Poultry distribution and training on rearing CAN Classification: Livestock & Fisheries ACTION 1 Animal husbandry, fisheries & insect farming - Extensive animal rearing for the production of animal-source foods in support of healthy diets - Homestead animal rearing for the production of animal-source foods in support of healthy diets Ministry of Health & Planning - Nutrition counselling CAN Classification: Food based consumption practices for healthy diets Food-based nutrition education - Nutrition education, skills training, participatory cooking sessions/sensitisation/counselling for mothers and other caregivers. - Complementary feeding - Promotion of dietary diversification as part of optimal complementary feeding - Public information campaigns for optimal complementary feeding

¹ www.reachpartnership.org/en/compendium-of-actions-for-nutrition

Continued

Country & district	Programme	Government ministry/ sector involved	Donor(s)	Targeting	Nutrition activities/ components (reference to CAN)
Nepal - Jumla	MSNP	MoHP, MoAg, MoFALD, MoUD, MoWCD, MoE NPC	UNICEF, EU, GoN	Convergence – MoHP and Department of WASH	Department of Water & Sanitation - Counselling on handwashing & hygiene - Emphasis on eliminating open defaecation CAN Classification: WASH for Good Nutrition - Hygiene promotion to support good nutrition - Sanitation systems & management to support good nutrition - Handwashing education and promotion at critical periods - Sanitation approaches to improving sanitation - sanitation support
				Convergence - MoHP, Department of WASH and MoE	Ministry of Education - Nutrition counselling by FCHVs in monthly savings group meetings CAN Classification: Food based consumption practices for Healthy Diets - Hygiene promotion to support good nutrition - Handwashing education and promotion at critical periods - Curriculum developed on nutrition - Training of teachers, parents and staff of schools on nutrition CAN Classification: Food consumption practices for healthy diets - Food-based nutrition education - Nutrition education in schools - Creating supportive environments to promote healthy diets in different settings - School programmes promoting healthy diets and good nutrition
				Convergence – MoWCD, MoHP	Ministry of Women & Child Development - Counselling on hand and food hygiene in schools CAN Classification: Food based consumption practices for Healthy Diets - Food based nutrition education - Nutrition Education, skills training, participatory cooking sessions/sensitisation/ counselling for mothers and other caregivers.
Nepal - Kapilvastu	MSNP	MoHP, MoAg, MoFALD, MoUD, MoWCD, MoE NPC	UNICEF, EU, GoN	Examples of exemplar VDCs with joint targeting Joint targeting – Golden 1,000 Days households	Ministry of Agriculture - Action in project – seeds distribution, kitchen gardens and fruit trees cultivation. CAN Classification: 1.1a, 1d. - Diversification and locally adapted varieties. - Promotion of fruit and vegetable gardens for healthy diets. - Inputs and irrigation for fruit and vegetable gardens and crops.
				Joint targeting – Golden 1000 Days households	Department of Livestock - Distribution of cows and goats - Poultry distribution and training on rearing CAN Classification: Livestock & Fisheries ACTION 1 Animal husbandry, fisheries & insect farming - Extensive animal rearing to produce animal-source foods in support of healthy diets - Homestead animal rearing to produce animal-source foods in support of healthy diets Ministry of Health & Planning Nutrition Counselling - Distribution of cows and goats - Poultry distribution and training on rearing CAN Classification: Livestock & Fisheries Food-based consumption practices for healthy diets - Food-based nutrition education - Nutrition education, skills training, participatory cooking sessions/sensitisation/ counselling for mothers and other caregivers. - Complementary feeding - Promotion of dietary diversification as part of optimal complementary feeding - Public information campaigns for optimal complementary feeding practices
				Convergence – MoHP and Department of WASH	Department of Water & Sanitation - Counselling on Handwashing & Hygiene - Emphasis on eliminating open defaecation CAN – WASH for Good Nutrition - Handwashing education and promotion at critical periods - Sanitation systems & management to support good nutrition - Community approaches to improving sanitation - Sanitation support

Continued

Country & district	Programme	Government ministry/ sector involved	Donor(s)	Targeting	Nutrition activities/ components (reference to CAN)
Nepal - Jumla	MSNP	MoHP, MoAg, MoFALD, MoUD, MoWCD, MoE NPC	UNICEF, EU, GoN	Convergence – MoHP and Department of WASH	Department of Water & Sanitation - Counselling on Handwashing & Hygiene - Emphasis on eliminating open defaecation CAN Classification: WASH for Good Nutrition - Hygiene promotion to support good nutrition - Sanitation systems & management to support good nutrition - Handwashing education and promotion at critical periods - Community approaches to improving sanitation - Sanitation support
				Convergence MoHP, Department of WASH and MoE	Ministry of Education - Counselling on hand and food hygiene in schools CAN Classification: WASH for Good Nutrition - Hygiene promotion to support good nutrition - Sanitation systems & management to support good nutrition - Handwashing education and promotion at critical periods - Curriculum developed on nutrition - Training of teachers, parents and staff of schools on nutrition Food-consumption practices for healthy diets - Food-based nutrition education - Nutrition education in schools - Creating supportive environments to promote healthy diets in different settings - School programmes promoting healthy diets and good nutrition
				Convergence MoWCD, MoHP	Ministry of Women & Child Development - Nutrition counselling by FCHVs in monthly savings group meetings Food-based consumption practices for healthy diets - Food-based nutrition education - Nutrition education, skills training, participatory cooking sessions/sensitisation/ counselling for mothers and other caregivers.
Senegal - Kédougou	PINKK – CLM	CLM, MoH, MoAg	GoC	Example of 'model village' whereby all the PINKK interventions converged in the same targeted villages and targeting the same households with women and children under five years old.	In the PINKK project several sectors are involved, all integrating nutrition objectives/activities: CAN Classification: Health ACTION 2, 3 and 4 of Micronutrient supplementation Multi-micronutrient powder distribution to children under five ACTION 1 and 2 of Management of MAM Capacity-building of health workers and community health workers to provide adequate and quality nutrition and health services to mothers and children ACTION 1 of Water, sanitation and hygiene Water, sanitation and hygiene promotion through hand-washing, household hygiene and sensitization on open defecation CAN Classification: Maternal and child care ACTION 1 (1a and 1b) of Infant and young child feeding Sensitization on exclusive breastfeeding during growth promotion monitoring CAN Classification: Food, agriculture and healthy diets ACTION 1 of Livestock and Fisheries Supporting households with short-cycle domestic animals (hens, ducks, pigeons, quails) to support availability of animal-source food. ACTION 2 and 3 of Food consumption practices for healthy diets Awareness on food consumption and dietary diversity during growth-promotion monitoring. ACTION 1 and 2 of Crops and horticulture Promoting nutrient-rich, biofortified cereals (maize) Horticulture, through home-based gardens to support production of fruits and vegetables, including orange flesh potato. CAN Classification: Social protection ACTION 1 of Publicly funded asset transfers with skills training Women empowerment through training in entrepreneurship and facilitation of access to microfinance credits. This entrepreneurship and microfinance programme is made nutrition-sensitive by encouraging women to develop nutrition-based produce and/or to affect resources to nutritious food. CAN Classification: Multi-sector nutrition governance Planning, budgeting and management

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Country & district	Programme	Government ministry/ sector involved	Donor(s)	Targeting	Nutrition activities/ components (reference to CAN)
Senegal	Yaajeende–CLM	CLM, MoH, MoAg	USAID	Yaajeende multi-sector interventions converge in same villages (intervention zones), but there is no clear evidence that the same households are targeted.	CAN Classification: Health ACTION 2 of Nutrition-related Disease Prevention and Management Diarrhoea management ACTION 1 of Water, Sanitation and Hygiene for Good Health Hygiene promotion Improving community hygiene and sanitation conditions to prevent diarrhoea, which is a major cause of malnutrition in this area. This was initially by engaging with community members, mainly women, then through community outreach. The revised programme adopted the Community Led Total Sanitation (CLTS) approach and the Participatory Hygiene and Sanitation Transformation (PHAST) method, which allowed for greater results. CAN Classification of Maternal and child care ACTION 1 and 2 of Infant and young child feeding Nutrition sensitization through the women group platform (called Debbo Galle). CAN Classification: Food, agriculture and healthy diets ACTION 1 of Livestock and Fisheries Supporting vulnerable households with domestic animals (goats, sheep) to improve availability and ACTION 2 and 3 of Food consumption practices for healthy diets Promoting food diversity through production of different food varieties (horticulture, home gardens, irrigation, etc.); ACTION 1 and 2 of Crops and horticulture Promoting biofortified crop and nutrient-rich crop varieties (eg. orange flesh potato). CAN Classification: Social protection ACTION 1 of Labour Market Programmes Publicly funded asset transfers with skills training Women groups (Debbo Galle) are formed in all villages to support income-generating activities. Women in these groups participate in gardening and animal production as income-generating activities. CAN Classification: Multi-sector nutrition governance Planning, budgeting and management The USAID/Yaajeende project has supported local communes to create the community based organisation Group de Travail Citoyen (GTC) to improve planning and implementation of food security and nutrition activities.

