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MULTI-SECTORAL NUTRITION STRATEGY FIRST PERIODIC ASSESSMENT, 2018



ACKNOWLEDGMENTS

The USAID Nutrition Monitoring and Learning Plan Team, composed of representatives from the Bureau for Global Health (GH), Bureau for Food Security (BFS) and Office of Food for Peace (FFP), led the first periodic assessment of the Multi-Sectoral Nutrition Strategy. A team of monitoring, evaluation and learning specialists from the Expanding Monitoring and Evaluation Capacities (MECap) task order, which is managed by USAID's Bureau for Policy, Planning and Learning, facilitated this participatory assessment.

Assessment contributors included USAID staff from Bangladesh, Democratic Republic of Congo, Ethiopia, Ghana, Guatemala, Kenya, Mali, Nepal, Nigeria, Rwanda, Tanzania and Washington, D.C. MECap is grateful to our many colleagues who generously contributed their time and expertise. A special thanks to the staff in Bangladesh, Rwanda and Tanzania who participated in two rounds of interviews, including pilot testing the questionnaire.

This report only begins to summarize all of the contributions made by USAID staff. We thank them for sharing all of the important work they are doing as part of multi-sectoral nutrition programming. The open and reflective discussions contributed to advancing joint planning, coordination and collaboration to improve nutritional status in countries where USAID works.

USAID

**MULTI-SECTORAL NUTRITION STRATEGY:
2014-2025**

FIRST PERIODIC ASSESSMENT, 2018

JUNE 28, 2019

This document was produced for review by the United States Agency for International Development (USAID). It was prepared by Social Solutions International, Inc., under contract number AID-OAA-M-14-00014.

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ACRONYMS

ADS	Automated Directives System (USAID Operational Guidance)
BFS	Bureau for Food Security
CDCS	Country Development Cooperation Strategy
CHAIN	Community Health and Improved Nutrition project
CSO	Civil Society Organization
CS	Country Summary
DFSA	Development Food Security Activities
DHS	Demographic and Health Survey
FAO	Food and Agriculture Organization
FFP	Food for Peace
FY	Fiscal Year
GH	Global Health
GLEE	Global Learning and Evidence Exchanges
HANCI	Hunger and Nutrition Commitment Index
IR	Intermediate Result
MEL	Monitoring, Evaluation and Learning
M&L	Monitoring & Learning
MAM	Moderate Acute Malnutrition
MECap	Expanding Monitoring and Evaluation Capacities Task Order
MSNS	Multi-Sectoral Nutrition Strategy
MUAC	Mid-Upper Arm Circumference
NGO	Non-Governmental Organization
PAR	Participatory Assessment and Reflection
POC	Point of Contact
PPR	Performance Plan and Report
SAM	Severe Acute Malnutrition
SBC	Social and Behavior Change
SO	Strategic Objective
SPRING	Strengthening Partnerships, Results and Innovations in Nutrition Globally
SUN	Scaling Up Nutrition Movement
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene

KEY TERMS

Activity	An activity carries out an intervention, or set of interventions, typically through a contract, grant, or agreement with another U.S. Government agency or with the partner country government. An activity also may be an intervention undertaken directly by mission staff that contributes to a project, such as a policy dialogue. In most cases, multiple activities are needed to ensure the synergistic contributions necessary to achieve the project's desired results (ADS 201 Glossary, June 11, 2019).
Assessment	A forward-looking process that may be designed to examine country or sector context to inform strategic planning or project design, or an informal review of a strategy, project or activity. It is distinct from evaluation.
Country Development Cooperation Strategy (CDCS)	The strategy that defines USAID's chosen approach in a country and provides a focal point of the broader context for projects and activities. A CDCS presents expected results within a time-defined period, provides a common vision and an organizing framework, and summarizes the status of the ongoing portfolio and how that will be continued, updated or revised to address new priorities, lessons learned or changing circumstances. The CDCS is usually five years long.
Co-design	The joint design of a project or activity; a project or activity design that includes one or more USAID office, the partner government and/or other multi-sectoral nutrition stakeholder(s).
Co-fund	One or more USAID office, the partner government and/or other multi-sectoral nutrition stakeholder(s) jointly contribute financially toward the same project or activity.
Co-implementation	The joint implementation of a project or activity; project or activity implementation that includes one or more USAID office, the partner government and/or other multi-sectoral nutrition stakeholder(s). Co-implementation is the most integrated and most multi-sectoral of these the "co-" terms because it includes work planning and learning across sectoral divides, and focuses on the multi-sectoral connections of both nutrition-specific and nutrition-sensitive programs.
Co-location	The process of coordinating overlap of one or more project or activity in a single location by one or more USAID office, the partner government and/or other multi-sectoral nutrition stakeholders. Co-location differs from co-implementation because co-location refers to simultaneous implementation of multiple projects or activities by multiple stakeholders, whereas co-implementation is joint implementation of a single project by multiple stakeholders. The aim of co-location is to utilize multiple partners' programming expertise to strategically target one location for high-impact coverage.
Convergence	Coordinated movement of two or more factors; merging or union for common interest or focus.
Coverage	The number or percentage of a target population reached by a service or intervention.
Domain	Sphere of activity, influence or knowledge.
Factor	Specific process, fact or influence that contributes to a result or outcome. The factors identified in the MSNS Monitoring and Learning Plan are included in Annex B1 . Factors are used to organize quantitative and qualitative data relevant to processes associated with implementation for each Intermediate Result. Together, the domains and factors provide a structure to mark progress and review experiential, practice-based evidence about implementation and outcomes.
Malnutrition	A condition resulting when a person's diet does not provide adequate nutrients for growth and maintenance or when they are unable to fully utilize the food they eat due to illness; consists of both under- (insufficiency) and over- (excess) nutrition.

Micronutrient Supplementation	A pill, tablet, liquid or powder that contains vitamins or minerals and is intended to increase intake of these substances.
Mission	In this report, the word refers to the USAID organizational unit of operation in an assessment country.
Moderate Acute Malnutrition	Weight-for-height between -2 and -3 standard deviations below the median of WHO Child Growth Standards (moderate wasting) and/or mid-upper arm circumference (MUAC) of less than 125 mm and greater than or equal to 115 mm.
Monitoring	Routine observation and tracking of progress of program performance over a period of time, in order to introduce timely corrections and adjustments as needed.
Multi-Sectoral Programming	Linking effective nutrition solutions through programs implemented by multiple sectors.
Nutrition-Sensitive Approaches	Interventions that address the underlying and basic determinants of malnutrition and incorporate specific nutrition goals and actions.
Nutrition-Specific Interventions	Programs and plans designed to address the immediate causes of suboptimal growth and development.
Project	A set of complementary activities, over an established timeline and budget, intended to achieve a discrete development result, often aligned with an Intermediate Result (IR) in the CDCS Results Framework. Taken together, a mission's suite of project designs provides the operational plans for achieving the objectives in its CDCS or other applicable strategic plan (ADS 201 Glossary, June 11, 2019).
Resilience	The ability of people, households, communities, countries and systems to mitigate, adapt to and recover from shocks and stress in a manner that reduces chronic vulnerability and facilitates inclusive growth (USAID Resilience Policy, p.5).
Rubric	Guides judgment by describing how quality and value are defined. A rubric specifies criteria that define the desired quality. Levels of performance are described for each criterion. The levels of performance are ordered from lesser to greater (or vice versa) according to the degree that they manifest the criterion. For this reason, rubrics may be considered an ordinal level of measurement.
Severe Acute Malnutrition	Weight-for-height below -3 standard deviations from the median of the WHO Child Growth Standards, or mid-upper arm circumference less than 115 mm, bipedal edema and/or edematous wasting.
Social and Behavior Change (SBC)	The purpose of SBC activities is to increase knowledge, shift attitudes and norms, and produce changes in behaviors that affect outcomes (e.g., health, nutrition, education) at both the individual and population levels. SBC is often situated in a socio-ecological framework and includes communication and other interventions that recognize that determinants of health and health behavior exist on multiple levels and extend beyond the individual. Specifically, socio-ecological models acknowledge the influence of interpersonal relationships, community structures and the broader environment in determining health and health behaviors.
Stunting	Inadequate length or height for age, defined as more than two standard deviations below the median of the WHO Child Growth Standards resulting from chronic under-nutrition. Stunting reflects suboptimal food and nutrient intake, insufficient preventive health care and unhygienic environments, poor maternal nutrition, and inappropriate infant and young child feeding and care by mothers and other members of the family and the community during the most critical periods of growth and development in early life (USAID MSNS, 2014-2025).
Wasting	Low weight-for-height defined as more than two standard deviations below the median of the WHO Child Growth Standards and/or mid-upper arm circumference (MUAC) of <125 mm. Wasting is usually the result of recent acute deprivation and/or illness, and is strongly linked to mortality. It is one type of acute malnutrition (USAID MSNS, 2014-2025).

EXECUTIVE SUMMARY

The [Multi-Sectoral Nutrition Strategy \(MSNS\)](#), 2014-2025, reaffirms the commitment of the United States Agency for International Development (USAID) to improve nutrition globally to save lives, build resilience, increase economic productivity and advance development. The MSNS outlines USAID priorities for setting and monitoring nutrition targets and managing nutrition funds and programs that focus on high-impact actions during the 1,000 days between pregnancy and a child's second birthday.

USAID's [MSNS Monitoring and Learning \(M&L\) Plan](#) includes a set of indicators from existing data collection processes. These indicators align with the MSNS Goal, Strategic Objective (SO) and Intermediate Results (IRs) to measure nutritional status and USAID reach at the country level. The M&L Plan also outlines an overall approach to: (1) monitor progress of results and higher-level outcomes of nutrition programming across assessment countries; and (2) assess implementation of MSNS guidance, principles and approaches related to nutrition-specific and -sensitive programming.

The M&L Plan identifies five domains to provide an organizing framework to monitor progress for the four MSNS IRs. These five domains also closely align with USAID's work to help partner countries on their journeys to self-reliance. The domains are: (1) nutrition service provision and utilization; (2) country capacity and commitment; (3) multi-sectoral design and planning; (4) multi-sectoral programming and learning; and (5) leadership coordination and collaboration. For each domain, there are both quantitative indicators and qualitative measures.

The M&L Plan also includes two high-level learning questions:

1. What is the current progress of MSNS implementation in countries?
2. Are there plausible links between the processes and implementation influenced by the MSNS and country-level indicators at the Goal, Strategic Objective and IR levels?

The M&L Plan provides USAID with tools to conduct periodic assessments (scheduled for 2018, 2022 and 2025) to monitor progress and gather evidence for learning. The assessment process is designed as a forward-looking, participatory process to understand how and to what extent the MSNS is being implemented across USAID nutrition-focus countries, and to adapt and strengthen implementation.

An external team was commissioned to conduct the first periodic assessment. This included compiling a set of quantitative indicators, then gathering qualitative data to provide additional context and information on MSNS implementation for all 27 MSNS focus countries. The products from the assessment include internal tools for use by USAID staff and a report that synthesizes the information collected for general dissemination. The participatory assessment included 11 countries: Bangladesh, the Democratic Republic of the Congo (DRC), Ethiopia, Ghana, Guatemala, Kenya, Mali, Nepal, Nigeria, Rwanda and Tanzania. In addition, the assessment team collaborated with USAID staff to launch an action planning process to strengthen MSNS implementation.

SYNTHESIS BY DOMAIN

Domain 1: Nutrition Service Provision and Utilization

Definition: Presence and reach of nutrition-specific services to address the immediate determinants of malnutrition and nutrition-sensitive programs to address the underlying and systemic causes of malnutrition.

USAID is implementing nutrition-specific interventions identified in the MSNS in all 11 assessment countries. In Fiscal Year 2018, more than 14 million children under the age of five and 4.6 million pregnant women were reached with nutrition-specific programming in the 11 countries. USAID/Ethiopia supports one of the largest programs, which includes age-appropriate complementary feeding and vitamin A supplementation to prevent stunting.

Ten of the 11 assessment countries implemented all six nutrition-sensitive interventions (related to agriculture, education, economic strengthening, family planning, food safety, and water, sanitation and hygiene [WASH]) identified in the MSNS. In the 11 countries included in this assessment, USAID reached more than 15 million learners with U.S. Government education assistance, and 1.6 million people gained access to basic sanitation as a result of U.S. Government assistance in Fiscal Year 2018.

Domain 2: Country Capacity and Commitment

Definition: Support country and community-led policies, strategies and processes. USAID partners with governments, civil society, private sector, researchers and universities and other stakeholders to leverage resources, promote coordinated multi-sectoral actions and advance country priorities.

In all 11 assessment countries, USAID supports strengthening country capacity and commitment by working directly with governments on policy development and implementation, and through global initiatives such as the Scaling Up Nutrition (SUN) Movement. As of 2018, each of the 11 countries had a multi-sectoral nutrition national-level policy, plan or strategy. Additionally, six countries are working on a second generation of guiding documents and five countries have guiding documents with commitments from the highest level of government. As an example of USAID influence in the policy development process, USAID/Ghana programming to address anemia motivated the government of Ghana to review and update its anemia prevention and control policy. However, implementation of guiding documents for multi-sectoral nutrition programming is limited by country capacity and funding. All 11 country governments have nutrition budgets, but budget levels and execution remain below the levels necessary to achieve optimal nutrition outcomes in most countries. In the 11 assessment countries, USAID has worked with the relevant donor coordination group or the local SUN entity to enhance country government commitment to support nutrition within their national budget.

Domain 3: Multi-Sectoral Design and Planning

Definition: Promote and strengthen coordinated multi-sectoral efforts in design and planning for nutrition across sectors, as well as geographic convergence. Coordination is defined as the aim of exchanging information and altering activities for mutual benefit and to achieve a common purpose for nutrition.

All 11 countries have at least one multi-sectoral and multi-stakeholder coordination mechanism. In seven countries, USAID facilitates co-design, co-funding and/or co-location of multi-sectoral nutrition planning with governments, UN agencies, and civil-society organizations. For example, in Guatemala, USAID is the coordinator of a technical working group that includes the Ministry of Health and other donors.

Domain 4: Multi-Sectoral Programming and Learning

Definition: Promote and strengthen coordinated multi-sectoral efforts in implementing programs and learning for nutrition across sectors, as well as geographic convergence of multi-sectoral interventions/services to address the multiple causes of malnutrition.

USAID engages with partner governments on multi-sectoral nutrition programming primarily through donor coordination in all 11 assessment countries. Likewise, in all 11 countries, USAID coordinates data sharing and use both internally and with governments and other stakeholders to identify gaps and entry points in processes and to share and learn from the findings. In Tanzania, USAID designed the integration of an ongoing nutrition activity and a new WASH activity through co-location, coordination and collaboration.

Domain 5: Leadership Coordination and Collaboration

Definition: Partner with other U.S. Government agencies, bilateral and multi-sectoral donors, UN agencies, civil society, regional organizations and implementing partners to ensure coordinated multi-sectoral nutrition efforts and maximize the expertise and resources across organizations.

In all 11 assessment countries, USAID has nutrition points of contact (POCs) or dedicated nutrition coordinators. These individuals coordinate within USAID and often chair cross-sectoral working groups to design, plan and implement multi-sectoral nutrition programming. For example, in Rwanda, the USAID Community Health and Improved Nutrition (CHAIN) project includes implementation activities across the nutrition, economic growth, education, health and agriculture sectors. USAID actively promotes coordination and collaboration across USAID sectoral offices through work planning, design and regular meetings. Additionally, in many countries, USAID participates in the SUN Movement and often leads donor networks in MSNS assessment countries.

LEARNING ANALYSIS

The M&L Plan proposes two learning questions, each with sub-questions that aim to explore the ways that MSNS is being implemented and assess possible linkages between MSNS implementation and nutrition outcomes.

Learning Question 1: What is the current progress of MSNS implementation in countries?

USAID is implementing priority nutrition-specific and nutrition-sensitive interventions identified in the MSNS. To date, the MSNS has:

- Served as a technical resource for USAID staff to advocate for and implement multi-sectoral nutrition programming internally (e.g., creation of USAID country-level multi-sectoral nutrition strategies) and with government partners (e.g., contributing to the development of multi-sectoral nutrition policies by partner governments).
- Informed USAID organizational approaches (e.g., designation of a nutrition coordinator) to strengthen capacity to design, plan and implement multi-sectoral nutrition programming.
- Provided the foundation for collaborative platforms (e.g., technical working groups), improved USAID coordination and improved multi-sectoral planning (e.g., design of monitoring, evaluation and learning plans for multi-sectoral nutrition programming and nutrition-focused joint program site visits).

There are both challenges and opportunities related to MSNS implementation. The most common challenges cited by USAID staff related to coordination across stakeholders, due to siloed structures or

actors working at different administrative levels. All USAID staff included in the assessment identified opportunities to strengthen MSNS implementation through internal action planning. Opportunities mentioned during action planning with USAID staff in Ethiopia, Ghana, Mali, Nepal, Rwanda and Tanzania include improving coordination with the NGO sector and working with governments to operationalize multi-sectoral nutrition policies.

Learning Question 2: Are there plausible links between the processes and implementation influenced by the MSNS and country-level indicators at Goal, SO and IR levels?

While it is too soon to demonstrate that specific nutritional outcomes are attributable to implementing multi-sectoral nutrition programming, USAID should continue to implement the MSNS. Strengthening country capacity and commitment to multi-sectoral nutrition programming aligns with the global evidence base and the monitoring data collected for this assessment. The data collected suggest that countries facing challenges in implementing the MSNS (e.g., implementing to a moderate or lesser extent for one or more domains) are those that also have operational challenges that go beyond nutrition (e.g., conflict or insecurity). Opportunities remain to improve the implementation of USAID's nutrition-sensitive programming and should continue to be examined for gaps and opportunities for improvement. There are only a few examples of girls' and women's education programming being integrated with nutrition-specific interventions. There are more examples from the II assessment countries of USAID integration of WASH and nutrition-specific programming that should continue to be studied.

Program planners and implementers should consider these findings alongside other available data for decision-making to strengthen internal efforts to implement multi-sectoral nutrition programming. The rubric developed for this assessment (see [Annex C](#)) defines the extent of implementation of the MSNS and can serve as a tool for action planning on how to strengthen implementation; the rubric also provides a basis for comparison in the next periodic assessment.

CONCLUSIONS

While multi-sectoral nutrition programming in each of the II assessment countries pre-dates the release of the MSNS, the MSNS provides a framework for USAID to strengthen internal planning and coordination processes, such as designating a nutrition coordinator or POC and creating monitoring, evaluation and learning (MEL) plans and workplans for multi-sectoral nutrition programming.

USAID works to build country capacity and government commitment to nutrition, helping partner countries progress on their journeys to self-reliance. This first periodic assessment identifies good practices and learnings to guide future assessments. Furthermore, this assessment confirmed that the MSNS conceptual framework and recommended approaches to address the multi-factorial determinants of malnutrition are useful to USAID staff. The process of collecting data for this periodic assessment helped to launch internal discussions about USAID efforts to strengthen multi-sectoral nutrition planning.

I. BACKGROUND AND ASSESSMENT DESIGN

I.1. OVERVIEW OF THE MULTI-SECTORAL NUTRITION STRATEGY

The [Multi-Sectoral Nutrition Strategy \(MSNS\)](#), 2014-2025, reaffirms the commitment of the U.S. Agency for International Development (USAID) to improve nutrition globally with an approach to address both the underlying and direct causes of malnutrition in development and humanitarian assistance programming across a variety of national and international stakeholders. In the MSNS, USAID prioritizes the setting and monitoring of nutrition targets, rigorous management of nutrition funds and programs, and high-impact actions—across health, nutrition, agriculture, water and sanitation and humanitarian assistance programs—during the 1,000 days between pregnancy and the child’s second birthday. USAID currently implements the MSNS in 27 focus countries (see [Annex A](#)).

I.2. OVERVIEW OF THE MSNS MONITORING AND LEARNING PLAN

The [MSNS Monitoring and Learning \(M&L\) Plan](#) provides USAID with a participatory approach and tools to review progress toward implementation of the MSNS in assessment countries and adapt accordingly. The M&L Plan is grounded in the MSNS Results Framework, which defines a set of indicators at the Goal and Strategic Objective (SO) levels to measure nutritional impact. In addition, to assess progress toward the MSNS Intermediate Results (IRs), the M&L Plan incorporates a set of five domains that align with one or more IRs. The domains organize the analysis of MSNS implementation and include:

1. **Nutrition service provision and utilization** (IR1: Increased equitable provision and utilization of high-quality nutrition services);
2. **Country capacity and commitment** (IR2: Increased country capacity and commitment to nutrition);
3. **Multi-sectoral design and planning** (IR3: Increased multi-sectoral programming and coordination for improved nutrition outcomes);
4. **Multi-sectoral programming and learning** (IR3); and
5. **Leadership coordination and collaboration** (IR4: Increased nutrition leadership).

The domains include factors that are monitored with quantitative indicators and qualitative measures (see Annexes [B1](#) and [B2](#)). The domains and factors are meant to track multi-sectoral processes and systems focused on the country and USAID operating contexts.

The M&L Plan also proposes two learning questions, each with sub-questions, that aim to explore the ways in which the MSNS is being implemented by USAID. Specifically, these questions assess possible linkages between MSNS implementation and indicators designated in the M&L Plan, and facilitate a USAID-wide learning agenda for multi-sectoral nutrition. The learning questions are:

1. What is the current progress of MSNS implementation in countries?
 - a. How has the MSNS influenced the way programs are designed and implemented in countries?
 - b. To what extent has the MSNS contributed to mission capacity and processes, thereby creating an enabling environment?
 - c. What are the challenges and opportunities for further supporting MSNS implementation?

2. Are there plausible links between the process and implementation influenced by the MSNS and country-level indicators at Goal, SO and IR levels?
 - a. What differences in indicators are found in countries where the MSNS has been implemented to a greater or lesser extent?
 - b. What approaches to implementation contribute to equity and gender equality?

I.2.A. THE MONITORING AND LEARNING APPROACH: PERIODIC ASSESSMENTS

The M&L Plan includes periodic assessments (scheduled for 2018, 2022 and 2025). These assessments are participatory and employ a forward-looking process to review the implementation of the MSNS within respective USAID programming and country contexts. The periodic assessments are guided by two M&L Plan objectives:

1. To monitor progress on nutrition outcomes and reach at the MSNS Goal, SO and IR levels across select countries.
2. To assess the effect and utility of a multi-sectoral strategy on nutrition programming and results.

The periodic assessments explore the extent to which the MSNS has influenced the way programs are designed and implemented, and look at nutritional outcomes in relation to the extent of MSNS implementation taking place across the assessment countries.

I.2.B. M&L PLAN DATA SOURCES

This periodic assessment used primary and secondary data sources to respond to the purpose and objectives of the M&L Plan. The primary sources were USAID nutrition points of contact (POCs) in relevant countries and in Washington. The [Scaling Up Nutrition \(SUN\) Movement](#) was a key secondary source on current or recent progress on country commitment to nutrition (e.g., ensuring that programs in all sectors of government are sensitive to nutrition and increasing coverage of proven interventions that improve nutrition during the 1,000 days between a mother's pregnancy and her child's second birthday). The MSNS identifies ongoing USAID participation and collaboration in SUN to ensure that USAID-supported nutrition initiatives align with and contribute significantly to ongoing global and country-level efforts to improve nutrition.

Quantitative data sources include Demographic Health Surveys (DHS), USAID's Fiscal Year 2018 Performance Plan and Report (PPR), the Hunger and Nutrition Commitment Index (HANCI), and (for one indicator) the UN Food and Agriculture Organization (FAO) data. DHS data primarily informed Goal and SO indicators. PPR data were used exclusively at the IR level to provide information on USAID programming performance. Where the PPR could not provide all the needed information (e.g., whether a nutrition budget was in place), HANCI and DHS were employed.

The M&L Plan includes two data collection tools to conduct the assessment: (1) an indicator tracking tool for quantitative indicators, which serves as a quick reference on nutrition status for each of the USAID-funded countries included in the M&L Plan; and (2) a semi-structured interview questionnaire, which guides interviews with USAID nutrition POCs in assessment countries. Both tools can be modified and adapted for subsequent assessments.

I.3. OVERVIEW OF THE 2018 PERIODIC ASSESSMENT

The team that helped USAID design and develop the M&L Plan (hereinafter referred to as the assessment team) was tasked with conducting the first MSNS periodic assessment in June 2018.

The team designed the first periodic assessment as a forward-looking, participatory process to understand how and to what extent the MSNS is being implemented across USAID nutrition focus countries, in order to adapt and strengthen implementation. As prescribed in the M&L Plan, it is not an evaluation and does not make judgments about specific projects, activities or technical designs.

The first assessment included a Participatory Assessment and Reflection (PAR) process in three countries to help identify plausible linkages between policy and outcomes, and to strengthen current and future multi-sectoral planning and implementation. The team also developed a facilitation guide to provide an in-depth and reflective learning opportunity for stakeholders. However, due to unforeseen challenges and delays, the PAR process was ultimately not included in the first assessment. In place of the PAR, the assessment team helped to launch an internal action planning process to document discussions about strengthening multi-sectoral nutrition design, planning and implementation.

I.3.A. SELECTION OF 2018 ASSESSMENT COUNTRIES

Countries were selected based on availability of relevant interview respondents during the assessment timeframe. In addition, the assessment team and Agency Nutrition M&L Team included the three countries that piloted the interview tool during M&L Plan development. In total, 11 countries are included in the 2018 assessment (see Box 1).

Box 1: Periodic assessment countries, Fiscal Year 2018

Bangladesh
Democratic Republic of Congo (DRC)
Ethiopia
Ghana
Guatemala
Kenya
Mali
Nepal
Nigeria
Rwanda
Tanzania

I.3.B. DATA COLLECTION

Both quantitative and qualitative data were collected during the assessment.

Quantitative. Data for 33 quantitative indicators were compiled from existing data sources:

- Sixteen from the USAID Fiscal Year 2018 PPR
- Thirteen from DHS
- Three from HANCI
- One from FAO

DHS data are reported approximately every five years. When DHS data were unavailable for 2018, values were extrapolated using an established formula. When DHS were available for two years, the current year value was calculated using the average annual rate of change. When DHS data were available for only one year, that value was used. While not consistently the same indicator(s), this was true for at least one indicator each for Bangladesh, Guatemala, Kenya, Mali and Nigeria.

Qualitative. For the qualitative measures, the assessment team collaborated with USAID staff from all 11 assessment countries between November and December 2018. The assessment team conducted

interviews using a semi-structured questionnaire to collect data on the country context and MSNS implementation for each domain. The assessment team interviewed USAID staff in eight countries. USAID staff who participated in the pilot in three countries self-administered the questionnaire. Following a peer review of the interview data, follow-up conversations and emails were required with all USAID staff who participated in the assessment, to clarify select information or fill information gaps.

During the same time frame, the assessment team conducted a document review to triangulate and complement interview data with information on the operating environment and country context. Documents reviewed by the team include the [Country Development Cooperation Strategies \(CDCS\)](#), internal USAID/Bangladesh and USAID/Guatemala nutrition strategies, SUN assessments and country profiles and other public documents. If more detail or context was needed, the assessment team gathered SUN data from country profiles and the most recent country Joint Annual Assessments. Where USAID partner country national plans for multi-sectoral nutrition were available in English, the team reviewed them to validate country commitments.

I.3.C. ANALYSIS, SYNTHESIS AND INTERPRETATION OF 2018 ASSESSMENT DATA

Both quantitative and qualitative data were analyzed, synthesized and interpreted.

Quantitative data analysis. The team reviewed the nutrition-specific programming implemented in the assessment countries with the quantitative indicator data to identify patterns in how USAID is focusing nutrition work as it relates to country context. The team compared the MSNS Goal and SO-level indicators to global levels to provide a benchmark. The global-level data are from secondary data sources, such as [World Bank Open Data](#), [World Health Organization](#) and the [Global Nutrition Report](#).

Qualitative data analysis. The team compiled interview and desk review data by country and entered them into spreadsheets by IR, domain and factors for coding and synthesis. Due to the limited number of countries assessed, qualitative analysis software was not used. The semi-structured interview data were coded to understand and provide context for processes and practices, MSNS influences, challenges and recommendations to provide explanatory and descriptive information about MSNS implementation. The assessment team reviewed the summarized data with USAID staff respondents to validate the data. Data from secondary sources (such as the SUN Joint Annual Assessments or Country Profiles) were validated by USAID in-country staff.

Synthesis of qualitative measures for monitoring MSNS implementation (Section II): The process for analyzing the data collected by domain is:

- *Domain 1:* The first assessment provides a snapshot of the presence and reach of nutrition-specific services and nutrition-sensitive programming compared with national-level nutrition indicators for assessment countries. This 2018 snapshot serves as a reference point for subsequent assessments (2022 and 2025).
- *Domains 2 through 5:* These domains focus on how USAID supports the enabling policy environment within the country; strengthens professional and institutional capacity of country partners to implement nutrition-specific and nutrition-sensitive programming and services; designs and programs high-impact actions across health, nutrition, agriculture, water, sanitation and hygiene (WASH), and humanitarian assistance programs; and establishes linkages with complementary programs.

I.4. ASSESSMENT LIMITATIONS

The two primary quantitative data sources, DHS and USAID PPR, both have limitations including infrequency of data collection or non-reported values. DHS data are not available in consistent intervals. While data are generally collected every five years, data for some countries are only available for one year or there is a gap of more than five years. The country context may be dynamic (e.g., conflict, economic crises, changes in government). When there are more than five years between two data points, the average rate of change may not be a valid estimate. Extrapolated values provide an estimate, but context should be considered. For example, in cases where there is a 100 percent change between two time periods, the extrapolated estimate may be an overestimation. Data are not available for the following new DHS indicator: *Minimum dietary diversity for women of reproductive age (MDD-W) in USAID-supported countries*.

To address limitations related to DHS data, the assessment team identified and footnoted potential data issues due to extrapolation. The data user is advised to check with the source (e.g., DHS) for specific considerations. Indicators for which no data were reported were dropped from the analysis.

The sources for the qualitative data also had limitations, including self-selection of respondents and incomplete information. The team conducted group interviews with USAID staff in assessment countries to collect, review and validate information to elicit critical qualitative information from USAID nutrition POCs. Time constraints inherent to this assessment—specifically around gathering multiple individuals across international time zones—occasionally resulted in limiting the number of participants in interviews. Furthermore, interviews and meetings were held via conference calls, the long-distance nature of which at times made sound quality and maintaining a connection difficult; this circumstance potentially impacted the information gathered.

To address the limitations of incomplete information, the team contacted relevant USAID nutrition POCs for additional information or clarification. In the few instances when data were contested or conflicting, they are not included. Furthermore, if data were missing because an office could not be represented, the team did not draw conclusions.

II. SYNTHESIS OF QUALITATIVE MEASURES FOR MONITORING MSNS IMPLEMENTATION

This section presents the synthesis of the data collected for Domains 1 through 5. Domains 2 through 5 present themes that emerged from data collected from USAID staff in assessment countries and secondary sources. Emergent themes for each domain were validated with USAID staff. [Section III, Key Learnings](#), documents the team’s analysis of the quantitative indicators and qualitative measures to respond to the learning questions.

II.1. DOMAIN 1: NUTRITION SERVICE PROVISION AND UTILIZATION

Definition: Presence and reach of nutrition-specific services to address the immediate determinants of malnutrition and nutrition-sensitive programs to address the underlying and systemic causes of malnutrition.

Summary: Across the 11 countries, USAID is programming nutrition-specific interventions according to the facets of malnutrition that are most applicable to the country context. Furthermore, USAID is implementing both nutrition-specific and nutrition-sensitive programming, as appropriate. In nine of the 11 countries, USAID implements the seven nutrition-sensitive interventions outlined in the MSNS.

For this domain, the M&L Plan identifies two factors: (1) presence and reach of nutrition-specific services, and (2) presence and reach of nutrition-sensitive programming. To assess “presence,” data were collected from USAID staff on the types of MSNS nutrition-specific and -sensitive interventions (see Box 2) that USAID is implementing. To document the reach of these interventions, the assessment team reviewed the indicators reported in the USAID Fiscal Year 2018 PPR. To further understand the presence of different services and programming, the team analyzed these data to understand to what extent nutrition-specific or nutrition-sensitive services could be playing a role in outcome level indicators (see Section III), and where interventions need to be prioritized to address those outcomes.

Box 2: Evidence base for MSNS interventions

The MSNS (USAID, p. 11) focuses on a set of nutrition-specific interventions identified in The Lancet 2013 Maternal and Child Nutrition series that, when applied at scale, can have an impact on reducing malnutrition (Bhutta et al., 2013). The same series and the MSNS also identify a set of nutrition-sensitive interventions that, when combined with nutrition-specific interventions, accelerate progress in countries with higher burdens of maternal and child malnutrition. These interventions are included in Tables IA and IB.

II.1.A. PRESENCE AND REACH OF NUTRITION-SPECIFIC SERVICES

Presence of nutrition-specific services. Table IA summarizes the presence of nutrition-specific services in USAID assessment countries and provides comparison to global levels for four selected MSNS Goal-level indicators (as a benchmark). Of the 11 countries, nine have stunting prevalence levels above the global level, and three have wasting prevalence levels above the global level (estimated in 2017). For the nine countries for which there are data, seven have levels of anemia that are above the global level among children ages 6 to 59 months, (estimated in 2017) and four countries have anemia levels for women of reproductive age that are above the global level (see Table IA).¹ For countries with nutritional indicators below the global benchmark for stunting, wasting or anemia, USAID focuses interventions on regions within the country with high levels of malnutrition. To address malnutrition in children in the 11 assessment countries, USAID is implementing programming to promote breastfeeding

¹ Data for anemia are not available for Kenya or Nigeria.

and appropriate complementary feeding. For pregnant women, USAID is generally applying one of the four focused interventions included in the MSNS (i.e., folic acid or fortification; balanced energy supplementation; calcium supplementation; or multiple micronutrient supplementation).

Reach of nutrition-specific programming. Across the 11 countries, USAID is reaching more than 14 million children and 4.6 million pregnant women with nutrition-specific programming. The scale of the nutrition programming varies, as measured by the number of people reached. USAID/Ethiopia reached the greatest number of children, with more than 2.8 million reached with nutrition-specific programming. In eight countries, USAID reached more than a million children in each country. Children are generally reached through the types of MSNS programming identified in Table IA and reflected in the disaggregated data (see [Annex B2](#)). For example, through community-level interventions, children are given vitamin A and zinc supplementation, and social and behavior change (SBC) interventions are implemented for their parents and caretakers.

Table IA: Select national-level nutrition outcomes compared with global levels and presence of nutrition-specific programming interventions, Fiscal Year 2018

	Bangladesh	DRC	Ethiopia	Ghana	Guatemala	Kenya	Mali	Nepal	Nigeria	Rwanda	Tanzania
Prevalence of stunting relative to global level	Above	Above	Above	Below	Above	Below	Above	Above	Above	Above	Above
Prevalence of wasting relative to global level	Above	Below+	Above	Below	Below	Below	Above	Above	Above	Below	Below
Anemia among children 6 to 59 months relative to global level	Above	Above	Above	Above	Below	—	Above	Above	—	Below	Above
Anemia among women of reproductive age relative to global level	Above	Below+	Below	Below	Below	—	Above	Above	—	Below	Above
Management of severe acute malnutrition		☑	☑	☑		☑	☑	☑	☑		☑
Preventative zinc supplementation	☑	☑		☑		☑		☑			
Promotion of breastfeeding	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
Appropriate complementary feeding	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
Management of moderate acute nutrition		☑	☑	☑		☑	☑	☑	☑	☑	
Periconceptual folic acid supplementation or fortification				☑		☑	☑	☑	☑		☑
Maternal balanced energy protein supplementation		☑									
Maternal multiple micronutrient supplementation	☑		☑	☑						☑	☑
Vitamin A supplementation	☑	☑	☑	☑		☑	☑	☑	☑		☑
Maternal Calcium supplementation				☑							

+ Levels reported for countries are an estimate based on extrapolation. Those marked with the + are within two percentage points.

— Not reported

Source for Interventions: Questionnaire and interviews completed by USAID staff, 2018. | Source for indicators: See Annex B2.

II. I. B. PRESENCE AND REACH OF NUTRITION-SENSITIVE PROGRAMMING

Presence of nutrition-sensitive programming. Table IB summarizes the presence of USAID nutrition-sensitive programming interventions in the 11 countries. USAID is complementing nutrition-specific interventions with nutrition-sensitive activities in all of the assessment countries. Nutrition-sensitive

agriculture and WASH interventions are being implemented and co-located in all countries included in the assessment.

Table 1B: Presence of nutrition-sensitive programming interventions, Fiscal Year 2018

	Bangladesh	DRC	Ethiopia	Ghana	Guatemala	Kenya	Mali	Nepal	Nigeria	Rwanda	Tanzania
Family planning, healthy timing and spacing of pregnancy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Water and sanitation and hygiene	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nutrition-sensitive agriculture	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Food safety and food processing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Girls' and women's education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Economic strengthening, livelihoods and social protection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Source: Questionnaire and interviews completed by USAID staff, 2018

Reach of nutrition-sensitive programming. The MSNS M&L Plan defines a set of indicators to understand reach for nutrition-sensitive programming identified in Table 1B. For example, USAID reached more than 1.6 million people with basic sanitation services across the assessment countries. In both Kenya and Tanzania, USAID reached more than 300,000 people, respectively. In addition, USAID reached more than 15 million learners across the 11 countries, of which 7.25 million were girls (see [Annex B2](#) for levels by country). In Ethiopia and Ghana, USAID is reaching the most learners (3.3 million and 4.4 million, respectively). None of the nutrition-sensitive quantitative indicators have equivalents that are measured globally, prohibiting a comparative analysis. A new indicator, *Number of female direct beneficiaries participating in U.S. Government nutrition-sensitive agriculture activities*, was not required to be reported in Fiscal Year 2018. As a result, at the time of the assessment, the full reach of nutrition-sensitive programming is not available.

II.2. DOMAIN 2: COUNTRY CAPACITY AND COMMITMENT

Definition: Support country and community-led policies, strategies and processes. USAID partners with governments, civil society, private sector, researchers and universities and other stakeholders to leverage resources, promote coordinated multi-sectoral actions and advance country priorities.

Summary: While all 11 countries included in this assessment have a multi-sectoral nutrition policy, plan, strategy or program in place, the extent to which these guiding documents are operational varies greatly based on numerous factors that underlie the country context and where a country is in the life of its national nutrition policies or programs. Six countries are working on a second generation of these guiding documents.

For this domain, the M&L Plan identifies five factors that both affect and are affected by USAID programming: (1) support to country capacity and ownership; (2) government policy; (3) government human resources; (4) government budget; and (5) non-governmental institutions' capacity. Information on these factors is drawn largely from the most recent SUN data (2018) and is complemented by data

collected from USAID staff, where possible. Syntheses are presented on how USAID is supporting country and community-led policies, strategies and processes to promote, strengthen and advance multi-sectoral nutrition implementation.

II.2.A. SUPPORT TO COUNTRY CAPACITY AND OWNERSHIP

As summarized in the CDCS for each of the 11 countries, USAID supports country capacity for and ownership of multi-sectoral nutrition programming. The CDCS is a five-year strategy that defines USAID programming and aligns with partner government policies and priorities. USAID implements its nutrition programming through a variety of mechanisms, including government-to-government agreements and grants and contracts awarded to partners to implement projects and activities.

II.2.B. GOVERNMENT POLICY

USAID is actively engaged in partner government nutrition policy support. Examples include:

- Implementation of national nutrition policies (see Box 3).
- Coordination and collaboration at the local, sub-national and national levels toward the partner government's vision of nutrition integration and inclusive planning processes.
- Strengthened community processes that impact nutrition services, such as the development of community action plans that feed into national plans.

USAID works with the governments and donor partners in most assessment countries on policy development, and supports implementation of partner

government-led policies, plans, strategies or programs in all 11 assessment countries. (Box 3). These guiding documents are current in eight countries and are being updated in three countries (Ethiopia, Mali and Nigeria). Six of these countries (Bangladesh, Ethiopia, Ghana, Mali, Nepal and Rwanda) are working on second-generation documents. USAID continues to be involved in the updating of policies.

Box 3: National policies, plans, strategies and programs for the 11 assessment countries

Bangladesh	National Nutrition Policy and Second National Plan of Action on Nutrition, 2016-2025
DRC	Strategic Multi-Sectoral Nutrition Plan, launched 2016 National Policy on Food Security and Nutrition, launched 2017
Ethiopia	National Nutrition Program, 2016-2020 Food and Nutrition Policy, launched 2019
Ghana	National Nutrition Policy, 2013-2017 (new policy under development)
Guatemala	National Strategy for the Prevention of Chronic Malnutrition, 2016-2020 Food Security and Nutrition Strategic Plan, 2016-2020
Kenya	Food and Nutrition Security Policy Implementation Framework, 2017-2022
Mali	National Nutrition Policy, launched 2013 National Multi-Sectoral Nutrition Action Plan 2014-2018 National Multi-Sectoral Nutrition Action Plan, 2019-2023, expected July 2019
Nepal	Multi-Sectoral Nutrition Plan I, 2013-2017 and II, 2018-2022
Nigeria	National Food and Nutrition Policy, launched 2016
Rwanda	National Early Childhood Development Strategic Plan, launched April 2019
Tanzania	Revised National Food and Nutrition Policy, Costed National Multisectoral Nutrition Action Plan 2016-2021

In five countries (Bangladesh, Guatemala, Nepal, Nigeria and Tanzania), these guiding documents have the highest level of support from the government (e.g., office of the president, prime minister and/or vice president). In most assessment countries, the documents are developed and/or implemented through cross-sectoral leadership or consultation among government, NGOs and civil society (see Box 4 for example).

II.2.C. GOVERNMENT HUMAN RESOURCES

Based on the interview data, at least seven of the 11 assessment countries invest at the national level to strengthen ministry systems and capacity (particularly ministries of health and agriculture) and/or at the community level to build capacity of frontline health workers and agricultural extension workers. In some countries, investments support other community cadres, such as WASH facilitators and social mobilizers. In at least four assessment countries, USAID works at most or all levels of the system—from national to community.

In two countries, USAID has cross-sectoral partnerships in nutrition with a range of ministries. USAID/Rwanda supports implementing partners to provide technical assistance to the Ministries of Health, Agriculture, Education, and Gender and Family Promotion in nutrition policy development and implementation, technical leadership skills and management of national reporting systems (e.g., to improve data quality and their use). As highlighted in Box 4, USAID/Ghana supports stakeholder engagement in national policy development.

II.2.D. GOVERNMENT BUDGET

In a review of SUN data across the 11 countries, the assessment team found a combination of one or more of the following: national nutrition policy is in place; country coordination office is established; regular coordination meetings occur; and a national multi-stakeholder platform has been established along with regional multi-stakeholder platforms. However, in most countries, the momentum of this progress is diminished by budget-related limitations, both in resource allocation and budget execution. Examples include required resources not estimated in the short- or long-term; no short-term annual allocation or long-term multi-year commitment to finance nutrition using domestic or external resources; and lack of funding in the annual budget passed by the government for line ministries to implement nutrition programs.

Overall, SUN data show budget-related limitations in eight countries. Nevertheless, for three countries there is budget-related progress:

- **Kenya:** According to USAID staff interviewed, an increase in available data around the intersection of nutrition, health and economic growth can be attributed to efforts made by

Box 4: Ghana's stakeholder engagement in national policy development

Current development of the new National Nutrition Policy is led by the National Development Planning Commission and involves a multi-stakeholder group, including the Ministry of Finance, Ghana Health Service, Ministry of Food and Agriculture and Ministry of Gender, Child and Social Protection, as well as development partners and local NGOs. (2018 SUN Country Profile) According to USAID staff interviewed, there have been several instances of capacity strengthening support provided by USAID that led to policy developments, including USAID's emphasis on anemia as a component of multi-sectoral nutrition programming leading to a restructure of the government's anemia prevention and control policy.

USAID/Kenya, the World Bank and UNICEF. Furthermore, the national budget for nutrition activities has reportedly increased, commensurate with increased availability of data. There has been a funding increase of roughly one percent in the national budget. A nutrition costing tool was adapted for national use, and a costing exercise for nutrition-specific and nutrition-sensitive interventions was done at the sub-national level.

- **Nepal:** Based on the latest available data (SUN, 2016), costed budgets for the government of Nepal's Multi-Sector Nutrition Plan II and other plans have been created at national, provincial and local levels, and budgets for 16 districts were approved. During the period 2018-2022, the government estimated the annual budget required for each year of implementation, and will contribute 60 percent of the budget to the Multi-Sector Nutrition Plan II, while 40 percent will be provided by development partners. USAID/Nepal advocated for increased budget, specifically at the sub-national level, gave technical guidance for the best use of increased funds for nutrition and provided tools to track nutrition expenditures.
- **Tanzania:** According to USAID/Tanzania nutrition POCs, nutrition is integrated into government planning cycles through annual budgeting guidelines, budgeting codes and the medium-term expenditure framework. Annual planning sessions are held with councils before budgets are allocated to ensure inclusion and prioritization, following distribution of guidelines to councils for the preparation of plans and budget for nutrition. While the government applied several measures to generate domestic investment toward malnutrition, including an increased budget for 2017-18, only 19 percent of the planned financial targets to address malnutrition were met in 2016-17. As a result, the government has incorporated specific nutrition objectives into a web-based, redesigned planning and reporting tool (PlanRep II) to enhance planning and budgeting for nutrition at regional and council levels. The Tanzanian vice president also signed a compact with regional commissioners to ensure accountability for and proper use of nutrition funding.

II.2.E. NON-GOVERNMENTAL INSTITUTIONS' CAPACITY

Data were collected from available SUN Joint Annual Assessments and Country Profiles on the extent to which country non-governmental entities (e.g., academic and research institutions, private sector companies, civil society organizations [CSOs]) are positioned to support nutrition goals. Where possible, these data are complemented by data collected from USAID staff on USAID partnerships in the non-governmental sector.

In five countries (DRC, Guatemala, Kenya, Mali and Nigeria), CSOs play a strong role in governance and are positioned to help advance nutrition goals. For example, in Guatemala, CSOs formally (as part of the government's health system) monitor the quality of nutrition services provided by the Ministry of Health, and in Mali CSOs manage community health centers and community-based nutrition groups. In Kenya, the SUN Civil Society Network provides capacity-building services to CSOs on nutrition advocacy and budget tracking, and in Nigeria the network advocates for funding at national and sub-national levels.

USAID staff from nine countries (Bangladesh, DRC, Ethiopia, Ghana, Guatemala, Kenya, Mali, Nepal and Tanzania) reported in interviews that USAID collaborates with academic or research institutions to advance the country's nutrition goals. For example, in two countries (Bangladesh and Nigeria), USAID is

working with academic institutions to research the nutritional value of select vegetables. In Nigeria, this research has been shared widely through U.S. Government partners, the partner government and food producers and processors at conferences and technical working groups. USAID/DRC has a mechanism in place to support the Kinshasa School of Public Health, and students can receive scholarships to research nutrition; current scholarship winners are doing ongoing research on the best foods for undernourished children to consume. In Ethiopia and Nepal, USAID is developing courses on nutrition for government nutrition and health workers, which have been utilized in four regions in Ethiopia.

USAID staff in four assessment countries (Bangladesh, Ghana, Kenya and Nepal) reported that USAID collaborates with private sector companies. For example, in Ghana, the private sector is increasingly engaged in nutrition-sensitive programs and a SUN Business Network has been established. In Kenya, USAID staff interviewed reported that private-sector partners have been a critical component of the Fortification Technical Working Group that worked with the government to set mandatory food fortification requirements. In Nepal, USAID works with the private sector to improve market availability of nutrient-rich foods, as well as to improve availability of nutrient-rich and enriched seeds throughout the country.

USAID staff in nine countries (Bangladesh, Ethiopia, Ghana, Guatemala, Mali, Nepal, Nigeria, Rwanda and Tanzania) reported that USAID is (to some extent) leveraging the non-governmental sector and building capacity of its actors in advancing the countries' nutrition goals. Examples include:

- USAID/Bangladesh supports the Social Marketing Company, an NGO that holds a large market share for provision of the country's essential health commodities, including oral rehydration solution, zinc and micronutrient powder.
- USAID/Nepal collaborates with the government, international NGOs and local CSOs to train community health workers, female community health volunteers and agriculture and livestock extension workers in health, nutrition-sensitive agriculture and WASH by utilizing context-specific SBC tools to reach pregnant and lactating women, children, adolescents and their families.
- USAID/Nigeria partners with NGOs (and UN agencies) to provide emergency food and nutrition assistance to conflict-affected populations in northeastern Nigeria, targeting the most vulnerable groups, including pregnant and lactating women, female-headed households and households with children.
- USAID/Rwanda collaborates with CSOs to reach community health workers with training in nutrition and WASH services and use of SBC tools with mothers and other key groups.

II.3. DOMAIN 3: MULTI-SECTORAL DESIGN AND PLANNING

Definition: Promote and strengthen coordinated multi-sectoral efforts in design and planning for nutrition across sectors, as well as geographic convergence. Coordination is defined as the aim of exchanging information and altering activities for mutual benefit and to achieve a common purpose for nutrition.

Summary: All 11 countries have at least one multi-sectoral and multi-stakeholder coordination mechanism in place, and in seven countries USAID plays a significant role in multi-sectoral nutrition coordination among actors and platforms. In this role, USAID facilitates a full spectrum of integration (see [Annex D](#)), including coordination and collaboration, through co-design, co-funding and/or co-location of programming with partner governments, UN agencies and USAID implementing mechanisms. The coordination mechanisms outline roles and responsibilities to maximize efforts and avoid redundancy. The increased emphasis on the coordinated design and planning as a part of the MSNS, both within a partner government and with USAID, is especially important for integration of nutrition-specific and nutrition-sensitive programming approaches.

For this domain, the M&L Plan identifies three factors: (1) structures for cross-sector coordination and collaboration; (2) coordinated program design and planning; and (3) integration of nutrition-specific and nutrition-sensitive programs. Factors one and two are led by partner governments and supported by USAID, whereas factor three pertains to USAID-led programming. The assessment team collected information from USAID staff and existing secondary resources on how USAID is designing and planning multi-sectoral nutrition programming in specific countries, including co-location, coordination and collaboration of interventions, and to what extent nutrition coordination is conducted within the partner government and with other stakeholders.

II.3.A. STRUCTURES FOR CROSS-SECTOR COORDINATION AND COLLABORATION

All of the assessment countries have at least one multi-sectoral and multi-stakeholder coordination mechanism in place across government ministries, donors and other stakeholders on multi-sectoral nutrition programming. The structures of these coordination mechanisms and USAID involvement vary across the assessment countries. The organization structures and USAID involvement include:

- A national nutrition platform or council that in some instances is co-led by USAID (DRC, Ethiopia, Guatemala, Mali, Nepal, Nigeria and Tanzania).
- Utilization of the office of the head of state to organize all related ministries around multi-sectoral nutrition (Guatemala, Nigeria and Tanzania).
- An official Coordinating Office within the partner government dedicated to nutrition (Ghana, Guatemala, Mali and Nigeria).
- Designation of a government ministry (e.g., Ministry of Health, Ministry of Agriculture, Ministry of Gender and Family Promotion) as the lead to bring together all ministries working in nutrition-specific and -sensitive programming (Ethiopia, Kenya, Nigeria and Rwanda).
- Utilization of donor coordination meetings and/or working groups, which include participation from USAID, to bring government ministries together around multi-sectoral nutrition activity planning (Ethiopia, Ghana, Guatemala, Kenya, Mali, Nepal and Rwanda).
- Active engagement by the SUN Network and Civil Society Association to promote multi-stakeholder participation on multi-sectoral nutrition (all assessment countries).

II.3.B. COORDINATED PROGRAM DESIGN AND PLANNING

In nine of the 11 assessment countries, USAID plays a significant role where working groups coordinate multi-sectoral nutrition activities among donors, including USAID, the partner government, UN agencies, and other stakeholders. They share technical information, maximize collective efforts in the design and planning of the multi-sectoral nutrition space and reduce redundancies. USAID involvement in assessment countries includes:

- Bangladesh (SUN Donor Network; USAID is the co-convener)
- DRC (SUN Donor Working Group; USAID participates)
- Ethiopia (SUN Donor Working Group; USAID is the donor convener)
- Guatemala (Food Security, Nutrition and Rural Development Donor Working Group; USAID participates and was a past convener)
- Kenya (Development Partners for Health Group; USAID is the chair)
- Mali (Donor Coordination Group; USAID participates)
- Nepal (SUN Donor Working Group; USAID participates)
- Nigeria (Nutrition in Emergencies Working Group; USAID participates)
- Rwanda (FSNWASH Technical Working Group; co-chaired by the Government of Rwanda and USAID)
- Tanzania (SUN Donor Network; USAID is the co-convener with Irish Aid)

Examples of how these multi-sectoral nutrition and multi-stakeholder mechanisms have contributed to design and planning include the development of national nutrition policies (DRC, Ethiopia, Ghana, Kenya, Mali, Nepal, Nigeria, Rwanda and Tanzania) and development of moderate acute malnutrition (MAM) and micronutrient deficiency guidelines, as well as the coordination of rapid needs assessments for severe acute malnutrition (SAM) in the DRC.

According to USAID staff, country governments are using coordinated program design and planning as a way to ensure development of and compliance with national-level, multi-sectoral nutrition-related strategic plans or regulations and inter-institutional coordination within the government. For example, the Government of Ghana used its National Standards Authority to ensure that fortified food products were certified through the relevant national agencies. In Nepal, USAID worked with the government-led Nutrition Technical Committee to provide technical support in the design and endorsement of the second iteration of the Multi-Sector Nutrition Plan.

USAID staff identified challenges associated with the efforts of these government mechanisms. For example, partner governments may have insufficient capacity to coordinate multi-sectoral nutrition activities because the associated ministries are often over-tasked. Nutrition work may also become siloed in government ministries, leading to investments in nutrition not being fully maximized and/or a lack of alignment with national priorities or plans. Limited staffing and budgets pose challenges as well.

Box 5: Example of coordination at the activity level: USAID/Tanzania WASH programming

The Lancet 2013 Maternal and Child Nutrition series identified WASH as a nutrition-sensitive intervention that has the potential to positively impact nutrition outcomes by addressing direct and underlying causes if WASH interventions have explicit nutrition objectives (Ruel and Alderman, 2013).

Overview: Since 2011, USAID/Tanzania has adapted its program designs to integrate nutrition-specific and nutrition-sensitive programming. It began by overlapping a new WASH activity geographically with an ongoing nutrition activity. During implementation, the two implementing partners collaborated to integrate WASH messages into the nutrition activity and to conduct joint field visits for the WASH activity. Building on this experience, the new nutrition activity is co-located with the WASH activity in two regions (Iringa and Morogoro) with additional integrated efforts planned.

Description of programming:

The USAID/Tanzania Mwanzo Bora Nutrition Program (MBNP) (2011-2018) was designed to improve the nutritional status of pregnant women and children under 5 through the delivery of integrated health and agriculture interventions in the Iringa region. When designing the Water Resources Integration Development Initiative (WARIDI) (2016-2021), USAID/Tanzania decided to also target Iringa in order to strategically align programming. WARIDI focuses on improving health and nutrition through management of water resources and service delivery across multiple sectors, in partnership with the Government of Tanzania.

Recently, USAID/Tanzania announced the Lishe Endelevu activity (2019-2022), which targets women of reproductive age and children under 5, and supports USAID/Tanzania IR2, which is nutrition-sensitive (*Improved health, nutrition, caregiving and WASH behaviors*). This new activity is to be co-located with WARIDI in two geographic regions.

The process of integration: Integration began with collaboration. USAID organized joint work planning sessions and joint field visits to identify gaps and further opportunities for collaboration and learning. As a result, the MBNP integrated WASH messages to promote appropriate hygiene practices at the household level—in particular safe food handling and handwashing with soap—by introducing the simple, effective and affordable Tippy Tap technology, a hands-free handwashing tool used in rural areas with limited running water (placed on pathways between toilets and houses to encourage usage).

USAID/Tanzania learned from its first experience and identified several additional points of integration for WARIDI and the Lishe Endelevu project:

- Application of lessons learned from WARIDI and MBNP in integrating WASH messaging in the adaptation of nutrition-sensitive materials to be used by the Lishe Endelevu project.
- Collaborative development and/or utilization of locally resourced, low-cost WASH technologies (including innovations to reduce the risk of environmental enteropathy), through work with the private sector and/or support of women and youth livelihood opportunities.
- Advancement of gender equality through governance and management of multiple-use water resources to be integrated with Lishe Endelevu activities.

II.3.C. INTEGRATION OF NUTRITION-SPECIFIC AND -SENSITIVE PROGRAMS

To support MSNS implementation, USAID facilitates coordination and collaboration of multi-sectoral nutrition programming with the partner government and UN agencies, or across implementing partners through co-design, co-implementation, co-funding and/or co-location of programming in all 11 countries. (See the list of [key terms](#) at the beginning of this report for definitions.) Examples of USAID integration of nutrition-specific and nutrition-sensitive programs include:

- USAID/Bangladesh promotes the integration of nutrition-specific and nutrition-sensitive programs. Past and current integrated activities are supported across health, nutrition, education, economic growth and humanitarian assistance.
- USAID/DRC integrates nutrition, health and food security and utilizes co-location, coordination and collaboration for activities that improve the continuum of care for acute malnutrition.

- USAID/Ethiopia includes nutrition-specific and nutrition-sensitive programming in its Feed the Future Growth Through Nutrition project.
- Feed the Future within USAID/Kenya is implementing a project and activities that includes multi-sectoral nutrition components.
- Within USAID/Nepal, nutrition is integrated into health, WASH, agriculture and humanitarian assistance programming. This includes USAID staff jointly designing nutrition programming; engaging with existing multi-sectoral nutrition activities by providing input into workplans; and developing joint monitoring, evaluation and learning plans.
- USAID/Nigeria integrates multi-sectoral nutrition programming across its portfolio through its agriculture, health, nutrition, economic growth and environment sectors.
- The USAID/Rwanda Community Health and Improved Nutrition (CHAIN) project design includes multi-sectoral nutrition activities and is coordinated with the Health, Economic Growth, and Feed the Future Offices.
- USAID/Tanzania promotes the integration of WASH and nutrition-specific interventions across implementing mechanisms (see Box 5).

II.4. DOMAIN 4: MULTI-SECTORAL PROGRAMMING AND LEARNING

Definition: Promote and strengthen coordinated multi-sectoral efforts in implementing programs and learning for nutrition across sectors, as well as geographic convergence of multi-sectoral interventions/services to address the multiple causes of malnutrition.

Summary: In all 11 assessment countries, USAID participates in donor coordination to engage with partner governments in programming. Coordinated program implementation helps USAID leverage efforts across offices, stakeholders and geographic regions to create more comprehensive and integrated programming. Eight missions work directly with the partner governments at the national and/or community levels to coordinate nutrition programming. To identify gaps and entry points in processes and to share and learn from findings, USAID is coordinating internal data sharing and use. USAID is also coordinating with governments and other stakeholders. In three countries, USAID is working closely with the partner government to share nutrition data. For example, USAID/Guatemala is the coordinator of the technical working group for the Ministry of Health and other donors. USAID/Tanzania and USAID/Nepal have worked closely with the national governments to develop nutrition policies.

For this domain, the M&L Plan identifies two factors: (1) coordinated program implementation, and (2) coordinated use of data for learning. The assessment team collected information from USAID staff to document how they are coordinating multi-sectoral efforts in implementing programs and learning for nutrition across sectors.

II.4.A. COORDINATED PROGRAM IMPLEMENTATION

In order to jointly implement nutrition efforts, USAID is working across offices and sectors and with partner country governments and other stakeholders to coordinate nutrition programming. Means of coordination include (see [Annex D](#) for complete definitions) collaboration (Mali and Nepal), training (Bangladesh and Nigeria), nutrition working groups (Kenya, Nepal, Rwanda and Tanzania), co-located activities (Bangladesh, DRC, Ethiopia, Guatemala, Kenya, Nepal, Nigeria, Rwanda and Tanzania) and co-implemented activities (DRC, Ethiopia, Guatemala, Kenya, Mali, Nepal, Nigeria, Rwanda and Tanzania).

For example, USAID/Ghana is partnering with the Government of Ghana through a government-to-government mechanism, and USAID/Rwanda is coordinating with implementing partners and within USAID on the CHAIN project (see Box 6).

Box 6: USAID/Rwanda increases multi-sectoral programming and coordination

The USAID Community Health and Improved Nutrition (2014-2020) project, also known as CHAIN, aligns with the principles outlined in the MSNS by promoting coordination and collaboration in multi-sectoral nutrition programming. The project was explicitly designed as a multi-sectoral coordination and collaboration model, bringing together a set of activities across the economic growth, education and health sectors to achieve the USAID/Rwanda Development Objective 3: health and nutritional status of Rwandans improved, through IR3.2: increased utilization of quality health services/products by target populations and communities. CHAIN, which is managed by the Health Office, is a structured platform that has included 21 implementing mechanisms over time. CHAIN's project management team brings the project manager and the technical staff together to work on essential documents, including the project charter and annual workplan. There are monthly technical working group meetings, and the CHAIN team meets with implementing partners three times per year.

One key focus of CHAIN is the supply, production, distribution and consumption of nutritionally valuable foodstuffs. Some CHAIN activities aid in the production of locally available foodstuffs that have significant nutritional value, such as beans, orange-fleshed sweet potatoes and animal-sourced foods. These interventions are complemented by other CHAIN activities that focus on behavior change communication in communities, growth monitoring and promotion, and savings group approaches to create demand for and knowledge of how to purchase and prepare nutritious foodstuffs.

USAID/Rwanda commissioned a [Whole-of-Project Evaluation of CHAIN](#). The three hypotheses detailed below were developed by the CHAIN management team to understand how greater collaboration among CHAIN partners leads to better results.

<p><i>1. Greater coordination and collaboration leads to meeting or exceeding identified objectives, such as expanding coverage and improving quality of nutritious foods</i></p>	<p><i>Finding:</i> Collaboration and learning across implementing partners has led to an expanded number of households reached and improvements in the quality of WASH activities. Additionally, in regard to expanding coverage and improving quality of nutritious foods, one implementing partner reported distributing an additional 293 metric tons of seeds through other implementing partners.</p>
<p><i>2. Greater efficiencies will result in reduction in overall costs through sharing and coordination of resources</i></p>	<p><i>Finding:</i> Implementing partners participate in joint monitoring, consolidate training activities and pool resources to maximize their time and efficiency. These efforts reduce duplication and increase complementarity of activities.</p>
<p><i>3. Collaboration leads to stronger alignment and coherence in design, planning and “speaking with one voice”</i></p>	<p><i>Finding:</i> CHAIN helps implementing partners explain to government officials and authorities how its activities are synchronized and synergized. While early CHAIN collaboration was largely USAID-driven and many partners saw the collaboration as burdensome, 10 of 11 implementing partners reported the burden as low by the fourth quarter, with two implementing partners reporting it as valuable for making their work easier. The evaluation concludes that implementing partners are seeing the advantages of collaboration, and that CHAIN has facilitated considerable benefits and cost reductions (GH Pro, 45-51).</p>

II.4.B. COORDINATED USE OF DATA FOR LEARNING

The MSNS states that USAID will “engage in ongoing collaborative processes to update the learning agenda with emerging evidence, experiential learning and assessment of changing contexts, and ensure widespread dissemination of new evidence to support collaborative learning and adaptation” (USAID MSNS, page 33).

All USAID staff interviewed reported sharing monitoring, evaluation and learning data internally and/or with stakeholders from the partner government, implementing partners or other donors. They reported sharing various types of monitoring, evaluation and learning data across offices and teams, including nutrition data. Sharing of tools and findings has improved reporting, coordination and collaboration across offices. For example, sharing data allowed USAID/Kenya to identify a variance in nutrition indicator data sources in a comprehensive data quality assessment, which resulted in streamlined data collection methods across implementing partners to improve data quality.

Data are also used for joint activity design and decision-making. USAID/Nigeria shared findings on the nutritional value of select vegetables; these findings were widely incorporated into nutrition-specific and nutrition-sensitive programming among stakeholders.

USAID shares data with stakeholders such as partner country governments, implementing partners and other donors to improve information systems and program management. Examples include:

- USAID/Ethiopia reports that implementing partners are building government capacity to improve data systems and data-sharing practices.
- USAID/Ghana and USAID/Nepal build capacity of health workers to record data for outreach activities and improve data quality. Specifically, USAID/Ghana uses capacity building to improve data quality to inform decision-making around counseling, community outreach and home visit activities.
- USAID staff work closely with the national government to share nutrition data and learnings. For example, USAID/Guatemala coordinates technical working group meetings with the Ministry of Health and other donors. USAID/Tanzania and USAID/Nepal have worked with the national governments to develop nutrition policy.

II.5. DOMAIN 5: LEADERSHIP COORDINATION AND COLLABORATION

Definition: Partner with other U.S. Government agencies, bilateral and multi-sectoral donors, UN agencies, civil society, regional organizations and implementing partners to ensure coordinated multi-sectoral nutrition efforts and maximize the expertise and resources across organizations.

Summary: USAID has nutrition POCs or nutrition coordinators in place in all 11 assessment countries. Additionally, USAID participates with the SUN Donor Network in all 11 countries, demonstrating its commitment to external coordination. Likewise, USAID participation in Global Learning and Evidence Exchanges (GLEE) demonstrates a commitment to pursuing information that furthers its ability to lead, coordinate and collaborate to advance multi-sectoral nutrition.

For this domain, the M&L Plan identifies two factors: (1) mission-wide coordinated design and planning, and (2) coordination and collaboration across U.S. Government and global initiatives. Information collected from USAID staff are synthesized with secondary data sources, primarily from SUN. The synthesis in this domain includes information on internal mission coordination and collaboration and

how these processes relate to USAID's role in advancing multi-sectoral nutrition, as well as how USAID partnerships with other entities (e.g., U.S. Government agencies, UN agencies, donors, implementing partners, local entities) promote multi-sectoral coordination and collaboration.

Box 7: Examples of multi-sectoral programming and learning: USAID/Bangladesh and USAID/Guatemala nutrition strategies

Overview: The USAID/Bangladesh Nutrition Strategy (2016-2021) and USAID/Guatemala Nutrition Strategy (2018-2022) identify strategic priorities and opportunities for multi-sectoral nutrition programming. Strategies were guided by the MSNS in identifying nutrition-specific and nutrition-sensitive programming gaps and opportunities to reduce stunting and improve the nutritional status of women and children, with a focus on the first 1,000 days from pregnancy to a child's second birthday. Strategies also aim to improve multi-sectoral coordination, collaboration and future programming that cuts across nutrition determinants.

Development of nutrition strategies: USAID/Bangladesh and USAID/Guatemala engaged in thorough analyses of existing program investments and stunting determinants. Nutrition-sensitive programming in both strategies reflects and addresses the underlying causes of stunting and poor nutritional status in the country contexts, such as water and sanitation facilities and practices, women's education, the status of girls and women in the family, community and society, generation and allocation of household income (Guatemala) and child marriage and early first birth (Bangladesh).

USAID/Bangladesh developed a Results Framework, identified target groups and geographic focus areas, and summarized other development partners and government of Bangladesh funding priorities. This effort facilitated better coordination of nutrition efforts across USAID and consensus building around nutrition priorities to inform the CDCS development and future procurements.

USAID/Guatemala built on lessons learned from its review of the Western Highlands Integrated Program. Lessons that informed the strategy include the importance of improving coordination and collaboration among USAID activities/offices, having clear expectations for coordination and collaboration (e.g., reduce duplication, prioritize the most efficient activities and interventions), and identifying shared objectives across sectors.

Strategy recommendations on multi-sectoral nutrition coordination and collaboration:

USAID/Bangladesh: The strategy provides process recommendations to guide the design of new nutrition activities.

Examples include:

- Layer, sequence and integrate nutrition-specific and nutrition-sensitive interventions within and across existing USAID activities. For example, WASH, family planning and education activities could be layered and/or integrated with nutrition-specific activities (e.g., community-based management of acute malnutrition model, promotion of exclusive breastfeeding, growth monitoring sessions) within the same geographic area. The strategy also includes actions for implementing recommendations.
- Make explicit a multi-sectoral approach to delivering coordinated and consistent messaging on essential nutrition actions across health and agriculture activities. For example, joint training on and streamlining of messages between the Ministry of Health and Family Welfare and the Ministry of Agriculture; and use of USAID's agriculture-nutrition and other working groups.

USAID/Guatemala: The strategy provides recommendations for multi-sectoral nutrition coordination within USAID and among implementing partners. Examples include:

- Hold monthly nutrition and WASH committee meetings and an annual retreat, as well as quarterly global food and security intra-agency strategy meetings; develop annual USAID-wide nutrition workplan and encourage a collaborative review process; create knowledge management tools (e.g., indicator analysis matrix, activity maps) to assess gaps in multi-sectoral programming; make explicit expectations for cross-sector coordination (including the private sector) in procurement instruments, workplan processes and other entry points for integration (e.g., theories of change, existing indicators, new indicators to measure integration); and foster knowledge sharing throughout USAID.
- Hold semi-annual partners' meeting at USAID to share workplans and progress and encourage regular meetings among partners to continue coordination and collaboration at central and departmental levels; facilitate shared learning and knowledge among partners (e.g., implementing partner listserv, shared drive or webpage, knowledge management specialist); and coordinate with other USAID offices on experiences in and models to incentivize implementing partner collaboration.

II.5.A. MISSION-WIDE COORDINATED DESIGN AND PLANNING

USAID collaborates and coordinates internally to plan and design interventions and to enable reporting of the results of its efforts. Interviews with USAID staff from four of the assessment countries pointed to internal working groups or committees that oversee multi-sectoral nutrition work. For example, USAID/Guatemala reported having two such groups, a USAID/Guatemala-wide nutrition committee and a committee focused on the integration of nutrition and WASH.

Further evidence of internal coordination is evident in the degree to which USAID staff reported working across sectors. USAID staff reported coordination across sectors, including health and nutrition coordinating with WASH (DRC, Ghana, Guatemala, Nepal, Nigeria and Tanzania), agriculture (DRC, Ghana, Mali, Nigeria and Tanzania) and/or economic growth (Bangladesh, Ghana, Guatemala, Kenya and Rwanda). Other sectors with some coordination included social protection (Ghana), livelihoods (Ghana), education (Guatemala and Tanzania) democracy (Ghana, Guatemala and Nigeria) and sustainable landscapes (Bangladesh).

Coordinated design and planning at USAID is facilitated by active leadership. In all 11 assessment countries, USAID has designated a nutrition coordinator, nutrition POC or both. In eight of the assessment countries (Bangladesh, DRC, Ethiopia, Ghana, Guatemala, Nigeria, Rwanda and Tanzania), USAID has established nutrition POCs in more than one office and reported coordinating across multiple sectors. Leadership is facilitated by appropriate planning, and the MSNS suggests that USAID develop multi-sectoral nutrition action plans (MSNS, pg. 37). The assessment included questions about both multi-sectoral nutrition plan development and the design of a nutrition-specific monitoring, evaluation and learning (MEL) plan for activities that USAID is implementing. USAID/Guatemala, USAID/Rwanda and USAID/Tanzania have developed multi-sectoral nutrition action plans for internal use. USAID/Bangladesh and USAID/Guatemala have developed multi-sectoral nutrition strategies (see Box 7), and USAID/Rwanda has created a multi-sectoral nutrition MEL Plan for the CHAIN project.

II.5.B. COORDINATION AND COLLABORATION WORKING ACROSS U.S. GOVERNMENT AND GLOBAL INITIATIVES

When provided a pre-populated checklist of partnership types, USAID staff most frequently reported partnering with U.S. Government Feed the Future initiative and UNICEF (among international agencies). USAID is involved in the SUN Movement across partner governments and currently serves as a convener, co-convener or participant in all 11 assessment countries. In SUN countries, USAID aims to closely coordinate and advocate with nutrition partners, including other donors, UN agencies, government ministries and other stakeholders.

USAID staff in five countries (DRC, Ghana, Mali, Nepal and Tanzania) reported that GLEEs (series of regional and global workshops to assist Feed the Future partners to strengthen linkages between nutrition objectives and agricultural programs) were among the most useful resources available to them. The 2016 multi-sectoral nutrition GLEEs led by GH, BFS and FFP nutrition teams were important for coordination and collaboration across USAID, the U.S. Government and global initiatives. During Fiscal Year 2018, country planning for implementation of the U.S. Government Global Food Security Strategy also entailed substantial coordination and collaboration across U.S. Government agencies. This effort was led by USAID in countries with Feed the Future programming.

III. KEY LEARNINGS ON MSNS IMPLEMENTATION

The MSNS M&L Plan identifies two primary questions (each with sub-questions). The purposes of this first periodic assessment are to build on the learning underway at the country level and to help USAID staff and the Agency M&L Team adapt their strategies, programs and interventions to strengthen MSNS implementation and improve nutritional status in the countries in which USAID works.

III.I. WHAT IS THE CURRENT PROGRESS OF MSNS IMPLEMENTATION IN SELECT COUNTRIES MONITORED?

Summary: To respond to this question, the assessment team provides a descriptive snapshot of implementation of the MSNS in 2018 and the perspectives of USAID staff. The information presented is from structured interviews, online questionnaires and an analysis of the monitoring data examined in Section II, which is broadly described as:

- USAID aligns programming to country priorities (as defined at the national level) in different ways across countries, but overall applies a multi-sectoral approach (see Domain 2)
- USAID staff are developing strategies and other types of plans to strengthen the implementation of multi-sectoral nutrition programming (see Domain 5)
- The MSNS has provided an enabling environment for supporting multi-sectoral nutrition programs, such as serving as a resource for partner governments and USAID staff (see Learning Sub-Questions I.A and I.B)
- USAID is engaged in nutrition-specific and nutrition-sensitive programming (see Domain 3)

This section summarizes the analysis for the three sub-questions related to progress in implementing the MSNS in the 11 assessment countries.

- How has the MSNS influenced the way programs are designed and implemented in countries?
- To what extent has the MSNS contributed to mission capacity and processes, thereby creating an enabling environment?
- What are the challenges and opportunities for further supporting MSNS implementation?

III.I.A. HOW HAS THE MSNS INFLUENCED THE WAY PROGRAMS ARE DESIGNED AND IMPLEMENTED IN COUNTRIES?

In all 11 countries, USAID was implementing multi-sectoral nutrition programming (nutrition-sensitive and/or nutrition-specific) in line with partner government priorities before the MSNS was launched in 2014. Nevertheless, in most of the 11 USAID assessment countries, the MSNS has contributed to and influenced some combination of coordination, collaboration, activity implementation and design. It has also influenced the planning of existing and future nutrition-related interventions, and has served as a useful resource or guideline to USAID staff in nine countries. As mentioned in Domain 5, USAID/Bangladesh and USAID/Guatemala have developed internal, five-year nutrition strategies to guide USAID multi-sectoral nutrition investments and programming (see Domain 5). These strategies are fully aligned with the MSNS, as well as other initiative strategies (e.g., U.S. Government Global Food Security Strategy). Further detail on the influence of the MSNS can be found in Table 2.

Table 2: MSNS influence in multi-sectoral nutrition programming reported by USAID mission staff	Number of USAID missions
Contributes to government nutrition policy development	1
Supports government partner actions by promoting inclusion of food security across a range of ministries to bolster resilience, and by establishing nutrition/food security coordination bodies at national/sub-national levels. For example, the Ministry of Agriculture in one country is now taking a more active role in nutrition-sensitive programming and leveraging strategic partnerships.	2
Serves as a resource to country partners (e.g., MSNS is used by government partners in programming priorities and by local level coordinating committees)	3
Influences multi-sectoral nutrition programming efforts and has particularly informed nutrition-sensitive programming/integration	7
Endorses an organizing framework for multi-sectoral nutrition internally and externally	4
Serves as a basis for development of a USAID nutrition strategy	2
Serves as a useful resource and guideline to USAID staff (e.g., guides alignment with country nutrition goals, advocacy, programming and learning across offices; informs design of activities; provides reference points, structure and direction; facilitates internal and external coordination and communication and technical guidance, etc.)	8
Reinforces existing capacity and processes already in place	5
Influences participation in global forums	2

III. I. B. TO WHAT EXTENT HAS THE MSNS CONTRIBUTED TO MISSION CAPACITY AND PROCESSES, THEREBY CREATING AN ENABLING ENVIRONMENT?

The MSNS offers an endorsed organizing framework for ongoing multi-sectoral nutrition coordination, collaboration, programming and learning and provides USAID staff a reference point, structure and direction for multi-sectoral nutrition-sensitive programming.

USAID staff responded that the MSNS has contributed to coordination and collaboration across offices by providing considerations for structures and processes related to multi-sectoral nutrition programming. The MSNS has provided a structure for technical offices to meet and jointly plan, manage and implement nutrition-related activities and to provide technical peer support. Collaborative platforms such as technical working groups and the designation of nutrition coordinators and/or nutrition POCs in many technical offices have improved coordination and collaboration. USAID staff in two assessment countries mentioned the MSNS influenced their activities in the planning stage. USAID/Bangladesh reported that the MSNS has led to comprehensive nutrition planning across offices and, for USAID/Tanzania, the MSNS has facilitated joint planning and coordination with the government. In Bangladesh and Guatemala, USAID staff described intentionality in multi-sectoral nutrition programming and now have mission-wide multi-sectoral nutrition strategies to guide that process.

USAID staff are undertaking many of the efforts identified in the MSNS to optimize multi-sectoral nutrition investments. Table 3 reflects processes USAID has taken to implement the MSNS in the assessment countries. The items in Table 3 are a standard set of pre-selected actions identified by the Agency's Nutrition M&L Team for the purposes of this assessment.

Table 3: Processes undertaken to strengthen MSNS implementation

	Bangladesh	DRC	Ethiopia	Ghana	Guatemala	Kenya	Mali	Nepal	Nigeria	Rwanda	Tanzania
Designation of a nutrition coordinator			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
POC in the Program Office or other technical offices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MEL plan for multi-sectoral nutrition programming developed (e.g., for a project or activity)	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
USAID-funded implementing partners supported to develop multi-sectoral nutrition workplan			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Joint nutrition-related site visits conducted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Source: Questionnaire and interviews completed by USAID staff, 2018

In addition to USAID mission mechanisms, USAID/Washington nutrition POCs support planning and strategy development. They also provide specific in-country technical assistance on topics related to the MSNS. Many are working directly with USAID to develop action plans and resources to advance multi-sectoral programming (see Domain 5 for more information).

III. I.C WHAT ARE THE CHALLENGES AND OPPORTUNITIES FOR FURTHER SUPPORTING MSNS IMPLEMENTATION?

The MSNS serves as a guideline and can be difficult to operationalize, depending on the country context. USAID staff and partners regularly experience contextual challenges to multi-sectoral nutrition implementation. Some of these challenges were conveyed by USAID staff in six assessment countries during interviews. While they have managed to work around these challenges to an extent, they are not fully resolved. Some of these challenges include:

- **Coordination of stakeholders** (six respondents). For example, challenges in coordination:
 - across a large number of government ministries;
 - between nutrition-sensitive and -specific stakeholders;
 - between development and humanitarian domains;
 - across and within ministries (and to some extent development partners) when structures are siloed or systems are parallel or duplicative; and
 - across actors working at different administrative levels (from national to community levels, particularly in the humanitarian domain).
- **Insufficient or limited resources** (four respondents), namely budgets for nutrition (domestic, U.S. Government and both) and limited USAID staffing.
- **Limited capacity** (three assessment countries) of government and non-government systems to fulfill country commitments to multi-sectoral nutrition priorities.

Table 4 represents actions USAID staff identified as opportunities to further support the MSNS. Most of the USAID staff interviewed would like to develop action plans with their respective USAID/Washington nutrition POCs to identify additional opportunities (see Table 4). The items in Table 4 are a standard set

of actions identified by the Agency Nutrition M&L Team for the purposes of this assessment, unless otherwise indicated.

Table 4: Opportunities to further support MSNS implementation	
Bangladesh	→ Maximize synergies in research and knowledge management [†]
DRC	→ Designate a nutrition coordinator → Support USAID-funded implementing partners in developing a multi-sectoral nutrition workplan → Develop MEL plan for multi-sectoral nutrition programming (e.g., for project or activity)
Ethiopia	→ Develop MEL plan for multi-sectoral nutrition programming → Conduct post-assessment action planning with USAID/Washington nutrition POCs [†]
Ghana	→ Conduct joint nutrition-related field visits and leverage the sub-office in the Northern region to strengthen programming [†] → Conduct post-assessment action planning with USAID/Washington nutrition POCs [†]
Guatemala	→ Create and disseminate a map of nutrition activities across USAID-supported implementing partners [†] → Designate a nutrition coordinator → Increase current support to implementing partners to develop multi-sectoral nutrition workplan(s)
Kenya	→ Develop MEL plan for multi-sectoral nutrition programming (for integrated nutrition projects) → Support USAID-funded implementing partners in developing a multi-sectoral nutrition workplan
Mali	→ Designate a nutrition coordinator → Establish a nutrition POC in the program office or technical offices
Nepal	→ Develop MEL plan for multi-sectoral nutrition programming (for projects that integrate nutrition) → Conduct post-assessment action planning with USAID/Washington nutrition POCs [†]
Nigeria	→ Develop MEL plan for multi-sectoral nutrition programming (e.g., for projects that integrate nutrition) → Support USAID-funded implementing partners in developing multi-sectoral nutrition workplan(s) and budget(s), as needed [†] → Conduct joint nutrition-related site visits for integrated nutrition activities, where possible → Conduct post-assessment action planning with USAID/Washington nutrition POCs [†]
Rwanda	→ Identify best practices from CHAIN for application to the design or implementation of new activities [†] → Develop plan for strengthening district-level work [†] → Conduct post-assessment action planning with USAID/Washington nutrition POCs [†]
Tanzania	→ Include nutrition in next CDCS (2020-2024) [†] → Update the multi-sectoral workplan aligned with the USAID MSNS → Conduct joint nutrition-related site visits for integrated nutrition activities → Conduct post-assessment action planning with USAID/Washington Nutrition POCs [†]

[†] Denotes opportunity identified by USAID mission staff.

III.2. ARE THERE PLAUSIBLE LINKS BETWEEN THE PROCESSES AND IMPLEMENTATION INFLUENCED BY THE MSNS AND COUNTRY-LEVEL INDICATORS AT THE GOAL, STRATEGIC OBJECTIVE AND IR LEVELS?

Summary: While it is too soon to demonstrate that specific nutritional outcomes are attributable to implementing nutrition programming with a multi-sectoral focus, USAID should continue implementing the MSNS. Strengthening country capacity and commitment to implement multi-sectoral nutrition programming aligns with the global evidence base and the monitoring data collected for this assessment. Analysis of the data collected demonstrates that the countries facing challenges in implementing multi-sectoral nutrition programming (e.g., implementing to a moderate or lesser extent for one or more domains) are those that face operational challenges that go beyond nutrition (e.g., conflict or insecurity).

There remain opportunities to improve MSNS implementation. USAID nutrition-sensitive programming is prevalent in the countries where USAID works. However, there are few examples of USAID integrating girls' and women's education and nutrition-specific programming. While there are more examples of USAID integration of WASH and nutrition-specific programming, additional research and examination are required.

In this section, the key learnings are summarized by sub-question, and the assessment team's interpretation of the data collected during the assessment are shared. Multi-sectoral nutrition and nutrition-sensitive program planners and implementers should consider the findings alongside other available data for decision-making to strengthen internal efforts to implement multi-sectoral nutrition programming. The rubric developed for this assessment (see [Annex C](#)) defines the extent of implementation of the MSNS and can serve as a tool for action planning on how to strengthen implementation, and as a basis for comparison in the next periodic assessment.

III.2.A. WHAT DIFFERENCES IN INDICATORS ARE FOUND IN COUNTRIES WHERE THE MSNS HAS BEEN IMPLEMENTED TO A GREATER OR LESSER EXTENT?

There is no single measure for malnutrition; therefore, the M&L Plan identified a set of 10 indicators at the Goal and SO levels that measure chronic and acute malnutrition and associated determinants in countries where USAID works.² These indicators and the extrapolated values are included in [Annex B2](#).

Based on the data available, all of the assessment countries still have some facet of malnutrition to be addressed. To understand differences in the facets of malnutrition and across the set of indicators, the assessment team benchmarked the Goal and SO indicators for each participating country against the current global levels for which there are data (see Table 5). Wasting is less prevalent (than global levels) in eight of the 11 countries. In 10 countries, women are a healthy weight (when compared with global levels) and, for 10 countries, children under the age of 5 are overweight less than the global level. In 10 of the 11 countries, breastfeeding prevalence is above the global level.

Table 5: Nutritional status compared with the benchmark

INDICATORS (AVAILABLE)	Country indicator value relative to the global benchmark
Prevalence of stunting	2 countries are below the global level benchmark
Prevalence of wasting	8 countries are below the global level benchmark
Prevalence of overweight children under 5 years	10 countries are below the global level benchmark
Prevalence of anemia in children 6 to 59 months	2 countries are below the global level benchmark ¹
Prevalence of anemia among women of reproductive age relative to global level	5 countries are below the global level benchmark ¹
Prevalence of healthy weight among women of reproductive age	10 countries are above the global level benchmark
Prevalence of exclusive breastfeeding of infant, 0 to 5 months	10 countries are above the global level benchmark
Prevalence of minimum acceptable diet of children, 6 to 23 months	4 countries are above the global level benchmark

¹ Data are not available for two countries

The assessment team developed a rubric by domain that includes factors to examine both the extent to which USAID is implementing the MSNS and the country context. Utilizing this rubric and the data collected, the extent of implementation was assessed as greater, moderate or lesser.

Tables IA and IB in the previous section summarize the extent to which USAID is implementing nutrition-specific and nutrition-sensitive programming. As concluded above, USAID is targeting its nutrition-specific programming according to the country. There is evidence (quantitative and qualitative) to suggest that WASH activities (a key nutrition-sensitive programming intervention type) are being integrated into nutrition-specific programming. However, there is little evidence to suggest that education and nutrition-specific programming are being integrated despite the large number of learners who participate in USAID-funded programs.

² The indicator *Minimum dietary diversity for women of reproductive age* is not available in 2018.

In the 11 assessment countries, USAID is reaching 15 million learners (of which 46 percent are girls). This is a large number of children reached when compared with the 14 million children reached with nutrition-specific programming. Coordinating education programming with nutrition-specific and other nutrition-sensitive interventions is an opportunity to expand multi-sectoral nutritional programming. USAID could strengthen multi-sectoral nutrition programming when it co-locates, coordinates and collaborates its nutrition-specific and nutrition-sensitive programs with its education programming. To date, the integration of education as a sector into multi-sectoral programming appears to be limited in the 11 assessment countries. This may be because nutrition interventions focus on the first 1,000 days, while education interventions focus on school-age children. With the new U.S. Government Strategy on International Basic Education, there are opportunities for future integration in early childhood, including integration of nutrition into school curriculum.

For Domains 2 through 5, [Annex C](#) provides detailed descriptions of greater, moderate and lesser extent. Box 8 summarizes the description of what greater extent signifies.

Box 8: Summary of greater extent of implementation for Domains 2 through 5

Country Capacity and Commitment: Country demonstrates commitment in its policies, strategies and plans to nutrition outcomes and the capacity to scale effective, integrated multi-sector nutrition-specific and nutrition-sensitive interventions for all population groups, and USAID supports these country and community-led policies, strategies and plans.

Multi-Sectoral Design and Planning: USAID supports country-led processes for multi-sectoral nutrition program planning at all levels in close collaboration with governments, CSOs and the private sector across humanitarian and development contexts.

Multi-Sectoral Programming and Learning: USAID is promoting and strengthening coordinated multi-sectoral efforts in implementing programs for nutrition across sectors (as well as geographic convergence of multi-sectoral interventions/services to address the multiple causes of malnutrition); USAID is implementing multiple activities for both nutrition-sensitive and -specific programs; USAID is promoting and strengthening the coordinated use of multi-sectoral data and learning across offices/sectors.

Leadership Coordination and Collaboration: USAID partners (co-designs, co-funds, co-implements) with other U.S. Government agencies, bilateral and multilateral donors, UN agencies, civil society, regional organizations and implementing partners to ensure multi-sectoral nutrition efforts are coordinated, and expertise and resources are maximized, across organizations; note that coordination and collaboration with the partner government is under the other domains.

USAID works to build country capacity and government commitment to nutrition, helping partner countries progress on their development journeys to self-reliance. While all countries are implementing the MSNS, there is some variation in the extent. The countries that are implementing multi-sectoral nutrition programming to a greater extent are also the countries that have more indicators that are below the global levels for stunting, wasting, anemia and healthy weight of children and above the global levels for prevalence of healthy weight of women of reproductive age, breastfeeding and minimum acceptable diet of children 6 to 23 months.

For example, Guatemala has prevalence rates for wasting and anemia (for children and women of reproductive age) below global levels and prevalence of exclusive breastfeeding and minimum acceptable

diet of children above the global levels. Thus, while Guatemala continues to face challenges in stunting, it is implementing multi-sectoral nutrition programming and its current nutritional status reflects progress.

There are too few countries in this assessment to state a general pattern across USAID partner countries. Nevertheless, the data that are available suggest that country capacity and commitment to implement multi-sectoral nutrition programming is important to overall nutritional status.

III.2.B. WHAT APPROACHES TO IMPLEMENTATION CONTRIBUTE TO EQUITY AND GENDER EQUALITY?

USAID is integrating the guiding principle of equity and gender equality into its MSNS programming. Gender is a cross-cutting principle, and data were collected from USAID staff to assess these approaches. However, data collection across the domains was prioritized in the interviews, and in the next periodic assessment it may be possible to identify trends that indicate which approaches are contributing to equity and gender equality. According to USAID staff interviewed in three assessment countries (Mali, Nigeria and Tanzania) that demonstrate low rates of women participating in decision-making on major household purchases (<50 percent), targeted programming has been implemented to empower women and increase incomes through Feed the Future. For example, USAID/Nigeria has developed nutrition programming that involves men so that the responsibility for nutritional outcomes among women and children does not rest solely with the women in the households. In Tanzania, the Gender Integration Framework, which guides integration of gender into all programming, is used to aid implementing partners in developing approaches to achieve greater gender equality and women's empowerment to foster economic growth, poverty and hunger reduction, and improved nutrition.

Assessment countries with higher rates of women participating in major household decisions are also developing programming to address gender gaps related to nutritional outcomes. For example, USAID/Rwanda interventions target access to and consumption of nutritious foods to women. USAID/Bangladesh activities promote the development of technologies to address women's constraints to crop production and reduce their burden by saving them time and increasing their purchasing power.

IV. NEXT STEPS: APPLYING LEARNINGS THROUGH ACTION PLANNING

The MSNS provides a conceptual framework and recommended approaches to address the multi-factorial determinants of malnutrition. For several USAID missions, the process of collecting data for this periodic assessment helped launch internal discussions on USAID efforts to strengthen multi-sectoral nutrition planning.

There remain opportunities for USAID to strengthen internal and external coordination and collaboration across the domains to support country-led multi-sectoral nutrition programming. These opportunities include continuing to implement the approaches identified in the MSNS and examining opportunities to strengthen integration of nutrition-specific and nutrition-sensitive programming.

Collaborating with the USAID/Washington nutrition POCs, the assessment team helped launch a USAID internal action planning process to implement the opportunities identified as part of the assessment and from discussions with USAID staff. These action plans can contribute to further strengthening of multi-sectoral nutrition programming as USAID develops the CDCS in the assessment countries in the next few years.

While the action plan for each country is defined by the local context, there are some broad patterns in how USAID is already using the data documented during this periodic assessment. Specifically, USAID in-country staff and their counterparts in Washington are expanding the list of actions introduced in the MSNS to strengthen the integration of MSNS principles and directions into programming. These include:

- Expanding actions at the country level beyond the national government by leveraging sub-national offices or hubs to strengthen coordination at regional and district levels.
- Strengthening evidence use by regional and district governments and communities through the provision of technical assistance in monitoring and evaluation.
- Using the MSNS to generate learning agendas to organize research on multi-sectoral nutrition and evaluations of nutrition programming.

By continuing the ongoing monitoring of country context and incorporating participatory assessments into ongoing work processes, USAID can reach across technical sectors, organizational units and implementing partners to identify the most appropriate integration approach (see [Annex D](#)) for a particular context. In addition to internal coordination, USAID can further strengthen integration with partner governments and each country's non-governmental institutions.

USAID/Washington nutrition POCs will continue to support action planning and use the action plans to increase and focus their support to country offices.

ANNEXES

ANNEX A: MSNS COUNTRIES IN FISCAL YEAR 2018

Bangladesh	Malawi
Burkina Faso	Mali
Burundi	Mozambique
Cambodia	Nepal
Congo, Democratic Republic of	Niger
Ethiopia	Nigeria
Ghana	Rwanda
Guatemala	Senegal
Haiti	Tajikistan
Honduras	Tanzania
Kenya	Uganda
Lao PDR	Zambia
Liberia	Zimbabwe
Madagascar	

Note:

1. Countries highlighted in blue are the 11 selected for interviews with USAID staff.

ANNEX BI: DOMAIN DEFINITIONS AND CROSS-CUTTING PRINCIPLES

This document describes the domains and factors that will organize the analyses conducted during the three Periodic Assessment periods. The domains align with the Multi-Sectoral Nutrition Strategy (MSNS) Intermediate Results (IRs). The domains contain factors that are measured with qualitative methods and a subset of indicators. The domains and factors do not replace sub-IR indicators but are meant to track multi-sectoral processes and systems.

DOMAIN: NUTRITION SERVICE PROVISION & UTILIZATION (IR 1)

Presence and reach of nutrition-specific services to address the immediate determinants of malnutrition and nutrition-sensitive programs to address the underlying and systemic causes of malnutrition.

Factors:

- Presence and reach of nutrition-specific services
- Presence and reach of nutrition-sensitive programming

DOMAIN: COUNTRY CAPACITY AND COMMITMENT (IR 2)

Support country and community-led policies, strategies and processes. USAID will partner with governments, civil society, private sector, researchers and universities and other stakeholders to leverage resources, promote coordinated multi-sectoral actions and advance country priorities.

Factors:

- Support to country capacity and ownership
- Policy
- Government human resources
- Government budget
- Non-governmental institutions' capacity

DOMAIN: MULTI-SECTORAL DESIGN AND PLANNING (IR 3)

Promote and strengthen coordinated multi-sectoral efforts in design and planning for nutrition across sectors (health, agriculture, water, sanitation and hygiene [WASH], environment, early child care and development, education, economic growth and social protection) as well as geographic convergence of multi-sectoral interventions/services to address the multiple causes of malnutrition. Coordination is defined as the aim of exchanging information and altering activities for mutual benefit and to achieve a common purpose for nutrition.

Factors:

- Structures for cross-sector coordination and collaboration
- Coordinated program design and planning
- Integration of nutrition-specific and -sensitive programs

DOMAIN: MULTI-SECTORAL PROGRAMMING AND LEARNING (IR 3)

Promote and strengthen coordinated multi-sectoral efforts in implementing programs and learning for nutrition across sectors (health, agriculture, WASH, environment, early child care and development, education, economic growth and social protection) as well as geographic convergence of multi-sectoral interventions/services to address the multiple causes of malnutrition. Coordination is defined as exchanging information and altering activities for mutual benefit and to achieve a common purpose for nutrition.

Factors:

- Coordinated program implementation
- Coordinated use of data for learning

DOMAIN: LEADERSHIP COORDINATION AND COLLABORATION (IR 4)

Partner with other U.S. Government agencies, bilateral and multi-sectoral donors, UN agencies, civil society, regional organizations and implementing partners to ensure coordinated multi-sectoral nutrition efforts and maximize the expertise and resources across organizations. (Coordination: Exchanging information and altering activities for mutual benefit and to achieve a common purpose. Collaboration: Exchanging information, altering activities, sharing resources and enhancing one another's capacity for mutual benefit and to achieve a common purpose).

Factors:

- Mission-wide coordinated design and planning
- Coordination and collaboration working across U.S. Government and global initiatives

CROSS-CUTTING GUIDING PRINCIPLES

Equity: Commit to reaching urban and rural populations, ensuring coverage for the poor and hard to reach regardless of gender, class, caste, ethnicity or sexual orientation.

Gender equality and female empowerment: Support the core development objective of promoting gender equality: working with women, girls, men and boys to support change in attitudes, behaviors, roles and responsibilities at home, in the workplace and in the community; and female empowerment: promoting the ability of women and girls to act freely, exercise their rights and fulfill their potential as full and equal members of society. USAID programs will be designed with a gender lens and a focus on improving women's nutritional status.

Vulnerable groups: Target resources and programs to the most vulnerable populations including women of reproductive age, pregnant and lactating women and their children in the first two years of life (the 1,000-day window of opportunity), children under 5, children in adversity, adolescent girls, people with disabilities, people with infectious diseases, people with nutrition-related non-communicable diseases, people impacted by humanitarian crises and people living in extreme poverty.

Sustainable approaches: Support country capacity development, systems strengthening and cost-effective approaches to help ensure nutrition improvements are sustainable over time.

Accountability and transparency: Commit to ensuring openness and full, accurate and timely disclosure of information and communication on a regular basis.

Resilience: Support programs and policy actions that ensure the ability of people, households, communities, countries and systems (social, economic, ecological and other) to mitigate, adapt to and recover from shocks and stresses in a manner that reduces chronic vulnerability and facilitates inclusive growth. These efforts will focus on people and places at the intersection of chronic poverty and exposure to shocks and stresses who are subject to recurrent crisis.

Evidence-based: Support evidence-based nutrition programming based on rigorous research and field application; strengthen evaluation and learning; increase the documentation of implementation successes and failures; and disseminate best practices and apply lessons learned throughout the Agency and global nutrition community.

Engagement with the private sector: Promote the substantial engagement of the private sector globally and in countries and support increased coordination between the public and private sectors.

ANNEX B2: M&L PLAN QUANTITATIVE INDICATORS, FISCAL YEAR 2018

Indicator Ref. No.	Indicator Name	Source	Global Levels	Bangladesh	DRC	Ethiopia	Ghana	Guatemala	Kenya	Mali	Nepal	Nigeria	Rwanda	Tanzania
Goal: Improve nutrition to save lives, build resilience increase economic productivity and advance development														
G1.1	Prevalence of stunting among children under five in USAID-supported countries	DHS	22%*	30.2%	41.2%	36.2%	14.4%	45.4%	20.4%	27.0%	34.1%	44.8%	34.6%	32.2%
G1.2	Prevalence of wasting among children under five in USAID-supported countries	DHS	7.5%*	12.7%	6.9%	9.8%	3.2%	0.5%	2.6%	9.0%	9.1%	23.3%	1.9%	4.3%
G1.3	Prevalence of overweight among children under five in USAID-supported countries	DHS	5.6%*	1.3%	3.4%	4.9%	1.6%	4.4%	3.7%	1.5%	1.5%	1.8%	8.4%	4.1%
G1.4	Prevalence of anemia among children 6-59 months in USAID-supported countries	DHS	41.7%†	51.3%	54.0%	62.9%	58.4%	32.4%	Not Reported	81.8%	55.5%	Not Reported	35.6%	57.4%
G1.5	Prevalence of anemia among women of reproductive age in USAID-supported countries	DHS	38.2%*	42.4%	32.0%	27.2%	34.1%	13.6%	Not Reported	63.4%	43.4%	Not Reported	20.4%	46.5%
G1.6	Prevalence of healthy weight among women of reproductive age in USAID-supported countries	DHS	48.9%**	55.4%	69.4%	71.1%	49.1%	43.7%	55.1%	71.5%	57.8%	62.1%	70.4%	60.5%
Strategic Objective: Scale up effective, integrated, nutrition-specific and sensitive interventions, programs and systems across humanitarian and development contexts														
SO1.1	Prevalence of exclusive breastfeeding of infants 0-5 months in USAID-supported countries	DHS	41.0%*	45.4%	55.7%	59.9%	46.3%	56.2%	100.0%	40.0%	64.7%	23.1%	88.8%	61.6%
SO1.2	Prevalence of minimum acceptable diet of children 6-23 months in USAID-supported countries	DHS	16.0% ‡	25.6%	5.9%	9.2%	6.8%	52.1%	13.8%	8.0%	41.9%	10.2%	18.9%	6.5%
SO1.3	Minimum dietary diversity for women of reproductive age (MDD-W) in USAID-supported countries	DHS		New indicator for DHS, data pending										
SO1.4	Prevalence of moderate or severe hunger	FAO		33.5%	73.3%	48.4%	48.9%	44.7%	57.9%	17.9%	21.2%	52.7%	34.7%	49.9%
IR1: Increased equitable provision and utilization of high-quality nutrition services														
IR1.1	Percentage of women who took iron tablets or syrup during most recent pregnancy for at least 90 days	DHS		Not Reported	8.4%	14.1%	75.4%	29.3%	18.1%	18.4%	78.0%	29.0%	5.8%	39.1%
IR1.2	Percentage of children 6-59 months who were given vitamin A supplements in the past six months	DHS		59.3%	81.4%	41.7%	70.3%	49.7%	100.0%	53.9%	80.8%	66.1%	82.7%	36.3%
IR1.3	Number of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported nutrition programs (HL.9-1)	PPR		1,054,628	1,179,260	2,891,197	1,369,841	200,766	1,307,052	2,478,350	1,755,907	79,159	647,357	v
IR1.4	Number of children under five who were admitted for treatment of moderate acute malnutrition (HL.9-1f; Disaggregate of HL.9-1)	PPR		Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	0	62,280	Not Reported	Not Reported	6,476	Not Reported
IR1.5	Number of children under five who received treatment for severe acute malnutrition (HL.9-1e; Disaggregate of HL.9-1)	PPR		452	Not Reported	Not Reported	Not Reported	Not Reported	0	67,066	Not Reported	Not Reported	388	Not Reported
IR1.6	Number of children under five who received zinc supplementation during episode of diarrhea (HL.9-1c; Disaggregate of HL.9-1)	PPR		307,836	Not Reported	Not Reported	Not Reported	Not Reported	187,481	Not Reported	597,326	Not Reported	Not Reported	Not Reported
IR1.7	Number of children under five whose parents/caretakers received behavior change communication interventions that promote essential infant and young child feeding behaviors (HL.9-1a; Disaggregate of HL.9-1)	PPR		1,054,628	Not Reported	Not Reported	Not Reported	Not Reported	316,182	503,777	606,059	Not Reported	435,822	Not Reported
IR1.8	Number of pregnant women reached with nutrition-specific interventions through USG-supported programs (HL.9-3)	PPR		990,824	177,162	1,327,996	548,561	37,686	316,182	410,595	403,565	44,705	67,731	310,986
IR1.9	Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs (HL.9-2)	PPR		108,407	866,946	1,328,314	171,716	69,342	215,530	422,405	598,811	90,404	199,615	400,000
IR1.10	Number of learners in primary schools or equivalent non-school based settings reached with USG education assistance (ES.1-3)	PPR		394,467	1,071,584	3,322,454	4,483,898	725,894	3,263,441	56,720	323,811	654,150	773,847	827,498
IR1.11	Percentage of children age 12-23 months with all basic vaccines	DHS		81.0%	56.7%	46.3%	76.2%	58.9%	73.4%	45.0%	74.4%	28.2%	94.1%	75.2%
IR1.12	Couple years protection in USG-supported programs (HL.7.1-1)	PPR		6,977,766	385,587	7,049,095	2,603,306	62,560	1,273,366	861,361	2,173,871	2,041,552	1,077,842	5,330,766
IR1.13	Percentage of female direct beneficiaries of USG nutrition-sensitive agriculture activities consuming a diet of minimum diversity (EG.3.3-10)	PPR		Not Reported	18.0%	0%	Not Reported	65%	47%	Not Reported	Not Reported	Not Reported	36%	6316%
IR1.14	Number of female direct beneficiaries participating in USG nutrition-sensitive agriculture activities (EG.3.3-10a; Disaggregate of EG.3.3-10)	PPR		Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	63
IR1.15	Number of people gaining access to a basic sanitation service as a result of USG assistance (HL.8.2-2)	PPR		51,168	269,678	228,772	97,119	Not Reported	387,933	10,728	18,316	Not Reported	225,154	341,722
IR1.16	Percentage of households with soap and water at a handwashing station commonly used by family members (HL.8.2-5)	PPR		Not Reported	Not Reported	Not Reported	Not Reported	95.0%	Not Reported	Not Reported	Not Reported	Not Reported	28.0%	Not Reported

Indicator Ref. No.	Indicator Name	Source	Global Levels	Bangladesh	DRC	Ethiopia	Ghana	Guatemala	Kenya	Mali	Nepal	Nigeria	Rwanda	Tanzania
IR2: Increased country capacity and commitment to nutrition														
IR2.1	Hunger and Nutrition Commitment Index (HANCI): 0 = no budgets or where no confirming information could be found; 0.5 = sectoral budgets for nutrition; 1 = separate budget line for nutrition	HANCI		1.0	1.0	1.0	0.5	1.0	1.0	1.0	1.0	0.5	1.0	0.5
IR2.2	A national multi-sectoral nutrition plan or policy is in place that includes responding to emergency nutrition needs (HL.9-5)	PPR		1.0	Not Reported	0.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
IR2.3	Number of individuals receiving nutrition-related professional training through USG-supported programs (HL.9-4)	PPR		15,669	351	67,152	1,759	13,582	4,250	6,087	32,143	236,971	9,974	288
IR2.4	Hunger and Nutrition Commitment Index (HANCI): Has there been a Demographic and Health Survey / Multiple Indicator Cluster Survey /comparable national nutrition survey in the past three years	HANCI		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
IR3: Increased multi-sectoral programming and coordination for improved nutrition outcomes														
IR3.1	Hunger and Nutrition Commitment Index (HANCI): Presence of a multi-sectoral and multi-stakeholder coordination mechanism -- Yes/No	HANCI		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cross-cutting Guiding Principles														
CG1.1	Percentage of women participating in decisions on major household purchases	DHS		63.8%	71.2%	83.6%	82.8%	81.9%	77.4%	17.1%	51.4%	37.6%	74.4%	48.7%
CG1.2	Percentage of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income or employment) (Standard F GNDR-2)	PPR		88.0%	Not Reported	43.0%	Not Reported	Not Reported	46.4%	66.2%	65.6%	25.0%	73.8%	82.0%

Sources of Global Level Data:

- * Global Nutrition Report
- ** Estimate, Global Nutrition Report
- † World Bank Open Data
- ‡ UNICEF

Data Notes:

- 1) If data were available in the respective source at the time of retrieval, they have been included in this summary.
- 2) FAO data is reported for 2014.
- 3) IR4 is not included because it does not utilize quantitative data.
- 4) Retrieval dates by source are: DHS:3/28/2019 FAO: 3/15/2019 HANCI: 2/27/2019 PPR: 3/28/2019
- 5) Not Reported indicates that data for the corresponding indicator were not reported in the given timeframe for the stated source.
N.B. For national-level indicators that are not reported, the country government may have current data available.
- 6) Zero values indicate a value of zero, as opposed to an absence of data.
- 7) Where two DHS data points exist, reported values were extrapolated, so that indicator values are available across all sources for the current assessment period. In instances where only one DHS data point was available, that value was carried forward.
 - (a) None Available indicates that no DHS report exists for this country.
 - (b) DHS data reported may not be reflective of USAID-specific programming. For questions about mission-specific programming, please consult the appropriate nutrition POC.

PPR Acronyms:

- EG - Economic Growth
- ES - Education and Social Services
- HL - Health
- Standard F GNDR - Standard Foreign Assistance Indicator Gender

ANNEX C: RUBRIC FOR ANALYSIS (LEARNING QUESTION 2)

Domain - Country Capacity and Commitment				
Criterion: Country demonstrates commitment in its policies, strategies and plans to nutrition outcomes and the capacity to scale effective, integrated multi-sector nutrition-specific and -sensitive interventions for all population groups and USAID supports these country and community-led policies, strategies and plans				
Source	Who?	Greater Extent	Moderate Extent	Lesser Extent
Support and policy	Government	The country has in place a multi-sectoral nutrition strategy or national action plan; is involved in the SUN movement; has updated the plan at least once across governments and involved domestic civil society in the process; and has linked to the related SDGs this effort.	The country has in place some of the mechanisms for multi-sectoral collaboration, but stakeholders report challenges and limitations in implementation.	The country has a nutrition strategy that is out of date or not regularly updated or monitored, or very regime/administration-focused or donor-led.
Support and human resources	Government	The country has operationalized the implementation of the strategy through a cross-ministerial technical working group and/or donor coordinating working group, ministerial level agency/office; has allocated staff and resources (a national coordinator); and has structures in place to implement across the country (equity and vulnerable populations).	The country is leading implementation, but relies significantly on donors for decision-making and or funding.	Multi-sectoral implementation may be occurring and operationalized, but it is donor-led.
Budget	Government	The country has a nutrition budget in place that is part of is medium-term and/or long-term expenditure framework. The government has the mechanisms in place to track against the budget (e.g., execution) and/or link results to performance.	The country has a nutrition budget in place, but no real mechanisms for monitoring.	There is no separate budget.

Domain - Country Capacity and Commitment

Criterion: Country demonstrates commitment in its policies, strategies and plans to nutrition outcomes and the capacity to scale effective, integrated multi-sector nutrition-specific and -sensitive interventions for all population groups and USAID supports these country and community-led policies, strategies and plans

Source	Who?	Greater Extent	Moderate Extent	Lesser Extent
NGO institutional capacity	Local partners	There is a civil-society movement and multiple organizations engaged as stakeholders in multi-sectoral nutrition programming, with a diversity of voices, equity and vulnerable populations.	There is a civil-society movement and multiple organizations but they are bolstered primarily by international organizations.	Civil-society stakeholders are constrained, whether due to an emergency/conflict situation or government controls.
Personnel or support	USAID	USAID participates in the donor coordinating working group that is led by the government.	USAID participates in a donor coordinating working group that is nominally led by the government.	USAID and other donors are the primary actors for implementing multi-sectoral nutrition programming.
	USAID	USAID is engaged in capacity-building efforts that are focused on multi-sectoral nutrition programming in line with the country's national plan.	USAID engages in capacity-building efforts according to either a donor coordinating group work plan or its internal strategy, but USAID and its partners operate parallel to government structures.	USAID efforts are parallel to government structures and more targeted to emergency response. Sustainable approaches are not necessarily prioritized.

Domain: Design and Planning

Criterion: USAID supports country-led processes for multi-sectoral nutrition program planning at all levels in close collaboration with governments, CSOs and the private sector across humanitarian and development contexts

Source	Who?	Greater Extent	Moderate Extent	Lesser Extent
SUN/interviews	Government	The government established a national multi-sectoral nutrition committee, council, etc., that works actively to ensure that nutrition programming is multi-sectoral and/or includes nutrition-sensitive interventions.	The government established a national multi-sectoral nutrition committee, council, etc., that works ad hoc to ensure that nutrition programming is multi-sectoral and/or includes nutrition sensitive interventions.	The government established a national multi-sectoral nutrition committee, council, etc., that has not been operationalized OR the government has yet to establish a nutrition committee, council, etc.
SUN/interviews	Government	The government-established nutrition committee, council, etc., includes representatives from all relevant, nutrition-sensitive ministries.	The government-established nutrition committee, council, etc., includes representatives from a few of the relevant, nutrition-sensitive ministries	The government has yet to establish or operationalize a nutrition committee, council, etc.
SUN/interviews	Government	The government has an established budget line for nutrition that is funded and functions at a national and sub-national level.	The government has an established budget line for nutrition that is funded and functions primarily or completely at a national level.	The government has an established budget line for nutrition that has not been funded OR has no established budget line for nutrition.
SUN/interviews	Government	A donor coordination group exists and meets regularly to discuss multi-sectoral nutrition programming; The government works to ensure that donors and other domestic multi-sectoral nutrition stakeholders are designing multi-sectoral programs in a way that is efficient and effective through the donor coordination	A donor coordination group exists and meets ad hoc to discuss multi-sectoral nutrition programming. The government attempts to manage donors and stakeholders through the donor coordination group; multi-sectoral program design is somewhat coordinated, but	A donor coordination group does not exist or exists and does not meet to discuss multi-sectoral nutrition programming; The government does not currently work to coordinate donors and stakeholders; multi-sectoral program design is not coordinated well.

Domain: Design and Planning

Criterion: USAID supports country-led processes for multi-sectoral nutrition program planning at all levels in close collaboration with governments, CSOs and the private sector across humanitarian and development contexts

Source	Who?	Greater Extent	Moderate Extent	Lesser Extent
		group.	effectiveness of coordination could improve.	
Interviews	Government	The government regularly reviews government AND donor-led multi-sectoral nutrition programming in order to inform future activities and/or programming.	Irregular government review of government AND/OR donor-led multi-sectoral nutrition programming; some information shared in order to inform future activities and/or programming	Little to no government review of government and donor led multi-sectoral nutrition programming with little to no information shared in order to inform future activities and/or programming
SUN/interviews	Government	Technical working group exists and meets regularly to share data and coordinate design of future programming across stakeholders.	Technical working group exists and meets ad hoc to share data and coordinate design of future programming across stakeholders.	Technical working group does not exist or exists and does not meet to share data and coordinate design of future programming across stakeholders.
SUN/interviews	Government	Technical working group is composed of sub-teams associated with a variety of nutritional issues to ensure all relevant nutritional areas are represented in design.	Technical working group does not have sub-teams that focus on a variety of nutritional issues to ensure all relevant nutritional areas are represented in design.	Technical working group does not have sub-teams that focus on a variety of nutritional issues to ensure all relevant nutritional areas are represented in design.
SUN/interviews	Government	Donor coordination group AND technical working group work to co-locate multi-sectoral nutrition programming geographically.	Donor coordination group OR technical working group work to co-locate multi-sectoral nutrition programming geographically	Neither the donor coordination group nor the technical working group work to co-locate multi-sectoral nutrition programming geographically.
Interviews	USAID	USAID always participates or plays an active role in the donor coordination group.	USAID sometimes participates or plays an active role in the donor coordination group.	USAID rarely/never participates or plays an active role in the donor coordination group.

Domain: Design and Planning

Criterion: USAID supports country-led processes for multi-sectoral nutrition program planning at all levels in close collaboration with governments, CSOs and the private sector across humanitarian and development contexts

Source	Who?	Greater Extent	Moderate Extent	Lesser Extent
SUN/interviews	USAID	Nutrition program design between government, donors (including USAID) and other stakeholders is always multi-sectoral/nutrition-sensitive as well as nutrition-specific.	Nutrition program design between government, donors and other stakeholders is sometimes multi-sectoral/nutrition-sensitive as well as nutrition-specific.	Nutrition program design between government, donors and other stakeholders is rarely or never multi-sectoral/nutrition-sensitive as well as nutrition-specific.
Interviews	USAID	USAID always participates or plays an active role in the technical working group.	USAID sometimes participates or plays an active role in the technical working group.	USAID rarely or never participates or plays an active role in the technical working group.

Domain: Multi-sectoral Programming and Learning				
Source	Who?	Greater Extent	Moderate Extent	Lesser Extent
Criterion: USAID is promoting and strengthening coordinated multi-sectoral efforts in implementing programs for nutrition across sectors (as well as geographic convergence of multi-sectoral interventions and services to address the multiple causes of malnutrition.				
CS: Coordinated program implementation, coordinated design and planning	USAID	USAID is engaged in co-implementation or co-location across a variety of stakeholder types including at a minimum: (1) the partner government, (2) at least one other agency or organization (e.g., other U.S. Government agencies, UN agencies, civil-society or private-sector organizations, other donors) and (3) multiple USAID offices.	USAID is engaged in co-implementation or co-location across two or more USAID offices and the partner government.	USAID is engaged in co-implementation or co-location across two or more USAID offices but not with external stakeholders.
CS: Country capacity and ownership; government human resources	Partner government	The partner government has created a nutrition coordinator role or steering committee (or other platform) to oversee integrated multi-sectoral nutrition programming and the government's coordination with USAID and other donors.	The partner government plans on creating a nutrition coordinator role or steering committee (or other platforms). However, the description and responsibilities of the platform have not been clearly identified yet.	The partner government currently does not have a well-formed intention to create a platform to oversee multi-sectoral nutrition programming.
Criterion: USAID is implementing multiple activities for both nutrition-sensitive and -specific programs				
CS: Operating structures	USAID	Both nutrition-specific and -sensitive programming are being implemented in multiple activities across sectors and programming areas (as necessitated by the country context).	Both nutrition-specific and -sensitive programming are being implemented across a few of the relevant sectors and programming areas.	Only nutrition-specific or -sensitive programming is being implemented.

Domain: Multi-sectoral Programming and Learning				
Source	Who?	Greater Extent	Moderate Extent	Lesser Extent
CS: Country capacity and ownership, integration of nutrition-specific and -sensitive programming	Partner government	There is a range of ministries in the partner government (not limited to health) that are actively involved in nutrition programming. The partner government is also engaged on multiple levels in support of nutrition programming.	The partner government is only involved through the health ministry in nutrition programming, but is actively and effectively engaged on a variety of levels.	The partner government is not implementing nutrition-specific programming.
Criterion: USAID is promoting and strengthening the coordinated use of multi-sectoral data and learning across offices and sectors				
CS: Coordinated use of data and learning	USAID	USAID engages in the use of monitoring data across multiple USAID offices, with the partner government, and at least one other entity (e.g., U.S. Government agencies, other donors, civil-society or private-sector organization), and either shares information or engages in learning opportunities with monitoring partners, at least biannually.	USAID engages in the use of monitoring data across at least two USAID offices, and with the partner government, but with no other external stakeholders, and shares information or engages in learning activities annually.	USAID engages in discrete use of monitoring or evaluation data across at least two USAID offices, but does not engage in data activities with the partner government or other external stakeholders. Data are shared between offices.
CS: Coordinated use of data and learning, country capacity and ownership	Partner government	The partner government has a health information system to which data are being reported and USAID intends to use those data for its own reporting (even in spite of challenges).	The partner government has a health information system to which data are not reported to reliably, but is in the process of strengthening use of the system or the partner government's health information system is in need of upgrade, but clinics are committed to the system's use.	The partner government either has no health information system or has a health information system sufficiently out of date as to be of little use, and health clinics and practitioners are not committed to its use.

Domain: Leadership Coordination and Collaboration			
Criterion: USAID partners (co-designs, co-funds, co-implements) with other U.S. Government agencies, bilateral and multilateral donors, UN agencies, civil society, regional organizations and implementing partners to ensure multi-sectoral nutrition efforts are coordinated and the expertise and resources are maximized across organizations [note coordination and collaboration with the partner government is under the other domains]			
Source	Greater Extent	Moderate Extent	Lesser Extent
CS: Leadership coordination and collaboration	USAID has several structures and processes in place that are formally and regularly used to coordinate and collaborate across offices, such as meetings, working groups, mission orders, joint mapping, program cycle processes, (e.g., integrated or joint portfolio reviews, MCST, joint field visits, etc.).	USAID has some structures and processes in place that are formally and regularly used, but that don't fully meet its needs for coordination and collaboration.	USAID has mostly or only informal structures and processes that don't meet its needs for coordination and collaboration.
CS: Leadership coordination and collaboration	USAID multi-sectoral nutrition activities demonstrate a combination of the following scenarios to ensure that resources and expertise are maximized and duplication is minimized across offices: co-designed, co-located, co-implemented, co-funded	USAID multi-sectoral nutrition activities demonstrate at least one of the following scenarios to ensure that resources and expertise are maximized and duplication is minimized across offices: co-designed, co-located, co-implemented, co-funded	USAID multi-sectoral nutrition activities are not co-designed, co-located, co-implemented or co-funded across offices
CS: Leadership coordination and collaboration	USAID partners with all or most existing actors to exchange information, share resources and/or enhance one another's capacity for mutual benefit and to achieve a common purpose	USAID partners with many existing actors, but there are still opportunities to partner with others	USAID partners with few existing actors or does not partner with any existing actors
CS: All domains	Coordination and collaboration are systematic, such that structures or processes are in place and used for formal, regular coordination and collaboration	Coordination and/or collaboration occur(s), but is mostly ad hoc with some reported limitations or challenges to being systematic	Coordination and collaboration are infrequent, ad hoc or non-existent and impeded by challenges or limitations

Domain: Leadership Coordination and Collaboration

Criterion: USAID partners (co-designs, co-funds, co-implements) with other U.S. Government agencies, bilateral and multilateral donors, UN agencies, civil society, regional organizations and implementing partners to ensure multi-sectoral nutrition efforts are coordinated and the expertise and resources are maximized across organizations [note coordination and collaboration with the partner government is under the other domains]

Source	Greater Extent	Moderate Extent	Lesser Extent
CS: All domains	USAID leads as well as actively participates in coordination and collaboration efforts with partners	USAID either leads or participates in coordination and collaboration efforts with partners, but does not do both	USAID is not a recognized leader or active participant in coordination and collaboration efforts with partners
CS: All domains	USAID multi-sectoral nutrition activities demonstrate a combination of the following scenarios with relevant partners to ensure that resources and expertise are maximized and duplication is minimized across organizations: co-designed, co-located, co-implemented, co-funded	USAID multi-sectoral nutrition activities demonstrate at least one of the following scenarios to ensure that resources and expertise are maximized and duplication is minimized across organizations: co-designed, co-located, co-implemented, co-funded	USAID multi-sectoral nutrition activities are not co-designed, co-located, co-implemented or co-funded across organizations

ANNEX D: SPECTRUM OF INTEGRATION

Siloes	Cooperation	Co-location	Coordination	Collaboration	Convergence
<ul style="list-style-type: none"> Independent activity No substantial interactions with other activities / projects Unaware of activities / projects 	<ul style="list-style-type: none"> Activities / projects operate individually & only interact to share information Independent decision making Not necessarily structured Opportunistic 	<ul style="list-style-type: none"> Different activities implemented in the same location or population groups Assumes target group can hear messages, learn skills, or receive inputs from more than one sector Uncoordinated design 	<ul style="list-style-type: none"> Common elements but implemented separately Clear roles Frequent communication Design stage Formal agreements to coordinate Joint planning tools Common and sector specific indicators 	<ul style="list-style-type: none"> Intra & cross sectoral activities implement complementary activities Common goal Shared decision making Shared accountability Coordination & planning structures & tools – int/external Management structure Contractual Common & sector specific indicators Common learning agenda 	<ul style="list-style-type: none"> One activity implemented across sectors to the same target group in a shared target area Can be across multiple activities, targeting same households or communities Fully blended cross-sectoral planning Shared resources Contractual – early commitment Common & sector specific indicators Common learning agenda
Distinct funding stream	Distinct funding stream	Distinct funding stream	Separate funding stream	Co-funding / comingling	Co-funding / comingling
Activity	Activity	Activity	DO, IR, project	Project, activity	IR, activity level, across multiple awards

ANNEX E: SOURCES

International Organizations and UN Agencies

- Development Initiatives, 2018. 2018 Global Nutrition Report: Shining a light to spur action on nutrition. Bristol, UK: Development Initiatives. [Accessed: June 21, 2019: <https://globalnutritionreport.org/reports/global-nutrition-report-2018/>]
- World Health Organization, 2018. “Chapter 2: The burden of malnutrition” in Global Nutrition Report 2018. [Accessed: 3/17/2019: <https://globalnutritionreport.org/reports/global-nutrition-report-2018/burden-malnutrition/>] Note: report utilized to provide global prevalence rates.

SUN Movement

- 2016 or 2017 Country Profile for all countries [Accessed: June 21, 2019: <https://scalingupnutrition.org/sun-countries/about-sun-countries/>]
- Joint Annual Assessment for all countries [Accessed: June 21, 2019: <https://scalingupnutrition.org/progress-impact/sun-movement-annual-progress-report/>]

United States Agency for International Development

- Bangladesh 2016-2021 Nutrition Strategy, 2015 [Internal Document]
- CDCs for all 11 countries [Accessed: June 21, 2019: <https://www.usaid.gov/results-and-data/planning/country-strategies-cdcs>]
- Country Nutrition Profiles [Accessed 3/17/2019: <https://www.usaid.gov/what-we-do/global-health/nutrition/country-map>]
- Guatemala 2018-2022 Nutrition Strategy, 2018 [Internal Document]
- Multi-Sectoral Nutrition Strategy, 2014-2025 [Accessed: June 21, 2019: <https://www.usaid.gov/nutrition-strategy>]
- Multi-Sectoral Nutrition Strategy, Monitoring and Learning Plan [Accessed: June 21, 2019: <https://www.usaid.gov/nutrition-strategy>]
- Whole-of-Project Performance Evaluation of the Community Health and Improved Nutrition (CHAIN) Project Rwanda, 2018. [Accessed: June 21, 2019: <http://ghpro.dexonline.com/sites/default/files/370%20RWA%20CHAIN%20Evaluation%20Final%2004-17-18%20PUBLIC%20with%20annexes.pdf>]

World Bank Data, 2019

- Prevalence of anemia among children (% of children under 5), Global, 2016. [Accessed 3/17/2019: <https://data.worldbank.org/indicator/SH.ANM.CHLD.ZS>] Note: original source is World Health Organization.
- Prevalence of anemia among women of reproductive age (% of women ages 15-49, 2016), Nigeria, 2016. [Accessed 3/17/2019: <https://data.worldbank.org/indicator/SH.ANM.ALLW.ZS?view=chart>] Note: original source is World Health Organization

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