

Exploring Multisectoral Programming at the Subnational Level

Synthesis from 6 Case Studies
(2017-2019)

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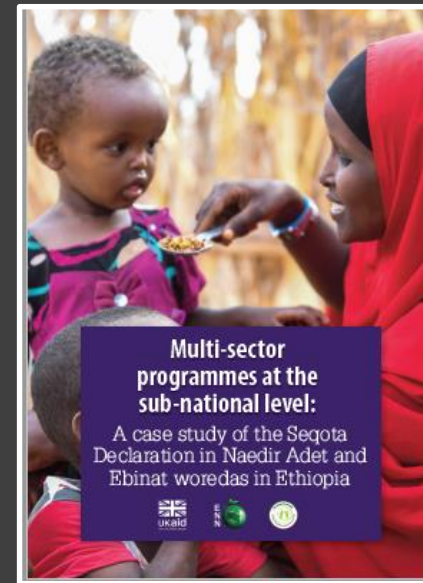
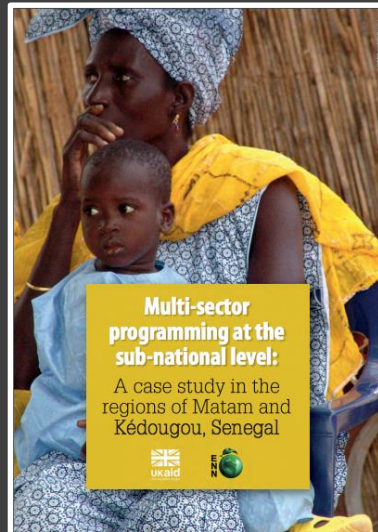


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Focus on 6 SUN countries

Senegal
Nepal
Kenya

Ethiopia
Niger
Bangladesh



Policy Frameworks in Place



**Senegal- The National Nutrition Development Policy(2015-2025)
Multi-Sector Strategic Nutrition Plan (2017-2021)**

Nepal – MSNP 2 (2018-22)

Kenya – Kenya Food & Nutrition Security Implementation Framework ; Kenya National Nutrition Action Plan 2012-2017(under review)

Ethiopia – National Nutrition Programme II (2016- 2020)

Niger – National Multisector Nutrition Security Policy (Nov 2018)

Bangladesh NPAN 2 (2016-25)



Programmes studied



Senegal -Yaajeende project
& Integrated Nutrition Project

Nepal – MSNP 1(2012-2018)

Kenya - Accelerated Value Chain
Development (21/47 counties)

Ethiopia–Seqota Declaration
(33 woredas in 2 regions)

Niger–Communes de Convergence
Approach(Pilot stage) (35
communes) (2013-18)

Bangladesh -NPAN 2
(Early implementation)

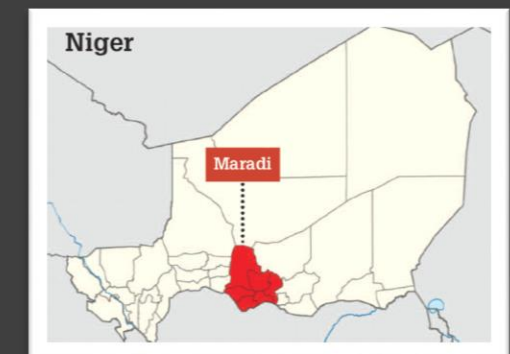
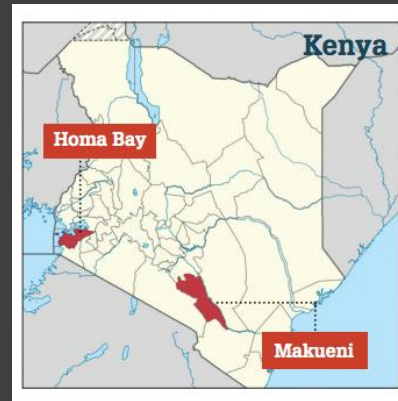


2 districts, 2 sub districts in each country

Stakeholder interviews

- Health sector
- Nut. Sensitive sectors
- Implementation partners
- NGOs

Local Government
Frontline staff of all sectors



Types of multi-sector nutrition programme adaptations



- ❑ **Multiple sectors converge**
 - on nutritionally vulnerable households or demographic groups (*1000 day households*)
 - at the level of village or commune (*Ag+WASH – vegetable production + Water*)

- ❑ **Nutrition messaging** through platforms of nutrition sensitive sectors (*School curriculum includes chapter on Nutrition*)

- ❑ **Nutrition-sensitive sectors change/add inputs**
(*Ag- biofortified seeds, Social Protection- modifies handouts package*)

- ❑ **Nutrition-specific platforms include nutrition-sensitive messaging**
(*Food & personal hygiene messaging included in health sessions*)

Key Findings – Time Intensive



- More ‘lead in time’ than other nutrition programmes irrespective of scale of implementation
 - Bangladesh-Set up Subnational level committees & then figure out roles & responsibilities
 - Ethiopia – Invested Year 1 in detailed planning exercises

Implications for Donor Cycles

Demonstration of Impact is difficult



Key Findings - **Organisation & Political Will**

□ Location of the National Coordinating Body

- **Independent of a Sectoral Ministry**
 - **National Planning Commission (Nepal)**
 - **Federal PDU (Ethiopia)**
- **Most commonly Health is the lead sector**

□ Political face necessary for success at all levels of Governance – not just at the highest level

- **Ethiopia – Political representative is a prominent member of the Regional Planning Delivery Unit (PDU)**

Key Findings - **Coordination**



❑ **Inter-sectoral coordination**

- **Government ministries with a history of collaborating with other sectors more flexible in executing multi-sector activities**
- **Appropriate level of seniority with parity across sectors – Critical**
- **Targeting criteria and different levels of work make alignment difficult – Education/schools, WASH/entire villages, Health/Mothers & children**

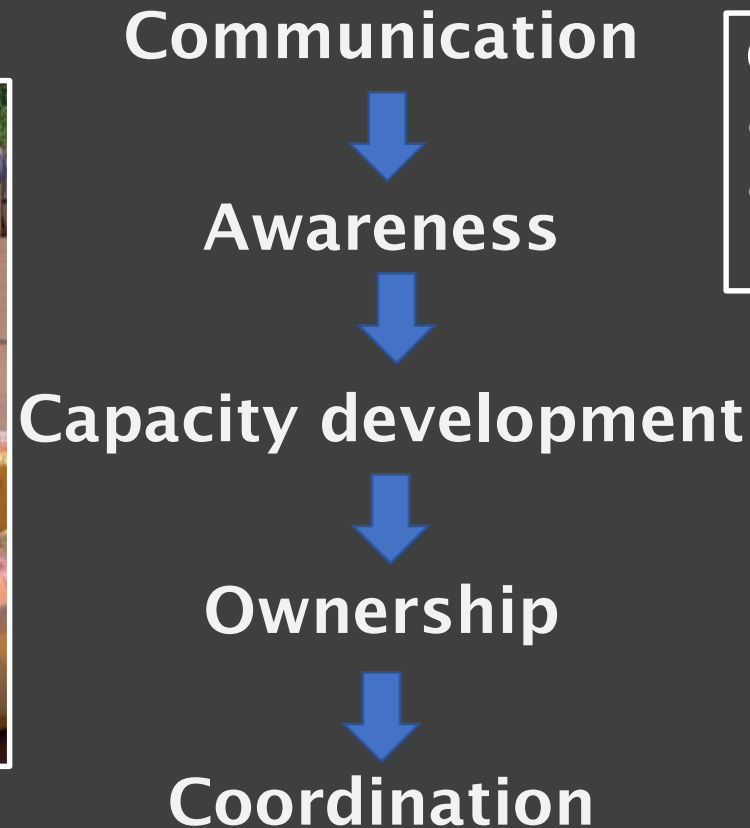
❑ **Dedicated resources for coordination - Imperative**

❑ **Multiple parallel coordination meetings – Meeting fatigue**

- **District Administrative head is required to chair 3-4 meetings every working day- Bangladesh**

❑ **Coordination increases manifold with this becoming the focus rather than implementation**

Key Findings - Communication & Capacity Development



Campaigns

- Golden 1000 days- Nepal
- Zero stunting 2030 Ethiopia

A prerequisite for Nutrition Sensitive sectors

What is the minimum that is necessary in this package?

Resource & Time Intensive



Key Findings - **Devolution**

□ **Opportunity**

- **Has enabled ministries to engage in an opportunistic way based on shared sector needs but within the remit of sectoral mandates. (Nepal)**

□ **Challenges**

- **Very limited capacity on all fronts**
- **Changed hierarchical relationships Government officer now accountable to a newly elected representative often**
- **Elected Representatives – numerous more visible/tangible priorities (Roads/schools vs Nutrition)**

Bangladesh – The last tier of governance is not covered within NPAN 2. Gap being addressed by CSOs.



Key Findings - Targeting

The ultimate aim of MS programmes is delivery of a package of services at the household level towards reduction of stunting.

This requires

- a. A shared definition of a vulnerable household**
- b. A common beneficiary list**

Was seen only in 2 countries

- a. Ethiopia – Community Labs – shared beneficiary list**
- b. Nepal – Joint monitoring visits – Model Villages**

None at scale.



Key Findings - **Monitoring & Evaluation**

- **The value-add of a converged and coordinated approach – yet to be quantified**

- **Barriers to development of a joint M&E framework**
 - **Different sectors measure different things , different intervals using different methods**
 - **Health sector MIS + Regular DHS surveys consistent across countries – no uniformity in other sectors**
 - **Some sectors in some countries rely on donor/partner driven monitoring systems**
 - **Sub national systems severely short staffed – who will collate data?**
 - **Limited resources & no formalised, regular intra-sectoral feedback mechanisms**

- **Quarterly Review meetings- workable option. – Ethiopia**



Key Findings - Costing & Funding

- ❑ **Added costs of making programmes multisectoral – No data**
 - Coordination
 - Cross sectoral capacity building
 - Communication tailored to various audiences

- ❑ **Funding necessary to scale up programmes in different sectors is unclear**

- ❑ **MSNP-Nepal, Seqota Declaration–Ethiopia, NPAN 2- Bangladesh-Multisectoral Frameworks to be implemented - Sub national and Nut. sensitive sectors expect additional resources**

- ❑ **Funding for MS programming**
 - MSNP 1- A basket fund was expected to be created for additional costs – did not work
 - NPAN 2- Fully costed but not funded – Short, Medium & Long term priorities to be identified & costed

What remains unanswered? What needs to be done yet?



- What is the essential package of services?
- How do we arrive at a common definition of vulnerability?
- Who should ideally lead a MS programme?
- What is in it for a nut sensitive sector? Why should they ‘buy in’?
- How do we measure impact of MS programmes?
- Do we know how to communicate convincingly on the criticality of nutrition outside of the ‘echo chamber’?



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