Preface

Purpose of the Manual
The Country Facilitator Manual was formulated to help facilitators implement the REACH process and/or better harmonise and coordinate UN support at the country level. It provides a basic overview of the REACH approach and guidance on how to tailor exercises, tools and analyses to the country context, highlighting success stories from selected REACH countries. While these materials were developed specifically for REACH, they may also be used in part or in-full by non-REACH countries (e.g. UN Network Coordinators and/or the UN nutrition team). This edition attempts to frame these REACH exercises, analyses and tools within the context of the emerging UN Network. Future editions of the manual will be available based on the feedback received from both facilitators and country practitioners, as REACH is rolled out in their respective countries.

Audience
REACH facilitators are the primary audience of the Country Facilitator Manual. Nevertheless, other country stakeholders may find the information presented in this manual to be useful and relevant to their work, namely: UN Network Coordinators, UN Country Representatives/Directors; UN nutrition focal points; members of the expanded multi-stakeholder technical group (e.g. technical staff from Government ministries, UN agencies, NGOs, donors, and academic institutions); other managers; and decision-makers.

Feedback on this manual may be submitted to the REACH Secretariat at the following email address: reachpartnership@wfp.org.

Acknowledgements
This manual is a result of contributions from a large number of people who have worked with REACH since its inception in 2008. This includes the initial REACH facilitators in Lao PDR and Mauritania who developed a series of useful tools and materials – many of which have been included in the manual. Apart from these early ‘pioneers’, contributors also include many staff in the UN agencies working in the REACH countries and in the REACH signatory agencies (FAO, UNICEF, WFP and WHO) headquarters and regional offices. We are grateful for their continued support to improve the objectives, the concepts and the effectiveness of REACH as an interagency mechanism for multi-sectoral, multi-stakeholder scale-up of nutrition.

The manual was initiated by Senoe Torgerson and Ana Perez Zaldivar, both former REACH facilitators who joined the secretariat as consultants after completing their work as the REACH facilitators in Lao PDR and Mauritania, respectively.

Further work on drafting as well as organizing, editing and finalizing the manual was done by Holly Sedutto, a previous REACH secretariat staff member whose time was generously provided by FAO to prepare the first edition. Other colleagues at FAO nutrition department provided valuable support in this process. Likewise, the Second Edition of the manual was prepared by Holly during her current assignment with the REACH secretariat.

The inputs from other Secretariat staff members, particularly Adriana Zarrelli, Jessica Fanzo, Anueja Gopalakrishnan and Joyce Njoro, are gratefully acknowledged.

The production of the manual was under general guidance by Bjorn Ljungqvist, former Senior Advisor to REACH, who also contributed substantially to the manual.

While thanking everyone for their invaluable contributions, we hope and trust this manual will serve to support and further develop REACH operational effectiveness as we commit ourselves to the important work of accelerating the scaling-up of nutrition in as many countries as possible. We do, indeed, consider this manual as a ‘work in progress’ and hope that many more of our staff and partners will help to make the next edition even more useful.

Nancy Walters, REACH Global Coordinator
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Acronyms

AWP: Annual Workplan
CBOs: Community-based organisations
CF: Complementary Feeding
CIP: Country Implementation Plan
CNC: Community Nutrition Centres
EBF: Exclusive breastfeeding
FAO: Food and Agriculture Organization
HwS: Handwashing with soap
IEC: Information, Education and Communications
IMCI: Integrated Management of Child Illness
IYCF: Infant and Young Child Feeding
KAP: Knowledge, attitudes and practice
MCH: Maternal and Child Health
MoE: Ministry of Education
MoH: Ministry of Health
MoIC: Ministry of Information and Commerce
MoU: Memorandum of Understanding
NAGs: Nutrition Action Guides
NGO: Non-governmental organisation
PLW: Pregnant and Lactating women
REACH: Renewed Efforts against Child Hunger and Undernutrition
RCC: REACH Country Committee
SAM: Severe Acute Malnutrition
SCN: United Nations Standing Committee on Nutrition
SUN: Scaling-Up Nutrition
UNCT: United Nations Country Team
UNFPG: UN Focal Point Group
UNICEF: United Nations Children Fund
UN RC: United Nations Resident Coordinator
WFP: World Food Programme
WHO: World Health Organisation
**Introduction: How to Use this Manual**

The Country Facilitator Manual is designed to help country facilitators implement the REACH approach at the country level. Given the nature of the REACH inter-agency initiative, UN Network Coordinators may also wish to refer to the manual for broad principles and tactics on bringing together the relevant UN agencies in pursuit of cohesive UN action in nutrition. It outlines the phases of the REACH engagement and provides a basic overview of the specific exercises, analyses, and deliverables that fall under each phase. The manual offers practical guidance on how to customize the approach to the country context, integrating examples from the REACH pilot countries, to the extent possible. It attempts to present concepts, guidance and graphics in a clear and logical manner that is conducive to frequent consultation. It also introduces linkages with other available materials/resources from UN partners and stakeholders.

The manual is largely structured according to the REACH phases, with visual aids/cues to help orient readers. The first section provides context about how REACH was initiated and later evolved, why it is needed, how it works as well as the roles and responsibilities of the facilitators. The second section describes the cross-cutting techniques and functions utilised to carry out the REACH exercises. The third through sixth sections outline the main exercises, steps and outputs of the *Preparation, Situation Analysis, Support* and *Transition/Phase Over* phases, respectively. Here, the main REACH analytics and support services are covered. The seventh section presents the monitoring and evaluation framework, processes, requirements and supporting tools. A glossary is included at the end of the manual, which lists the definitions of key terms and concepts used in varying sections. Additional resources and/or background information is included in the supporting Annexes for further reading and ease of reference.

Each section is organised into a few thematic chapters, which use a combination of narrative and graphics to describe the various aspects of the REACH approach, including how to bring together the UN Network in-country. The “how to” sections (sections three through six) provide a broad overview of the process/exercise, followed by a list of required inputs, a description of the facilitators role and responsibilities, guidelines for carrying out the process/exercise and the ensuing outputs. In addition, key messages are summarised at the end of each section to help reinforce important concepts.

This manual is part of a greater **REACH Facilitator’s Toolkit** and should be used in conjunction with the other complementary components in order to maximise the utility of these resources and obtain the best results. The Facilitator’s Toolkit is comprised of the following three components:

1. **Country Facilitator’s Manual** herein presented.

2. **REACH Nutrition Action Guides (NAGs)** are currently being developed and highlight the major sectors involved in addressing malnutrition, the types of interventions carried out within the respective sectors, and most importantly, the linkages between sector-specific actions as well as opportunities for integrated action. They also list key technical resources for these interventions formulated by the REACH partner agencies, among other institutions/organisations.

3. **REACH Tools**: Excel and Powerpoint-based tools for data entry, analysis, and presentation of findings. The tools and templates provide a starting point from which they should be adapted to the country context.
1. Overview of REACH

INTRODUCTION

This section provides background information about the REACH initiative, including a historical context and rationale for a multi-sectoral initiative such as REACH. It describes which stakeholders are involved, how they interact as well as the guiding vision and operational framework of REACH. It also defines the role and responsibilities of REACH facilitators with a view to introducing the concrete guidance outlined in successive sections. Furthermore, it outlines how REACH efforts complement the Scaling Up Nutrition Movement (SUN)\(^1\) at the country level. Lastly, Section 1 presents the phases of the REACH process and the respective activities and deliverables characteristic of each phase.

LEARNING OBJECTIVES

- To familiarise REACH facilitators with the REACH approach
- To explain why REACH was created
- To outline how REACH operates, what it entails, and how it is linked to other nutrition collaboration platforms (e.g. SUN)
- To define the role of the REACH facilitators in this process

1.1 CONTEXT

1.1.1 Background

In 2008, the heads of the four Initiating Partners (WFP, FAO, WHO, UNICEF) signed a joint letter to Country Representatives that established a commitment to renew efforts against child hunger and undernutrition, giving rise to an inter-agency partnership thereafter referred to as REACH. This commitment was intended to support countries to scale-up nutrition actions and to accelerate progress towards MDG 1, Target 3 (to halve the proportion of underweight children under five globally).

Initially, REACH focused on promoting evidence-based interventions, as identified by landmark scientific studies published at that time. *The Lancet Series* on Maternal and Child Undernutrition (2008) presented a systematic analysis of previous scientific-evidence on maternal and child undernutrition, advocating a predominantly public health based approach to addressing undernutrition (Figure 1)\(^2\). This preliminary REACH orientation was also influenced by the outcomes of the Copenhagen Consensus, whereby five of the ten most cost-effective development interventions were nutrition-focused interventions, and which were well-aligned with the so-called ‘Lancet interventions’\(^3\). REACH adopted four main areas from the Lancet Series and added household food security, as listed below:

1. Improving breastfeeding and complementary feeding practices (Lancet 2008)
2. Increasing micronutrient intake (Lancet 2008)
3. Improving treatment of acute undernutrition (Lancet 2008)
4. Improving diarrhoea and parasite control (Lancet 2008)
5. Improving household food security (REACH)

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\(^{1}\) SUN movement: [http://www.scalingupnutrition.org/](http://www.scalingupnutrition.org/)

\(^{2}\) Maternal and Child Undernutrition The Lancet series 2008

1.1.2 REACH pilot countries
Two pilot countries - Lao PDR and Mauritania - initiated the process in 2008, where REACH focused on building government capacity, through the UN system, on “how to” effectively scale-up evidence-based nutrition interventions and enhance broad nutrition actions. The process provided a learning environment which helped clarify the role of the different institutional actors at national and local levels, the mechanisms for joint action as well as the support required by REACH. The REACH pilots affirmed that the four UN Agencies with a mandate in nutrition working in close collaboration with an ‘agency-neutral’, facilitator are well placed to help governments bring together the various elements of multi-sectoral nutrition to increase impact of nutrition actions in a sustainable manner.

1.1.3 REACH today
Building on the experiences of the pilot countries and recent international nutrition developments, REACH has departed from the public health-oriented approach that was initially adopted. Other important global events (global food, fuel and financial crises) have further influenced this change. REACH has since placed an increased emphasis on strengthening nutrition management and governance and supporting multi-sectoral nutrition actions, including nutrition-sensitive programmatic approaches. This shift keeps pace with the global discourse within the Scaling Up Nutrition (SUN) movement, which has emphasised the need for nutrition-sensitive development. Leveraging the role of agriculture to increase nutritional impact is an integral part of the refined REACH approach. Donors and other partners consider REACH to be a valuable
capacity development mechanism for mainstreaming nutrition management and governance, and thus a key vehicle for supporting SUN at the country level.

Emerging evidence on the causes of ‘chronic undernutrition’ (stunting) has indicated that it stems from nutrition insults before birth (e.g. in utero) and through the first two years of life. As a result, there is currently a strong emphasis on the ‘1000 days’ (nine months of pregnancy plus first two years of life) within the international nutrition community to address child stunting, generally the dominant form of child undernutrition in many developing countries. REACH acknowledges the importance of maternal nutrition for ‘ending child hunger and undernutrition’. It also recognises that catch-up growth (in terms of height) can and frequently occurs between 2 years old and adulthood (e.g. during adolescence, particularly for girls). Similarly, it considers water and sanitation issues to be central to addressing child undernutrition in view of the known links between handwashing and undernutrition and recent empirical findings about the linkages between faecal-related infections and undernutrition. Overall, these factors underscore the need for a balanced multi-sectoral approach to nutrition, whereby food security, health, water and sanitation, and care factors are adequately integrated.

Box 1: Underweight or stunting? Maternal and child or only child undernutrition?

Clarifying the REACH focus

REACH was originally established by the UN partner agencies in an attempt to accelerate progress towards achieving Target Number 3 under the Millennium Development Goal Number 1 (MDG1). MDG1 addresses poverty and hunger, taking into consideration income and the human impact of poverty, whereby the proportion of people who are undernourished and the proportion of children under five years old who are underweight were selected as the applicable indicators to measure progress. The target calls for a halving of child underweight by the year 2015.

Later research and development, however, has revealed that stunting (height/length-for-age of children under 5 years of age) better reflects the long-term impact of food and nutrition insecurity as well as overall poverty. Stunting also requires careful attention to the health and nutrition status of the mothers during pregnancy (and before pregnancy) since this will determine the growth trajectory of the child, starting in the womb of the mother. In order to achieve lasting sustainable development by addressing the longer-term determinants of undernutrition along with the immediate causalities of food, care and health, REACH has changed its focus from using child underweight as the ultimate impact objective to include stunting as well. Likewise, REACH has adopted a broader concern for both maternal and child undernutrition. Reference is therefore made to ‘mother and child’ (rather than only ‘child’) in subsequent sections of this manual.

Please note that efforts are underway to adopt ‘stunting’ as the key undernutrition indicator in the new international (sustainable) development indicators, that will define progress of nations beyond 2015 (2025 is likely to be adopted as the next year of long-term development focus with the new Sustainable Development Goals and Zero Hunger mandate).

1.1.4 Why is REACH needed?

Adequate nutrition is a human right (See Section 5.3 on Policy Reform). Nevertheless, its realisation eludes many. One of the targets of the first Millennium Development Goal (MDG) is to reduce the proportion of people who suffer from hunger by half between 1990 and 2015, with hunger measured as the proportion of the population who are undernourished and the prevalence of children under five who are underweight. Many countries remain far from reaching this target; much of the progress previously achieved has been undermined by the recent global food price and economic crises. As the deadline for the MDGs nears, an estimated 925 million people...
continue to suffer food and nutrition insecurity and 178 million children under five years old are stunted. Of those children, 90% live in just 36 countries. Micronutrient deficiencies, also known as hidden hunger, undermine the growth and development, health and productivity of over two billion people.

Undernutrition takes its toll; it is responsible for 35% of all child deaths and 11% of the global disease burden. Nutritional deficits during the critical window of opportunity (from conception through the first two years of life) can have lifelong negative consequences such as stunted growth and impaired cognitive development, thereby compromising a child’s potential to become a healthy and productive adult. There are also important economic arguments for addressing undernutrition, including preventive approaches. These claims are rooted in the observed reductions in individual income-generation potential, individual productivity as well as productivity at the macro level (GDP), which can exacerbate and perpetuate undernutrition trends. Furthermore, the adverse physical, cognitive, and economic consequences of undernutrition for the individual throughout one’s life, when aggregated at the population level, result in substantial economic costs for a country.

The causes of malnutrition are multi-dimensional. According to the widely-accepted UNICEF conceptual framework, good nutritional status in a mother and child is a result of three necessary conditions: 1) household food security; 2) access to good curative and preventative health care and sanitary environment, including access to clean water and proper sanitation (health); and 3) the knowledge and the capacity to provide the appropriate care for the mother and child (See Annex 1). Each condition is necessary but – alone – insufficient. Subsequently, sustained improvement of the nutrition situation in a country would normally require a combination of actions across the ‘food, health and care spectrum,’ whereby focused ‘nutrition specific actions’ are combined with ‘nutrition sensitive actions’. This involves a number of sectors, and in turn, necessitates a multi-sectoral approach.

At country level, government structures often do not have a common approach and/or supporting tools to address undernutrition problems holistically. There may be limited capacity to recognize the problem, its causes and consequences in addition to limitations that impede the implementation of potential solutions. There is often no common framework to scale-up and monitor coverage of priority interventions, and a plethora of stakeholders implementing actions and/or providing technical guidance in isolation. Nutrition activities, therefore, remain fragmented in sectoral silos and uncoordinated in many cases. Specific attention is needed to strengthen government capacities in prioritising, planning and managing the scale-up of nutrition actions. The REACH approach uses the widely-accepted UNICEF conceptual framework to help different stakeholders within a country identify their specific roles as well as to understand how they need to link with others in order to ensure that there are good ‘food, health and care’ provisions for all children to support sustained reductions in child undernutrition. REACH facilitates a series of multi-sectoral and multi-stakeholder exercises and analyses, using innovative and illustrative tools to address these systemic challenges and gaps.

1.1.5 How does REACH work?
The four UN Partner Agencies have clear mandates to tackle the direct and underlying causes of undernutrition. REACH is anchored in the UN system and seeks to catalyse increased efficiency and collaboration between the UN partner agencies (FAO, WHO, UNICEF and WFP), by exploiting the specialised expertise and comparative advantages of each agency as well as their respective partners in government and civil society to support multi-sectoral nutrition policies and actions. REACH pushes UN Agencies to think beyond their mandates and to establish a common vision and objectives, which can only be achieved by working together (Figure 2). It facilitates a process to

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7 WHO, World Health Assembly 2012
help UN Agencies agree on country priority actions, align targeting strategies and implement actions that complement each other. In Mauritania, REACH supported specific actions to strengthen opportunities for the four UN agencies to work together such as, the identification of shared geographical priorities and vulnerable populations as well as the formulation and implementation of joint programs. While the above-mentioned four agencies are the official signatory agencies of REACH, facilitators may also engage with other agencies (e.g. UNFPA, UNAIDS, ILO, etc.) in support of the greater UN Network at the country level.

Coordination is time-consuming, intricate and demanding, and thus requires human resources to carry out this function. It is increasingly recognised as both a distinct specialisation and valuable service for the nutrition community. The REACH Facilitators play a key role in forging and cultivating the linkages between UN agencies, government institutions and other stakeholders. Given the multidisciplinary nature of nutrition, it has proven to be an effective entry point for joint-planning/programming within the UN.

Figure 2: UN REACH: ‘UN Delivering as One’ in action

Figure 2 illustrates how REACH contributes to the UN delivering as One in nutrition.
1.2 REACH Framework and the REACH Process

1.2.1 Background

The REACH Framework (Figure 3) includes the vision, goals and four key areas of work which generally take place at the global and country levels. REACH establishes direct links between global and country levels within these four areas of work. The framework also illustrates the four expected REACH outcomes, which will be discussed in further detail in Section 7. The vision is specified in the grey box at the top of Figure 3, the goals in the blue oval and the areas of work in the respective green boxes. While the areas of work are depicted at the global level, the blue arrows indicate that these four areas of work are also applicable to the country level; vice-versa for improved governance and management which appears at the national level but also applies to the global level. These elements were determined by the REACH Steering Committee members from each UN partner agency at the inception of REACH. The core techniques of REACH - capacity development and facilitation - cut across all areas of REACH. Additional information about the areas of work is discussed in greater detail in successive sections of the manual, as they relate to the REACH process.

Figure 3: REACH Framework

The below figure articulates the cascading results-based framework of REACH.
Box 2: Nutrition Governance

What does Nutrition Governance mean and why is it important?

REACH aims to improve Nutrition Governance and Management. In broad terms, REACH considers governance to be the process of decision-making; the process by which decisions are implemented; structures through which those processes occur. Nutrition Governance is a concept that has recently attracted considerable interest in the international discourse around accelerating nutrition actions and achieving rapid reduction of child malnutrition. Whereas most of these discussions have focused on technical solutions and evidence of their effectiveness, nutrition governance is now increasingly recognized as the ‘missing factor’ that in most cases determines the sustainable outcomes of large-nutrition programs. There is still debate on how to exactly define nutrition governance though there is a strong and emerging agreement on what are the key features or ‘building blocks’ that normally reflect a situation with good nutrition governance. The REACH outcome objectives are nearly identical to these key features of nutrition governance. Moreover, REACH has adopted a ‘working definition’ of nutrition governance, whereby strong nutrition governance countries are those where:

- The government has recognized that they are responsible for ensuring that their citizens have a right to food and nutrition security, and...
- To that end, has:
  - committed to having a national nutrition action plan, which is also part of the national development strategy, on how to fulfil their commitment;
  - set-up inter-sectoral coordinating committees;
  - established multi-stakeholder mechanisms to ensure effective participation;
  - allocated budget lines for nutrition strategies and plans; and
  - committed to conducting regular assessment and surveillance to ensure the plan has addressed the issues.

The REACH working definition is fully integrated into the REACH Monitoring and Evaluation Framework using the REACH Outcomes as the starting point, and then, elaborating corresponding Outputs and Indicators (See Section 7).

1.2.2 The REACH Process

The REACH process unfolds across four main phases, namely: (1.) Preparation; (2.) Situation Analysis; (3.) Support; and (4.) Transition/Phase-over (Figure 4). While these phases and their corresponding exercises are generally sequenced, they may not always follow a linear flow, underscoring the need to be flexible and adaptive. Opportunities and constraints emerging during the Support phase may warrant further analysis/refinement of the various stock-taking exercises conducted during the Situation Analysis in order to maintain relevance and ensure actions are effectively carried out and “Do no Harm.” Capacity Development and M&E activities are ongoing

13 Nutrition governance is generally concerned with the effective delivery of nutrition security to all members of society, especially the most vulnerable.
throughout the REACH engagement in a given country. It is important to instil ownership from the inception of REACH so as to optimise the utility of the REACH process and overall effectiveness of the REACH engagement.

There are distinct activities and deliverables for each phase, which build on previous activities, momentum and progress. Facilitators should be sure to actively engage stakeholders from the onset and to maintain high levels of involvement/participation throughout the REACH engagement. To do so, it can be helpful to focus on quick wins at the beginning to demonstrate collective successes and motivate stakeholders to contribute to REACH-facilitated discussions, events and other exercises in successive stages. Typically, quick wins address the immediate causes of undernutrition though these measures are insufficient alone. Actions that address underlying and basic causes of undernutrition are also required, as per contextual conditions, to support comprehensive and sustained improvement of nutrition, and may be incrementally pursued, as confidence is gained and buy-in is obtained.¹⁴ (See Annex 1 for the conceptual framework on the causes of malnutrition)

**Figure 4: Phases of the REACH Process**

*The below diagram maps the main activities/analyses and deliverables for each phase of the REACH process for illustrative purposes*

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Further to the four REACH phases and main deliverables depicted by Figure 4 above, Figure 5 attempts to outline the flow (sequencing) of the respective stock-taking exercises of the **Situation Analysis** phase and planning activities to be undertaken during the **Support** phase. The general premise is that the various activities characteristic of the **Situation Analysis** and **Support** phases will facilitate the implementation of nutrition actions by implementing actors.

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¹⁴ Many actors are increasingly using the terms nutrition-specific and nutrition-sensitive though there are varying interpretations of these terms. One way to consider these terms is to think of nutrition-specific actions as being direct nutrition interventions (e.g. Vitamin A supplementation) and nutrition-sensitive interventions as being indirect nutrition actions (e.g. conditional cash transfers).
Figure 5: A Flowchart of the REACH Process
Looking at how the various elements of the REACH process come together

Flow Diagram of the REACH Process

1. Nutrition Causal Analysis

2. Situation Analysis (Outcome 1)

3. Stakeholder/Activity Mapping

4. Delivery Mechanism Analysis

5. Coverage Assessment

6. Indicator Dashboard

7. Capacity Development Planning

8. Communications Plan

Planning (Outcome 2)

Implementation
Note: The steps and activities included in the flow chart above are not a ‘job description’ for the REACH facilitator. In most countries, all or some of these activities have already been completed. Rather the flow chart should be used to understand the linkages between these activities and to identify if there are any gaps and/or if any of the existing steps and activities need to be updated in order to strengthen planning and implementation of the nutrition scale-up process.

1.3 Roles and Responsibilities of the REACH Facilitator?

1.3.1 What is the role of the REACH Facilitator?

REACH facilitators are the designated persons who facilitate a broad range of multi-sectoral processes, events and coordination mechanisms to support improved nutrition governance and management. International and national facilitators work in tandem to build consensus among multi-sector stakeholders, support national government with the formulation of national multi-sector policies and programmatic approaches for health, food and care-based programs that are tailored to the country context. Another critical aspect of their work is to coordinate and monitor priority nutrition actions across the multi-sectoral nutrition landscape. This typically involves supporting multi-sectoral coordination mechanisms in various capacities, including preparation of background/presentation materials, organising meetings as well as facilitating discussions and follow-up action. It may also involve liaising with other actors, including those actors directly supporting nutrition collaboration (e.g. SUN focal points, other SUN network coordinators, MDG-f coordinators, IASC Cluster Coordinators, etc.). In general, facilitators serve a 2 to 3-year period during which they launch and implement the REACH process in collaboration with UN technical partners, government officials, other country stakeholders and the REACH Secretariat. Facilitators also play a key role in the capacity development of national counterparts and should incrementally phase-over duties/activities to the national facilitator and other stakeholders to ensure a smooth transition process.

The role requires an eclectic mix of knowledge and competencies, including: managerial, leadership, negotiation, communications (including listening) and data analysis skills, backed by a basic technical literacy in nutrition. James Shepherd-Barron describes sectoral coordination as requiring the collective “skills of [a] magician, juggler, diplomat, chairman of the board, chief negotiator, information manager, communications officer, team leader, finance officer, and boy scout... and all while trying to be gender sensitive and culturally aware”. Remember, that REACH facilitators are indeed FACILITATORS, not COORDINATORS; furthermore, they typically serve a longer period of time as compared to emergency cluster coordinators.

The international facilitator spearheads the REACH process in-country where the ‘intense’ REACH support model is applied. He/she should continually develop the capacity of national stakeholders, including the national facilitator, in all areas of his/her work to foster government ownership of the REACH process and a smooth phase-over at the end of the three-year engagement. In this capacity, the international facilitator also serves as ‘organiser/convener’ of the UN Network at the country level.

The national facilitator works closely with relevant government staff, capitalising on his/her extensive knowledge of government structures and network of national stakeholders. This arrangement enables him/her to regularly and informally build the capacity of these national counterparts. He/She also advises the International Facilitator and UN REACH team on institutional arrangements and dynamics in-country, helping them find ways to address and overcome issues related to the REACH process. Ultimately, the idea (hope) is that the national facilitator becomes part of multi-sectoral government coordination structures so as to ensure sustainability and continuity beyond the time-bound REACH engagement. Discussions on the integration of the national facilitator within the government should be held within the first two years of the REACH launch in order for government officials to plan their resources accordingly (the sooner, the better!). In countries where the ‘moderate’ or ‘remote’ REACH support models are implemented, the national facilitator is the sole REACH facilitator.

Shepherd-Barron J (2009-2010). Clusterwise; Everything you wanted to know about cluster coordination but were afraid to ask.” Aidesessentials, Manchester.
facilitator. He/she would fulfill the full spectrum of REACH facilitator duties and serve as ‘organiser/convener’ of the UN Network at the country level under these circumstances.

### 1.3.2 Duties and responsibilities of REACH facilitators

While the duties and responsibilities of the REACH facilitators should be tailored to REACH Country Implementation Plan, common duties and responsibilities are specified below.

#### Strategic planning and analysis
- Support completion of the situation analysis, utilizing and adapting REACH tools and ensuring national and sub-national counterparts are able to maintain and utilize tools on an ongoing basis
- Identify key stakeholders and forge consensus on key priority interventions; identify synergies across sectors and delivery mechanisms
- Identify the policy gaps of relevant national nutrition policies, strategies, and action plans to scale-up nutrition actions
- Support the development and documentation of action plans to scale-up nutrition interventions
- Support the identification of human and financial resource requirements and assist national counterparts and partners with costing for scaling-up nutrition interventions
- Support national and district counterparts with the formulation of sectoral workplans and the corresponding operational budgets
- Identify and facilitate linkages with other nutrition initiatives and processes (e.g. SUN) underway in-country so as to avoid duplication of efforts and ensure the value-added of REACH activities

#### Coordination
- Support process management and facilitation of multi-stakeholder coordination mechanisms among UN agencies, government, NGOs, donors, research and private sector actors
- Support analysis of and provide guidance on institutional arrangements for multi-sectoral coordination on nutrition, utilizing REACH case studies and experiences
- Strengthen the linkages of nutrition coordination mechanisms between district and central levels
- Support the operationalization of the SUN UN Network at the country level

#### Knowledge-sharing
- Support the development of knowledge-sharing mechanisms to strengthen coordination and information-sharing among the nutrition stakeholders
- Document REACH country process and lessons learnt through Facilitator Log, and regular updates
- Facilitate the experience-sharing of good practices and lessons learnt among district and central levels as well as between REACH countries

#### Communications and advocacy
- Support development and implementation of a common communications and advocacy strategy for nutrition
- Identify strategic opportunities for advocacy and facilitate coordination among stakeholders in-country for joint advocacy
- Advise on and support development of common messages and materials
- Support the UN Country Team on high-level advocacy efforts with government (key priorities and messages)
- Facilitate resource mobilisation among public and private donors

#### Monitoring and Information Systems
- Facilitate development of joint metrics and identify/develop a common M&E system to measure progress, utilizing and adapting REACH tools
- Support government counterparts with the adaptation of a multi-sector indicator dashboard to measure nutrition multi-sectoral approach
• Complete, in consultation with the UN nutrition team, SUN M&E exercises for the UN Network at the country level
• Contribute to the development of case studies on the respective experiences with promoting multi-sectoral nutrition governance in REACH countries

Other functions
• Coordinate and supervise any other staff/consultants directly hired for REACH activities in-country (e.g. REACH consultants hired to support data analysis for the REACH Situation Analysis and/or M&E activities), as required.\textsuperscript{16}

\textsuperscript{16} The REACH Team in-country refers to the REACH Country Committee, UN focal points on nutrition from the partner agencies and REACH facilitators.
Key messages

REACH:

- Is NOT a UN agency BUT an approach that UN agencies adopt to better provide joint and coherent support to government.

- Is NOT the SUN Secretariat but is part of the SUN Movement. REACH is an active member of the SUN UN Network at both global and country levels.

- Is NOT a rigid process, BUT a set of principles, around which agencies can build a customized set of outputs and tools.

- Is NOT an additional partner, BUT a cross-cutting approach that helps government organize partners around a common vision, objectives and goals to agree on key priority actions to reduce maternal and child undernutrition.

- Is NOT a donor or a fund BUT can be a catalyst for resource mobilisation.

- Does NOT replace programs at national or sub-national level, BUT facilitates joint-analysis, planning and programming to scale-up and improve nutrition actions for increased impact.

- Is NOT a resource for providing technical nutrition expertise, BUT a resource for providing functional expertise in capacity development, analysis, and planning; it can be a conduit to a worldwide network of technical experts.

- Is NOT a coordination mechanism at country-level, BUT seeks to FACILITATE the creation of country-led national coordination mechanisms and/or the enhancement of national coordination mechanisms already in place.

- Does NOT conduct advocacy activities *per se*, BUT helps partners enhance and coordinate their advocacy efforts.

- It is important for facilitators to be self-aware, and thus constantly think about their role and contribution to capacity development efforts and change management processes, leveraging participatory approaches and safeguarding neutrality.
Phases of the REACH Process

Remember to draw upon facilitation, change management, participatory and capacity development techniques in all phases of the REACH process.

Similarly, facilitators will carry out a range of communication/advocacy and knowledge-management tasks throughout the various phases of the REACH process.
2. REACH Techniques and Functions

**INTRODUCTION**

Section 2 introduces and describes the main techniques – capacity development and facilitation - that underpin the REACH process, providing a theoretical overview and practical tips on how to use these techniques. It also introduces cross-cutting functions - communications and advocacy and knowledge-sharing – that are carried out throughout the REACH engagement in-country. In addition to the introductory information highlighted by this section, practical applications and guidelines for employing these techniques and functions as they relate to the various REACH exercises are provided in the respective sections on the REACH phases.

**LEARNING OBJECTIVES**

- To define both the various dimensions of capacity development and stages of the capacity development process
- To outline the elements of facilitation, identifying the principles of change management and the participatory approaches as a means to promoting progressively increased stakeholder engagement and ownership
- To highlight operational good practices/critical success factors for carrying out REACH-related capacity development and facilitation exercises and/or activities

**2.1 CAPACITY DEVELOPMENT**

**2.1.1 Overview**

Capacity development and facilitation are the two core techniques embedded into the REACH process. The overall goal of REACH is to build national capacity so as to strengthen national nutrition governance and management to improve nutrition among women and children under five years old. Ultimately, REACH outcomes are expected to be achieved by the national government with the support of UN partners. Facilitation is a means to this end, with the two techniques intersecting where capacity development of facilitation techniques occurs.

**2.1.2 REACH as a Capacity Development Approach**

Capacity Development is defined in the Paris/Accra Aid Effectiveness agenda, as a continuous learning and changing process by which individuals, organisations, institutions and societies develop abilities (individually and collectively) to perform functions, solve problems and set and achieve objectives through country-led capacity development strategies and programmes. There is an increasing emphasis on national ownership and on endogenous change processes beyond human capacity, focusing on strengthening other components such as the socio-political environment and organization structures. REACH promotes this broad approach to capacity development. It, therefore, sustains that capacity development unfolds across three dimensions: (1.) the individual; (2.) institutions and organizations; and (3.) the policy environment (Figure 6).
Figure 6: Three dimensions of capacity development
Elements of the three respective dimensions along with the corresponding REACH contributions to capacity development.

Capacity development builds upon existing capacities at three dimensions

<table>
<thead>
<tr>
<th>Context</th>
<th>REACH contribution to each dimension…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy and legal framework</td>
<td>✓ REACH builds national capacity to identify policy gaps on maternal &amp; child nutrition and advocate for the inclusion of multi-sector approaches.</td>
</tr>
<tr>
<td>Policy commitment and accountability framework</td>
<td>✓ REACH builds the capacity of national counterparts to develop communication and advocacy strategies to create awareness of the nutrition problem and potential solutions and create the adequate policy change environment.</td>
</tr>
<tr>
<td>Economic framework and national public budget allocations</td>
<td>✓ REACH advocates to increase public budget allocation for nutrition and the creation of budget lines in the related ministries.</td>
</tr>
<tr>
<td>Governance and power structure (formal and informal)</td>
<td>✓ REACH strengthens the skills of government bodies and partner organizations to conduct functional tasks around managing and planning and monitoring of nutrition multi-sector approaches.</td>
</tr>
<tr>
<td>Motivation (mission, culture, mandates, incentives)</td>
<td>✓ REACH promotes partnerships and networks at global and country level and facilitates access and information and knowledge exchange.</td>
</tr>
<tr>
<td>Strategic leadership, inter/intra-institutional linkages, programme management</td>
<td>✓ REACH supports the creation of formal and informal multi-sector coordination structures and builds government capacity to manage them.</td>
</tr>
<tr>
<td>Operational capacity</td>
<td>✓ REACH may identify human resources gaps and needs to manage and implement multi-sector nutrition programs.</td>
</tr>
<tr>
<td>Human and financial resources, knowledge and information, infrastructure</td>
<td>✓ REACH supports government in identification of education and training needs to deliver multi-sector programmatic approaches and improve delivery of nutrition interventions.</td>
</tr>
<tr>
<td>Job description, technical and managerial skills</td>
<td>✓ REACH promotes consensus among the nutrition partners on technical gaps; it may identify linkages with academia and training institutions to revise and update learning and training materials, university curricula, etc.</td>
</tr>
<tr>
<td>Training material and opportunities</td>
<td>Peer exchange opportunities</td>
</tr>
</tbody>
</table>

Capacity Development usually involves strengthening both technical and functional capacities (Figure 7). While the development of technical capacity is generally not part of REACH support activities, gaps identified in technical nutrition capacities are discussed with technical partners and government officials with a view to strengthening these capacities and facilitating resource allocation. Functional capacities enable national, regional and district actors to plan, lead, manage and sustain the technical capacities. The REACH functional capacities are related and contribute to the four defined areas of work.

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2.1.3 Capacity Development implementation process

The Capacity Development process includes four main steps, as highlighted below (Figure 8 and Table 1):

- **Step 1. Capacity Gap Assessment (part of REACH M&E baseline)**

A capacity gap assessment is a way to discern the level of existing capacity at a given time and capacity development needs for the future to support a desired development outcome. They require prior understanding of the context in which the capacity is to be enhanced and a clear rationale for why certain capacities are needed for the future. Capacity assessments can take many forms. They can be used to analyse the “enabling environment” or to assess a specific sector, interconnected organizations, peer organizations or an individual organization.

The Capacity Gap Assessment is a critical input to help define the REACH-supported priorities in a given country. This assessment will look into multiple aspects of nutrition governance. For instance, it will examine current national nutrition scale-up plans and identify what will it take to implement and what is missing (See Section 5.). It will also review coordination mechanisms (government and UN) so as to articulate capacity gaps and development needs (See Sections 4.4 and 5.2 as well as Annex 2 for further detail). A series of data collection methods may be utilised – individually or combined - for the capacity assessment (e.g. self-assessment, key-informant interviews, focus groups, etc.), which influence who participates in the assessment exercise, where and how the assessment will be conducted.

In addition, REACH has included some capacity indicators in its M&E framework which have a minimum level of standardisation to support cross country comparisons. Further guidance on this topic is provided in Section 7.

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Step 2. Capacity/change planning and analysis
Based on the analysis conducted in Step 1, the areas where REACH can add value are defined. REACH support activities may be refined accordingly and integrated into the annual work plans (See Section 3.2.1.).

Step 3. Learning and monitoring progress
The REACH tools and methodologies support capacity development activities and should be tailored to the country context. It is important to note that a combination of formal and informal learning activities may be carried out. For instance, the national facilitator may develop his/her capacity by working closely with the international facilitator to organise multi-sectoral meetings (e.g. devising the agenda, extending invitations, drafting presentation materials, taking minutes, facilitating discussions and reaching consensus, executing follow-up action, as agreed). These processes and the ensuing lessons learned should be documented to foster further learning.

Step 4. Sustaining and measuring change (M&E endline)
Data on the capacity indicators should be collected again at the end of the REACH engagement with findings analysed and recommendations put forth for continued capacity development efforts. In addition, a proposal for a sustainability plan should be formulated in support of continued government ownership.

Figure 8: Capacity development implementation process
Activities and expected outputs for each step of Capacity Development process for REACH
Table 1 Critical success factors and lessons learned at each stage of the capacity development implementation process

<table>
<thead>
<tr>
<th>Steps</th>
<th>Critical success factors and lessons learned</th>
</tr>
</thead>
</table>
| **Step 1: Capacity assessment** | • Pay attention to all three dimensions of the capacity environment, institution and individuals so gaps can be identified at each level.  
• Promote early involvement of national counterparts using participatory approaches (e.g. demand-driven approaches).  
• Identify local/national champions to catalyse and advocate for change.  
• Reach consensus on baseline data to build capacity on what exists.  
• Secure commitment from national counterparts to support the capacity development needs identified. |
| **Step 2: Change, planning and analysis** | • Develop joint goals and strategies based on assessed needs and collaborative relations with counterparts from the central and sub-national levels.  
• Promote advocacy efforts so that capacity development needs are addressed by government and donors.  
• Ensure that capacity development strategies are included in government and stakeholder’s objectives.  
• Pay attention to national and sub-national context and how objectives can be articulated at each level. Discuss conclusions with each level separately.  
• Remember the difference between technical and functional capacity, being cognisant of what REACH, governments and other stakeholders can deliver. |
| **Step 3: Learning and monitoring progress** | • Combine intervention modalities to exploit synergies.  
• Use robust training methodologies with appropriate pedagogy adapted to context & to the audience; take into account local languages.  
• Adopt medium- to long-term approaches (e.g. training, refresher courses, formative supervisions or others).  
• Establish partnerships with other stakeholders to complement government and REACH capacity limitations and cover capacity development gaps.  
• Create networks for knowledge and experience sharing. |
| **Step 4: Sustaining and measuring change** | • Institutionalise changes among national stakeholders into their priorities, systems and processes.  
• Build on local resources, including people, skills, technologies and organizations; encourage national ownership.  
• Follow-up on advocacy efforts, e.g. advocate for developing capacity development budgets at government level.  
• Incorporate feedback from previous phases, and document lessons learned and good practises.  
• Address empowerment issues at sub-national and communities levels.  
• Monitor and evaluate outcomes and impact. |

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2.2 FACILITATION

2.2.1 Overview
REACH provides in-country support using facilitation techniques which draw upon neutrality principles. “Facilitation” implies making things easier (Figure 9).\textsuperscript{21} It creates an enabling environment to help move processes along, based on agreed objectives. The goal of facilitation is to support group members to do their best thinking and encourage participation, mutual understanding and shared responsibilities. The REACH facilitation technique is grounded in two core methods: \textit{change management} and \textit{participatory approaches}.

Figure 9: The “art of facilitation”\textsuperscript{22}
\textit{The figure below defines and distinguishes facilitation and the facilitator.}

2.2.2 Change management
Change management is an approach to implementing a program of change, where the intended objectives are met or exceeded.\textsuperscript{23} In order for a change effort to be successful, it must:

- Deliver ambitious, sustained and measurable results;
- Embed real behavioral change;
- Enhance confidence and capabilities while minimizing disruption;
- Provide explicit attention to managing the operational and the people sides of change; and
- Leave the organization more motivated, more engaged and better able to drive change in the future.

| Clearly articulated strategy + political and individual will | IMPACT |

REACH facilitators provide support to UN Agencies and government for managing two aspects of change:

- The \textit{operational side of change} deals with the vision, process and support to effectively scale up nutrition. More specifically, this involves improving nutrition governance and management of nutrition actions through a multi-sector, multi-stakeholder and multi-intervention approach, setting common objectives, improving performance/efficiency and increasing impact.

\textsuperscript{21} VSO. “Participatory Approaches: A facilitator’s guide.”
\textsuperscript{22} ibid
The emotional aspect of change deals with the “people-side” and reticence of introducing a new “modus operandi” to work jointly under a common multi-sector vision.

REACH works to change the way of doing business (behaviour) so as to achieve a common vision and objectives for nutrition among all nutrition stakeholders. In this sense, REACH:

- Focuses on transparent, understandable, fact-based, results-oriented actions and measurable results;
- Builds holistic working teams and builds upon them;
- Provides “HOW TO” innovative tools and methodologies based on a combination of analytical thinking and participatory approaches; and
- Advocates for senior government leadership to be aligned, committed and focused.

It also builds confidence and capacity of government and partners, particularly the UN partners, to fulfill their respective responsibilities through optimising use of resources and capacities to reduce malnutrition. Moreover, most change processes go through a series of phases with which REACH facilitators should become familiar in order to best handle them, be proactive and avoid stalling the process (Figure 10 and Table 2).

Figure 10: Change Phases
The five change phases: stagnation, preparation, implementation, determination and fruition.

Change is a volatile and emotional process with several distinct phases

A few examples of pivotal change management “episodes” during the REACH engagement are described below to help bridge change management theory and practical applications:

- When the UN agencies are hesitant or resistant to accept REACH (e.g. uncertainty on the role of facilitator; lack of time and commitment; lack of capacity; conflicting programs), these challenges need to be overcome.
• When multi-sectoral approaches are introduced to increase the impact of nutrition actions beyond just health, traditional nutrition stakeholders and non-traditional nutrition stakeholders need to be convinced on the potential value of working towards a common goal. Potential challenges include a lack of confidence, a lack of trust, time limitations and an inability to collaborate together.

• When government needs to implement an inter-ministerial coordination mechanisms or platform for nutrition, there may be a lack of knowledge of "how to" do it; lack of resources; lack of commitment; or lack of understanding of value added.

• When joint monitoring and surveillance systems are required...and many others....

Managing change is not easy. Facilitators will need a combination of analytical, strategic, and peoples skills - and a lot of patience!

Table 2: Tips for managing the change management process

<table>
<thead>
<tr>
<th>Steps</th>
<th>Tips</th>
</tr>
</thead>
</table>
| 1. Create the “Change agenda” | Define “WHAT” you want to change:  
Examples: introduce REACH and its value-added; introducing joint-coordination mechanisms; conduct nutrition situation analyses, jointly!)  
Think about "HOW" :  
• Identify the target audience, and who needs to be involved and who needs to be convinced.  
• Articulate the WHAT adapted to the target audience: present the benefits (e.g. focus on technical criteria, social and technical benefits, increasing impact).  
• Ensure that the target audience has internalized the content. Spend time necessary to create and build conviction. |
| 2. Mobilize stakeholders & build consensus |  
• Identify key allies and their supporting roles (as technical advisers, as advocacy supporters) within and outside the UN.  
• Ensure stakeholders share vision and objectives to operate as a cohesive unit, both strategically and operationally, transcending all individual mandates and boundaries.  
• Institutionalise commitments of key allies (e.g. if key allies are UN focal points ensure that their commitments are included in their performance appraisals; if stakeholders, ensure that commitment is reflected in their projects and proposals.)  
• Identify training needs, if required. |
| 3. Awareness |  
• Be sensitive to people’s responses: enhance positive inputs and acknowledge the constraints addressed.  
• Seek aid from allies to provide accurate response to address concerns; ensure rigorous follow-up. |
| 4. Plan & sustain: manage for results |  
• Discuss, agree and plan the implementing steps.  
• Build up from on-going foundations; ensure that common vision is continuously shared; exploit change opportunities identified in your support allies. |
| 5. Communication |  
• Identify key communicators at all levels suitable for each WHAT, e.g. those who might be good to support one change management might be good to support others.  
• Ensure that messages are tailored to the specific audience and what is required from them (e.g. information, action, etc.).  
• Pay attention and adjust the communication strategy as you go along at each phase. |
2.2.3 Participatory Approaches

The REACH process is built on participation and consensus to ensure that all nutrition actors provide contributions and buy-in to agreed actions. Participation means different things to different people. It can confer benefits when those involved have a common understanding and shared expectations. In the daily context, participation is a process of collective analysis, learning and action. The facilitator’s role is to guide and/or involve key stakeholders to:

- Change the balance of power so that everyone’s rights and aspirations are acknowledged, respected and used as a basis for dialogue;
- Generate shared understanding of problems, priorities and possibilities;
- Agree on achievable and sustainable change and action;
- Build the capacity of local stakeholders to initiate self-mobilised action; and
- Celebrate achievements and develop strengths.

The best starting point is attitude. The facilitator should bring positive energy, charisma, will/commitment, transparency, respect and “big ears” to collaborative processes with the country team. Working through the UN system, he/she should mobilize, encourage, support and involve the stakeholders in participatory processes. The early phases of the REACH process are particularly important for creating an environment of trust and collaboration, both within the UN community and the greater group of nutrition stakeholders.

The use of participatory practices will build on mutual trust and respect, and result in more sustainable relationships. Activities and achievements will be jointly owned and better evaluated, leading to greater nutrition impact and more satisfied partners. Participatory approaches are based on three key factors, namely: (1.) stakeholders; (2.) levels of involvement; and (3.) phases of the development process (Figure 11). Different stakeholders are engaged, each with different aims and capabilities. They participate at different levels, ranging from passive involvement to active empowerment. The level of participation of each stakeholder may change at different phases of the REACH process (Getting Started, Situation Analysis, Support and Transition/Phase-over). Research shows that projects do become more sustainable, appropriate and effective as the level of local participation increases.

Figure 11: Participatory levels matrix

An analytical framework for measuring participation
(Adapted from Wilcox, 1994)

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24 VSO. “Participatory Approaches: A facilitator’s guide.”
26 Ibid
This framework displays five levels of control and participation from more control and less participation (levels 1 and 2) to less control and more participation (levels 3, 4 and 5). The gap between each level becomes wider as participation of stakeholders increases. In general, the first levels are easier to reach than the higher ones. The REACH process is expected to take place between levels 2 and 5. Table 3 defines these levels, summarizes when they are applicable and identifies tools that may be used to enhance participation.

Table 3: Levels of control and tools

Understanding which level of participation is appropriate and which tools may be used to enhance participation

<table>
<thead>
<tr>
<th>LEVELS OF CONTROL AND PARTICIPATION of the Facilitator</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1: Informing</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Definition:</strong> is a one-way communication. Clear communication is a minimum requirement for facilitators, but participation is passive rather than active, with no empowerment nor ownership of the planned activities. Although facilitators will rarely work at this level, it may be useful to explain a process, when introducing new activities or concepts and new evidence-based policy statements and/or guidance materials.</td>
<td></td>
</tr>
<tr>
<td><strong>When is it best used?</strong></td>
<td><strong>Tools</strong></td>
</tr>
<tr>
<td>• When looking for a way to present a topic, address a conflict of interests or initiate a process.</td>
<td>• Focus groups or bilateral discussions.</td>
</tr>
<tr>
<td></td>
<td>• SWOT (Strengths Weaknesses, Opportunities and Threats).</td>
</tr>
<tr>
<td></td>
<td>• Flow diagrams.</td>
</tr>
<tr>
<td></td>
<td>• Consultative committees.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Level 2: Consulting</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition:</strong> is offering to the group a number of options for what you are planning to do and listening to their feedback. This is an initial step to involve stakeholders and benefit from the greater knowledge and expertise they have; however, facilitator’s retain the power and control to decide how best to proceed.</td>
<td></td>
</tr>
<tr>
<td><strong>When is it best used?</strong></td>
<td><strong>Tools</strong></td>
</tr>
<tr>
<td>• When looking for a way to present a topic, address a conflict of interests or initiate a process.</td>
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<td></td>
<td>• Flow diagrams.</td>
</tr>
<tr>
<td></td>
<td>• Consultative committees.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Level 3: Deciding together</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition:</strong> implies encouraging others to provide their own ideas and generating options together, choosing between them and agreeing on ways forward. A range of stakeholders have the opportunity to empower themselves and take ownership of the process. It is a difficult approach because it can mean giving persons the power to choose without the responsibility of implementing the resulting actions. It is a longer, more complex process, and people need more confidence (and time) to get involved.</td>
<td></td>
</tr>
<tr>
<td><strong>When is it best used?</strong></td>
<td><strong>Tools</strong></td>
</tr>
<tr>
<td>• When other people ‘own’ the development process.</td>
<td>• Stakeholder analysis/Venn Diagrams, to identify who should be involved (power and decision-making bodies)/Importance vs. influence ranking of stakeholders.</td>
</tr>
<tr>
<td>• You will need to tap into local people’s greater understanding of their situation.</td>
<td>• SWOT Analysis.</td>
</tr>
<tr>
<td>• You will need to conduct a joint analysis, planning and decision making.</td>
<td>• Problem Trees, Flow Diagrams.</td>
</tr>
<tr>
<td></td>
<td>• Community Records or qualitative reports to understand more about the situation/context and make informed choices.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Level 4: Acting together (Modus operandi of the technical coordination group )</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition:</strong> Deciding and acting together in partnership involves trust as well as a common</td>
<td></td>
</tr>
</tbody>
</table>

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vision. REACH help governments set-up longer-term partnerships rather than one-off volunteer placements in order to generate greater and more sustainable nutrition impacts.

In preparing a partnership agreement, it is important to consider the mix of your desired goals, and whether they are realistic and shared by all stakeholders such as:

1) Increasing the nutrition impact of activities, interventions and programmatic approaches;
2) Building the capacity of the participants;
3) Building working relationships of benefit for the future; and
4) Increasing local ownership of the process.

<table>
<thead>
<tr>
<th>When is it best used?</th>
<th>Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>• When one party cannot achieve what they want on their own.</td>
<td></td>
</tr>
<tr>
<td>• When the various interests involved get some extra benefit from acting together.</td>
<td></td>
</tr>
<tr>
<td>• When there is commitment to the time and effort needed to develop a partnership.</td>
<td></td>
</tr>
<tr>
<td>All of the methods and tools mentioned can potentially help if facilitators have the attitude to facilitate, rather than lead or direct. Some extra tips:</td>
<td></td>
</tr>
<tr>
<td>• Tools for deciding together to create a shared vision.</td>
<td></td>
</tr>
<tr>
<td>• Team-building exercises.</td>
<td></td>
</tr>
<tr>
<td>• Programme planning and design activities.</td>
<td></td>
</tr>
</tbody>
</table>

**Level 5: Supporting independent initiatives**

**Definition**: Helping others do what they want – perhaps within a framework of advice and support. Power and control rests with UN focal points or technical coordination mechanisms. They are self-mobilised. Facilitators play a consultative or facilitative role, as requested. This is the most empowering approach – provided people do want to do things for themselves. At this level, facilitators may decrease their level of control and participation, recognising that the process should ultimately be owned by the government.

<table>
<thead>
<tr>
<th>When is it best used?</th>
<th>Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Where there is a commitment to empower individuals or groups.</td>
<td></td>
</tr>
<tr>
<td>• When people are interested in starting and running the initiative.</td>
<td></td>
</tr>
<tr>
<td>• When supporting conditions (culture, hierarchy, time) will permit this approach to work.</td>
<td></td>
</tr>
<tr>
<td>Any method or tool previously proposed, can be used. The challenge is to think through what the purpose of the group is, and what role they would like the REACH Facilitator to play. Some extra tips:</td>
<td></td>
</tr>
<tr>
<td>• Workshops for helping groups create a shared vision, plan actions and mobilise resources</td>
<td></td>
</tr>
<tr>
<td>• Team-building exercises.</td>
<td></td>
</tr>
<tr>
<td>• Information exchanges/visits to other REACH countries.</td>
<td></td>
</tr>
</tbody>
</table>

Various tips are articulated by Table 4 along with practical lessons learned to further illustrate facilitation techniques.
### Table 4: Facilitation tips and lessons learned

<table>
<thead>
<tr>
<th>Tips</th>
<th>Lessons learned ...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus on the process and the environment</strong></td>
<td>The process and group dynamics are more important than tasks or outcomes. Focus on the group dynamics, especially at the early stages of the process.</td>
</tr>
</tbody>
</table>
| **People can only be empowered by themselves** | During early stages of the process, it is critical to dedicate time to build the foundations of trust in order to create a positive environment and sustainable change.  

The Facilitator should create an environment that is conducive to stakeholder’s empowerment. The process might be slow at times; nevertheless, it is crucial for the facilitator to be positive, flexible, committed and patient. |
<p>| <strong>Remember each idea counts</strong>             | Any stakeholder (donor, NGO, UN Agency, government) has a unique and valid perception of any situation with its own values, bias and prejudice. Facilitators should encourage the inclusion of these perceptions, ensuring that all are respected and given appropriate value. |
| <strong>Triangulate</strong>                           | One helpful way of handling different perspectives is to gather at least 3 perspectives on a given issue (also called triangulation). Facilitators may use triangulation to help to verify data, minimise bias, and differentiate between fact, opinion and emotions. |
| <strong>Adopt a learning attitude</strong>             | Eagerness/openness to learn and motivation are instrumental for effective participation, particularly as people are often motivated to participate in activities that are relevant to them. Facilitators need to find ways for all participants to see the benefit of the REACH process in order to secure buy-in for joint action. |
| <strong>Be transparent</strong>                        | Effective partnership requires an atmosphere of mutual trust. Trust generally has to be built and earned. Facilitators should use a transparent approach; being open about the agenda and communicating information clearly. This will help build trust and promote collaboration. Transparency helps avoid suspicion and prevents different parties from protecting their own interests at the detriment of joint-interests and goals. |
| <strong>Be neutral</strong>                            | Stakeholders may be more inclined to engage and support the REACH process when they perceive the facilitators as neutral. This is particularly important in order to promote balanced multi-sectoral nutrition action. |
| <strong>Be flexible</strong>                           | Facilitators and stakeholders may find each other’s views difficult to understand, contradictory or incompatible with their own ideas and beliefs. Accepting this reality requires a high degree of flexibility and empathy, seeking to understand before being understood. Facilitators should avoid the use of methods and tools mechanically, as they will not work in every context group. They should try to adapt them to the issue under discussion and the characteristics of the group. Adapt not adopt! |
| <strong>Manage conflict</strong>                       | Don’t forget that participatory approaches may disrupt the distribution of power and induce resistance from elite groups, who wish to maintain their control. Differences of opinion will inevitably arise in any participatory forum, with conflict resulting when differences are perceived as being incompatible. Facilitators should anticipate conflict: keep a cool head, explore tensions and their causes, and provide a neutral space. Conduct one-to-one meetings whenever necessary to understand the nature of the conflict. |</p>
<table>
<thead>
<tr>
<th>Use participatory exercises such as drawing the point of discussion to help stakeholders focus on the issue rather than each other’s personalities.</th>
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</thead>
<tbody>
<tr>
<td><strong>Understand cultural differences</strong></td>
</tr>
<tr>
<td>Participation or lack of participation may be influenced by cultural factors. Facilitators must balance their sensitivity to local culture with the need to proactively challenge the local context. They may sometimes opt to work separately with different groups, sectors, genders in order to maximize participation and free-speaking. Often, it is valuable and constructive to work with mixed groups from a cross-section of organizations so they can share ideas, skills and perceptions, and learn collectively.</td>
</tr>
<tr>
<td><strong>Balance dynamic and receptive qualities</strong></td>
</tr>
<tr>
<td>Good facilitators are:</td>
</tr>
<tr>
<td>(a.) listeners yet mobilisers; and</td>
</tr>
<tr>
<td>(b.) sensitive yet proactive.</td>
</tr>
<tr>
<td>This highlights the central function of facilitation: the act of making participation easier. At times, the facilitator needs to be more dynamic, enable all voices to be heard, while at other times, he/she may need to step back, and be more receptive, handing over the leadership role to other stakeholders.</td>
</tr>
</tbody>
</table>
2.3 Knowledge-sharing

2.3.1 Overview

The goal of REACH knowledge-sharing is to foster information exchange and learning, both within and outside of REACH. Knowledge-sharing can inform, enrich and demystify the multi-sectoral approach to nutrition. It can be a powerful means to promote positive change, but again can be a time-intensive function. In nutrition, the main knowledge-sharing challenge is not a dearth of information, but information/knowledge overload. Accessibility can be another obstacle, emerging because resources are difficult to locate within vast websites or due to poor connectivity and/or because they are highly technical, and thus often out of reach of the non-technical practitioners who handle nutrition. REACH has a series of knowledge-sharing materials such as the REACH Nutrition Action Guides (NAGs), bulletins, etc. which provide synthesised information about multi-sectoral action and/or which identify the appropriate, expanded technical resources for further exploration. Moreover, facilitators often act as a switchboard, directing stakeholders to the appropriate authorities, experts and/or resources. They also help foster a culture of knowledge-sharing, enhancing knowledge-sharing capacity and promoting sustained interest in knowledge-sharing activities in-country among practitioners and other stakeholders.

2.3.2 Getting connected

The REACH facilitator is sometimes referred to as the knowledge sharing ‘node’ – or ‘nerve cell’ – in-country, as they are connected to a multitude of stakeholders across the multi-sectoral nutrition landscape. They facilitate access to good practices, emerging evidence, resource materials and upcoming events as they relate to scaling-up nutrition actions. They support the development of knowledge-sharing mechanisms to strengthen coordination and information-sharing among the nutrition stakeholders. Where established, REACH facilitators participate in knowledge-sharing/management groups, which work on policy review and programming processes in-country, among other tasks. Country facilitators are also connected with other similar nodes (REACH facilitators in other countries) as well as to a larger global knowledge network of REACH partners and resources (e.g. SCN, SUN, etc.), accessible through the REACH Secretariat. Hence, facilitators have the benefit of drawing upon this wider network of nutrition experts and practitioners to request advice about the validity and/or feasibility of ideas/approaches being discussed in-country. This exposure promotes peer problem-solving and strengthens multi-sectoral nutrition networks.

Knowledge-sharing should optimize available technology and seek to overcome limitations such as limited internet connectivity to ensure that knowledge-sharing is accessible. There are various vehicles for sustaining REACH knowledge-sharing; these include the REACH website, online fora, multi-sectoral coordination group discussions/dialogue, teleconferences with colleagues at the REACH Secretariat, Facilitator’s Workshops and other events. The REACH website will be the “regular” dissemination mechanism to provide knowledge-sharing materials; it will also host communications and advocacy materials (See Section 2.4). Nevertheless, other knowledge-sharing mechanisms may be used at the country level, as applicable.

Box 3: The REACH website

Knowing where to find REACH information and which online functionalities are available

The REACH website (http://www.reachpartnership.org/home) provides general information on:

- The REACH approach
- REACH countries
- Resources: tools, methodologies, case studies, etc.

Countries pages will cover the following areas:

- REACH objectives
- Achievements and latest updates
- Maps
- Nutrition and poverty facts
- Other country information (national development strategies, nutrition and other related policies, etc.)
- Governance
The REACH SharePoint platform will host all REACH documents, provide a space for team video conferences, and provide links to key websites.

2.3.3 Contributions to knowledge-sharing materials

In addition to facilitating knowledge-flow, facilitators make regular contributions to various REACH knowledge-sharing products (Table 5). Specific knowledge-sharing tasks are mentioned in successive sections of the manual as they relate to the respective REACH exercises and/or supporting activities. In general, they are responsible for updating the country pages of the REACH website. They should also document experiences from the respective REACH exercises in-country (e.g. stock-taking exercises, multi-sectoral planning, costing, etc.) to facilitate the preparation of new case studies in support of inter-country exchanges and REACH process evaluations. The availability of this information can improve efficiency, as practitioners can capitalize on the lessons learned from past experiences so as to avoid making the same mistakes and/or reinventing the wheel. Over time, this accumulation of practice can help translate knowledge and experience into “How to” guidelines or tools for scaling-up multi-sectoral nutrition interventions at the country level (e.g. revisions the REACH tool-kit).

Table 5. Tips for knowledge-sharing
Looking at the main knowledge-sharing tasks of the REACH Facilitator

<table>
<thead>
<tr>
<th>In-country</th>
<th>Outside country</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Regularly update REACH country website pages and maximize its use/visits.</td>
<td>✓ Participate in regular conference calls with the Secretariat to keep abreast REACH developments in other countries and at the Secretariat.</td>
</tr>
<tr>
<td>✓ Conduct annual or bi-annual events to catalyse knowledge-sharing.</td>
<td>✓ Participate in online discussions with other country facilitators, the Secretariat and/or other experts. In addition to knowledge-sharing gains, these discussions help strengthen relationships.</td>
</tr>
<tr>
<td>✓ Organize regular workshops or conferences in collaboration with partners and other stakeholders, particularly where other communication opportunities are limited (e.g. lack of internet connection). <em>Remember: Such events help improve communication and strengthen relationships between stakeholders.</em></td>
<td>✓ Discuss inputs to case studies with the Secretariat.</td>
</tr>
<tr>
<td>✓ Document various REACH experiences in-country to facilitate the preparation of new case studies in support of inter-country exchanges.</td>
<td></td>
</tr>
<tr>
<td>✓ Disseminate knowledge-sharing and other materials from SUN and other complementary platforms to members of the UN Network in-country.</td>
<td></td>
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</tbody>
</table>
2.4 COMMUNICATIONS AND ADVOCACY

2.4.1 Overview
The goal of REACH advocacy is to ensure that nutrition and related issues are high on the political agenda, and where applicable, to promote the use of REACH as an effective UN mechanism to scale-up nutrition. The broad REACH communications strategy will ensure that all the key actors increasingly share a common understanding of the prevailing nutrition problems and their solutions. The strategy should be country- or even context-specific. Ultimately, it should help influence policy and decision-making in order to enhance priority nutrition actions, strengthen capacity, coherence and accountability, and thereby augment the effectiveness of nutrition actions at all levels. It is important to ensure that key messages and information communicated are consistent so as to avoid confusion. It is, furthermore, critical to understand that a communications strategy and plan is NOT a set of messages; rather, it is a framework for information exchange that informs key actors and allows them to discuss, negotiate and seek consensus on the best way forward. Lastly, REACH communication and advocacy efforts should support the Scaling-up Nutrition (SUN) movement in designated SUN countries (see Section 5.2.4 for an overview of the various nutrition-related coordination mechanisms).

2.4.2 Communications versus Advocacy
There are inherent linkages between REACH advocacy and communications plans and activities. Whereas advocacy is primarily focused on raising awareness and bolstering commitment to scaling-up nutrition actions (generally among high level leaders), the communications plan is a more comprehensive undertaking which defines sustained communication processes for all key actors in the scale-up process as part of greater capacity development efforts. Advocacy may be for specific, sometimes, short-term purposes such as persuading a high-level government leader to call for and to take part in a National Nutrition Summit. Still, it is advisable to establish an Advocacy Strategy to help ensure that short-term actions/activities are coherent and promote overarching goals. The strategy should be updated as opportunities arise. On the other hand, the REACH country communication strategy should be carefully developed and normally requires the assistance of one or several communication experts. These specialists are often available in the country offices of REACH agencies. It may also be helpful to engage an external specialist experienced in nutrition communication strategy development.

The formulation of REACH country communication and advocacy strategies/plans is an integral aspect of the planning process in the Support phase. Facilitators should work with the communication specialists on the formulation of a communication and advocacy strategies/plans, providing them with updated information from the REACH Situation Analysis exercises. More specifically, facilitators should help them identify the following:

- Key problems and causes to be addressed;
- Priority actions selected; and
- Key actors related to these actions and their needs for awareness, information, ‘coaching’ and ‘convincing’ in order to accelerate action.

Facilitators play an important role in helping to ensure that the communication plan is part of a plan to scale-up nutrition actions, not a separate, ‘stand-alone’ exercise that quickly loses value.

2.4.3 Preparing an advocacy strategy
The following guidelines highlight the major steps and/or considerations for devising an advocacy strategy. Overall, the strategy should be flexible, recognising that the nutrition situation will likely evolve over time. Advocates may also change in the medium-term. As a result, the strategy should be updated regularly while adhering to certain parameters. The original objectives of the strategy, however, should change to a lesser extent. Furthermore, advocacy campaigns often come in waves. Facilitators should make sure there is frequent and regular activity, bearing in mind that people have other responsibilities. Facilitators should manage the level of engagement required of them accordingly, and make sure the team celebrates and communicates small victories.
In addition to the below guidelines, specific advocacy tasks are mentioned in successive sections of the manual for the respective REACH exercises and/or supporting activities.

1. **Analysis of advocacy issues.** Analysis is the essential first step to effective advocacy. All advocacy efforts should begin with accurate information and an in-depth understanding of the issue at hand. Understanding the relevant local political and social structures and dynamics is very important, as it is very easy to advocate for the right issue to the wrong people, or in the wrong way. Facilitators should discuss with technical stakeholders the relevant issues and establish a priority list.

2. **Establish measurable goals and SMART objectives** (Specific, Measurable, Attainable, Relevant and Time bound)\(^{28}\). The information collected during Step 1 provides the basis for the development of advocacy goals and objectives. In defining advocacy objectives, the following questions should be asked:
   - What needs to change?
   - Why is change necessary?
   - How much change is required, what do we want to change?
   - Who can make the change?
   - Where and when should change take place?
   - How will change be measured?

3. **Identify long and short-term objectives:** Long-term objectives may not be attainable immediately, but short-term objectives will help build towards those in more concrete ways. For example, a long-term objective may be to mainstream nutrition indicators in a national development policy. One of the possible short-term objectives leading to this long-term objective could be to identify the decision-makers responsible for writing this policy and their attitudes toward including nutrition in the policy. Ensure objectives are defined in a way that triggers specific actions, engages people, and can be sustained over time. Moreover, make sure that the objectives are big enough to matter, but small enough to get results.

4. **Identify target audiences and stakeholders.** During the early stages of REACH (e.g. the Preparation and Situation Analysis phases), list all relevant parties that have interests or influence related to reducing undernutrition. These parties may be broken into three categories: supporters, opponents and undecided.

5. **Create a Power Map:** Draft a Power Map to capture the most influential actors, the ones with formal authority to approve changes and the ones with informal authority who still have influence on the decision-making process. Identify who they are and what pressure points are available to move them.

6. **Select messages and tactics.** Once the target audiences and stakeholders have been identified, tailor messages and determine the appropriate actions and tactics for their delivery.

While each advocacy objective will involve different messages for different audiences, one core message should be developed which clearly summarises the overall goal and the desired change. The core message will be primarily influenced by the most urgent causes of undernutrition identified by Step 1. In the implementation of the advocacy strategy, the core message will serve as a basis for compelling media and communication campaign content such as slogans, sound bites/quotes and stories for media and communication campaigns. Key messages will tailor the core message to appeal to different individuals or groups based on

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Keep in mind...

- Ensure that all partners buy into the same message. Take time to discuss one-to-one with the key partners.
- Make sure that the UN nutrition focal points have reviewed and signed-off on the messages with their respective Country Directors (Representatives), as often these persons will be responsible for implementing the strategy (e.g. through meetings with government officials, delivering speeches at events, interviews), not the UN focal point themselves.

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their interests and capacity to influence nutrition decisions. These messages should be based on a review of what information the specific audience needs/wants to receive, what kind of action is required of them to influence decisions. Key messages should be clear, compelling and engaging and use language to suit specific audiences (Table 6).

Likewise, the tactics for communicating these messages should be tailored to ensure that they reach the target audiences. Facilitators should be mindful that there is a fine line between how government and other stakeholders interact in the preparation and implementation of an advocacy strategy. Advocacy activities usually target senior levels of government, while technical coordination groups are often comprised of junior members of government and other partners. Keep this in mind when selecting communication tactics and engage many different parties to explore creative options.

7. **Develop an action plan.** Partners should play an active role in the strategy design process as well as the development of the action plan to ensure mutual ownership and commitment. An Advocacy action plan details specific activities to be undertaken, their timeframe and deadlines, those stakeholders responsible for carrying out specific tasks and the resources required. Try to build from existing resources including past advocacy work, established alliances and/or resource persons. The action plan should be revised and endorsed by them and by senior levels to ensure buy-in. It is equally helpful to build advocacy alliances, if necessary (with media, academia, etc.).

8. **Monitoring and evaluation.** Attributing causality is notoriously difficult in advocacy work. How does one know if action 'X' achieved intended result 'Y'? If the result is achieved, how does one determine which specific advocacy efforts were responsible, or if the result occurred due to the combined efforts of the humanitarian community, or whether it had nothing to do with either, instead reflecting some other shift in the political/economic/social circumstances?

The more specific, tangible and measurable the objectives are, the more accurate the quantitative and qualitative indicators will be in assessing the advocacy strategy's contribution to achievements. Action plans should incorporate reflection, learning and flexibility to determine their effectiveness in meeting the strategy's goals and objectives; it is therefore recommended that milestones and output indicators are included in the Advocacy action plan to track progress and take corrective actions, when needed.

### Table 6. Tips for Selecting Advocacy Messages and Tactics

*Knowing what to communicate to whom, when and how*

<table>
<thead>
<tr>
<th>Tips</th>
<th>Considerations</th>
</tr>
</thead>
</table>
| Select messages according to target audience  
*e.g. Identify messages which can influence decision-makers, technical staff, supporters, etc.* |  
- Ensure messages are persuasive and adapted to the specific purpose.  
- Ensure that advocacy messages cover at least:  
  1) Why the advocacy objective is the right thing to do on the merits (e.g. "Increasing funds for children's health saves lives.")  
  2) Why it is in the political interest of the authority to do it ("We have a coalition of fifty groups supporting this proposal"). |
| Identify who the strategy’s "messengers" may be  
*Keep in mind that the same message has a different impact depending on who communicates it.*  
*Messages should be adjusted to the "messenger" and the specific audience she/he is intended to reach.* |  
- **Experts** whose credibility is largely technical such as academics and professors, senior technical staff, well-respected research institutions or others.  
- **Authentic Voices** of the people who can speak from personal experience such as program beneficiaries or vulnerable households, or program field workers.  
- **People with Clout** (Influence) who have access to the political connections that make authorities want to listen, such as "nutrition champions" (e.g. a former Head of state, good will ambassadors, a First Lady, etc.). |
<table>
<thead>
<tr>
<th>Identify communication tactics</th>
<th>Written technical memos/policy briefs (based on evidence-based research, arguments, proposed actions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Public conferences or debates, workshops, technical meetings, etc.</td>
</tr>
<tr>
<td></td>
<td>Talking points (high-level meetings)</td>
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<tr>
<td></td>
<td>Participation of key resource persons in high-level meetings (UNCT, UN RC, representatives of civil society, representatives of nutrition donor group if they exist, etc.)</td>
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<tr>
<td></td>
<td>Public campaigns</td>
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<tr>
<td></td>
<td>Dialogue and negotiation networking: building alliances and partnerships</td>
</tr>
<tr>
<td></td>
<td>Production and dissemination of information materials; and media relations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Select the communication vehicles</th>
<th>For social mobilization, use grassroots movements.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For garnering public attention, use available media and press coverage and nutrition champions.</td>
</tr>
<tr>
<td></td>
<td>For capturing attention of special interest groups, use representative women/men, artists, etc.</td>
</tr>
<tr>
<td></td>
<td>For working on technical issues and policy, use analysis, academics.</td>
</tr>
<tr>
<td></td>
<td>For behind-the-scenes efforts, lobby high-level partners and local opinion leaders.</td>
</tr>
</tbody>
</table>

**2.4.1 Preparing a communications strategy**

This portion of the manual will be developed by a communication specialist and integrated in a subsequent version.
Key messages

- REACH is a capacity development process which supports incremental change through facilitation.

- It is important for facilitators to discuss with government counterparts and technical stakeholders the importance of reaching a level of participation, which represents a meaningful sharing of power and ideas. Different levels of participation may be appropriate at different times to meet the expectations of different interests.

- Facilitators need to balance his/her dynamic and receptive behaviour in response to the group dynamics. It is crucial for the facilitator to remain positive, flexible, committed and patient, even during difficult stages of the change management process.

- Knowledge-sharing can inform, enrich and demystify the multi-sectoral approach to nutrition. Facilitators make key contributions to knowledge-sharing practices and materials, and should be sure to document REACH experiences in-country (e.g. stock-taking exercises, multi-sectoral planning, costing, etc.) throughout the engagement.

- When devising the Communications and Advocacy strategy, make sure to set realistic targets - don't over-promise, better to over-deliver.

- Ensure that all partners agree and will be consistent with the defined nutrition and advocacy messages, including senior partner leadership, not just UN focal points and other technical stakeholders.

- Advocacy campaigns can be long, and thus may need to be adapted to changing contexts, priorities, etc. Be sure to document the process and lessons learned, and to communicate messages to a wide variety of groups and individuals. Don't rely on one decision-maker to make your case, as government officials change quickly and unexpectedly and often dossiers are not handed-over to the new official.
3. Preparation

**INTRODUCTION**

Section 3 outlines the steps for launching the REACH process in-country. It discusses the support available to facilitators from the REACH Secretariat and UN partner agencies to help them get started. It highlights the importance of actively engaging partners and other stakeholders from the early stages of the process, clarifying the roles and relationships between the various stakeholders, including how they interact with the REACH facilitators. It also describes the importance of defining REACH milestones, targets and activities with partners so as to further encourage the active engagement and buy-in of relevant stakeholders.

**LEARNING OBJECTIVES**

- To present the general action/activities of the initial stages of the REACH country engagement
- To identify which profiles and groups are involved in the REACH process at the country level and how to engage with them
- To outline what types of support are available to facilitators

3.1 ENGAGING PARTNERS AND OTHER COUNTRY STAKEHOLDERS

3.1.1 UN Partner Agencies

The active involvement and strong backing of the four UN REACH Initiating Partner agencies (FAO, UNICEF, WHO, and WFP) which are present at the global level are also prerequisites for carrying out a meaningful REACH engagement at country level. Due to differences in the structure and mandate of each agency, their capacity may differ at the country level. The operational-focused funds and programmes often have a strong presence at the country level (e.g. UNICEF and WFP) albeit varying capacity in nutrition, while specialised expertise may be concentrated and tapped at the headquarters and regional levels of the normative organisations (e.g. FAO and WHO). Each agency should play a constructive role in the REACH country engagements (and UN country network) based on their respective capacities, activities and mandate. Their involvement is key to obtain balanced multi-sector perspectives.

It is imperative that facilitators are properly introduced to national authorities, the UN Country Resident Coordinator and UN Country Team by the one or more of the Country Committee members. Facilitators should then hold a series of introductory meetings with relevant partners to kick-off the REACH process. Facilitators should engage with the UN Agencies at two levels: (a.) the managerial/oversight level and (b.) the technical level from the inception. (See Box 4 below for further information about how to engage with the UNCT). The REACH International Facilitator formally reports to the Country Director/Country Representative of the designated UN implementing partner in-country, who carries out performance appraisal requirements/practices in consultation with the REACH Country Committee (herein referred to as the RCC). The Country Director/Country Representative may also solicit inputs and comments on the performance appraisal of the facilitator from government officials and other country stakeholders in order to reflect the multi-sector and multi-stakeholder spirit of REACH. Broadly speaking, the REACH Team in-country refers to the members of the RCC, the UN focal points on nutrition from the partner agencies and the REACH facilitators. Where REACH Facilitators are present (countries pursuing the ‘intense’ or ‘moderate’ REACH support model), they help the UN nutrition teams to lead the UN network at the country level in view of their reach/regular interface with the UN Agencies working on nutrition actions.

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29 These factors are also instrumental to developing a strong UN Network at the country level.

30 See REACH MoU (2011) and REACH Standard Operation Procedures (2012) for further information about REACH governance and administrative procedures as they related to REACH at the country level.
Box 4: REACH UN teams

The composition and function of the Country Committee and UN Focal Points Team

Country Committee (CC)
As stipulated by the REACH Memorandum of Understanding (MoU), a REACH Country Committee (CC) should be established in each REACH country. The representatives of the partner agencies propose the membership of the CC. Typically, the CC is comprised of the Country Director/Country Representative or their Deputy from each of the four UN partners (FAO, UNICEF, WFP and WHO) in-country. In other REACH countries, the UN nutrition focal points\(^{31}\) comprise the CC. The CC serves as the formal governing body of REACH in-country.\(^{32}\) This committee is responsible for overseeing the facilitator and the planning, implementation and reporting of REACH-supported activities in-country in line with the Country Implementation Plan, and thus exercises decision-making authority. REACH should be seen as part of the overall nutrition efforts within the UN Development Assistance Framework/Program (UNDAF/UNDAP) and as a key resource to enhance the UN Network (country level).

UN Nutrition Team (UN Focal Points)
A substantial portion of the REACH facilitator’s work is carried out in close collaboration with the technical officers responsible for nutrition in the respective UN partner agencies, particularly the nutrition UN focal points, where there is more than one nutrition specialist in a given agency’s country office. REACH facilitators become an integral part of this small team referred to as the UN Nutrition Team, facilitating and/or fulfilling the role of the secretary. This team essentially carries out and supports the facilitator with the day-to-day tasks for REACH activities in countries receiving ‘intense’/’moderate’ REACH support. Where the ‘remote’ REACH model is being applied, the UN Nutrition Team carries out collaboration functions directly with some backing support from the REACH Secretariat and/or Regional REACH facilitators.

During the initial round of meetings both with the RCC and UN Nutrition Team (UN-NT), the expectations of the REACH engagement should be discussed, referring to the Country Implementation Plan (CIP) to ensure that there is a common understanding among partners\(^{33}\). The modus operandi should also be discussed and defined during these meetings, establishing the frequency/scheduling of meetings and other logistics, communication flows and reporting lines, where applicable. The facilitator should compile a UN Partner Contact List, specifying the names and contact details of the members of the RCCs and UN Nutrition Team as well as individuals who provide technical backstopping to country activities from regional and headquarter offices. The list should be circulated among UN partners/UN Network (country level) and the Secretariat for ease of contact.

Once these initial arrangements are sorted, the facilitator should ask UN Nutrition Team for a broad overview of the nutrition situation in-country (national and sub-national), the main nutrition (including food security) actors, recent nutrition achievements and major events, and active nutrition coordination platforms/mechanisms.

The dynamic of the initial meetings between the REACH facilitator(s) and the REACH UN partners is formative for the successive phases of the REACH process. The facilitator(s) must work quickly to establish a climate of action-oriented collaboration. When meeting with persons from the UN Agencies, the facilitator(s) should continually reiterate that REACH is not an implementing agency;

\(^{31}\) The nutrition focal points mentioned above refer to one designated person from each UN partner agency, which collectively comprise the UN Nutrition Team of the UN Network in-country, both in REACH and non-REACH countries.

\(^{32}\) Further information on REACH governance mechanisms and procedures is stipulated by the REACH MoU (2011) and REACH Standard Operation Procedures (2012).

\(^{33}\) The Country Implementation Plan is agreed upon by the REACH partner agencies in-country, following consultation with the Secretariat and (in most cases) the donor. The CIP outlines the expected outcomes, outputs, activities and provisional budgetary allocations for the two-three year REACH country engagement. The REACH Secretariat provides support as needed to the development of the CIP document in collaboration with country stakeholders. Among other stakeholders, the plan is shared with government, and in some cases, endorsed by the government.
rather, it is designed to leverage and bring together the respective capacity and contributions of the UN partner agencies. Facilitators should make it clear that the value of REACH in-country will be a reflection of the strength of the individual partners and their willingness and ability to work together.

3.1.2 Extended Country Stakeholders [Consultation and integration into Technical Nutrition Coordination Group(s)]

With the guidance and support of the Country Committee and UN Nutrition Team, consultations will be held with a greater group of nutrition stakeholders in-country. Key stakeholders will vary from country to country, though generally include: government staff (e.g. technical focal points from sector ministries, decision-makers); UN Agencies (whereby UN Agencies working on nutrition-related issues increasingly operate as a joint UN Network), NGOs (local, international and civil society networks), academia, donor community, etc. In many countries, this group of extended technical stakeholders is referred to as the Technical Working Group, which may operate on a formal or informal basis often convened by the donors, UN agencies or other technical and financial partners. REACH should tap into existing networks and groups of nutrition technical staff who will constitute the main body of knowledge, experience and ideas related to nutrition in-country. Facilitators should work with, and if necessary, strengthen existing nutrition technical working groups rather than creating a new, “REACH” technical working/coordination group.

The priority is to explain the principles of REACH, major milestones of the REACH process and identify the technical stakeholders in-country, who can be consulted in the comprehensive-stocktaking exercises of the Situation Analysis Phase.

To get started, the facilitator should make sure that these stakeholders understand the overall objective of REACH and value-added to nutrition efforts at the country level. While this may be covered during the first meeting, it should be reiterated in the meetings that follow during the initial phases of the REACH engagement (Preparation and Planning), and periodically thereafter for positive reinforcement. The REACH facilitators need to cultivate and respect relationships with country stakeholders in order to be effective during their (comparatively) short tenure in the country. Facilitators should draw upon their facilitation skills to muster support for the REACH engagement and encourage participation.

A Contact List, if it does not exist, can be created, including the members of this extended nutrition stakeholders group and disseminated to group members with a view to strengthening communications and knowledge-sharing among the group. REACH facilitators can help to maintain this list and keep it updated if no one else is performing this role. The list will also inform the REACH Stakeholder and Activity Mapping to be conducted during the Situation Analysis phase.
3.2 Plan of Work and Budget

3.2.1 Annual Workplan
The CIP should be used to identify the structured activities, tasks and deliverables for each year of the REACH engagement. These elements should be articulated in the Annual WorkPlan (AWP) along with the resources needed for each activity and/or task. The AWP is a workplan drafted every year by the facilitator in collaboration with the REACH country team and is ultimately approved by the Country Director/Representative of the four UN Initiating Partners (FAO, UNICEF, WHO and WFP). The Chair of the CC shall sign the AWP on behalf of the four Initiating Partners. In addition to defining the plan of work, the AWP serves as a guideline for annual fund disbursement from the REACH Secretariat to countries. The Facilitators, UN focal points and government counterparts will use the AWP to guide work activities, reviewing and amending on a quarterly or monthly basis.

3.2.2 Timeline – Milestones
In conjunction with the Annual Workplan, facilitators (or UN Nutrition Team in countries where the ‘remote’ model of REACH is applied34) should devise a timeline of activities and/or milestones to guide early discussions with country stakeholders – both the UN partners and other stakeholders, as appropriate. This visual depiction can help focus stakeholders on the task at hand and plot the way forward. The timeline can be updated as activities are completed to foster a climate of collective successes and achievements.

3.2.3 Financial management and REACH budget
The REACH Country Committee is responsible for the financial and administrative management of the REACH country budgetary allocations. All REACH disbursements to the country level will be managed in close consultation with financial managers of the REACH implementing partners in-country. As per the REACH MoU and Standard Operation Procedures, financial and administrative actions must comply with the rules and regulations of the identified implementing partner as well as with the conditions of the donor grant agreement.35

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34 The UN Nutrition Team in non-REACH countries may wish to do the same to better harmonize the efforts of the UN Network at the country level.
35 Consult the REACH MoU (2011) and REACH Standard Operation Procedures (2012) for further details on the applicable financial management of REACH funds, accounting and financial reporting procedures for the various options of implementing REACH at the country level.
3.4 LEARNING OPPORTUNITIES AND GUIDANCE FROM THE SECRETARIAT

3.4.1 Basic orientation and briefings for REACH facilitators
Within the first two weeks of the international facilitator’s deployment, an orientation will be organized via teleconference between the incoming facilitator and the Secretariat to welcome the facilitators and provide basic guidance on the REACH process. During this orientation, the Secretariat will walk facilitators through the contents of the REACH briefing kit to help familiarise them further with the REACH initiative. While the orientation is an opportunity for the incoming facilitator(s) to ask the Secretariat general and/or specific questions about the REACH process, exercises/activities, deliverables, etc., it is primarily focused on start-up activities and/or issues such as logistics (e.g. office arrangements), initial activities/analyses, etc.

The orientation is supplemented by an M&E Webinar with the Secretariat for presentation and discussion of the REACH M&E framework, methodology, indicators and supporting M&E instruments. These webinars are designed for and should be attended by the facilitators and UN focal points in-country. The webinars will outline the sequencing of REACH M&E activities, define indicators as well as provide preliminary guidance on data collection methodology and potential data sources. It will include remote demos of the applicable M&E tools, clarifying both quantitative and qualitative data requirements, as needed.

3.4.2 Coaching
In-country coaching may be extended by members of the Secretariat or consultants to support REACH country engagements. Such missions offer the flexibility of responding to specific country needs as they arise and close support during intensive periods of the REACH process (e.g. finalization of REACH Indicator Dashboard, preparation for REACH-supported national nutrition forums). Due to the costs of the coaching modality, facilitators should prioritise their needs and request such assistance with advance notice, enabling the Secretariat to schedule and consolidate missions with other REACH countries in the region, to the extent possible.

3.4.3 Facilitators Training/Workshops
Formal workshops will be provided to REACH facilitators, whereby incoming facilitators meet members of the REACH Secretariat, staff from partner agencies and other facilitators in-person. Additional details, instruction and tips will be discussed during these sessions, drawing upon country experiences and interactive exercises to help facilitators strengthen their facilitation skills among other competencies. Such trainings/workshops are also an opportunity to network with facilitators in other countries more closely and exchange ideas and good practices.

3.4.4 Regular Conference Calls
In addition to being formally supervised by the RCC and working closely with the UN Nutrition Team, REACH facilitators liaise with the REACH Secretariat, and where available, the Regional REACH facilitator. The mechanism for regular contact and consultation with the Secretariat is via the Regular Facilitator Conference Call, where facilitators from all REACH countries discuss progress, challenges and/or a specific topic. These calls provide an opportunity to exchange ideas and learn about activities in other REACH countries and to request guidance on the REACH process, activities and analyses. They also enable participants to get updates on any important regional or global developments in nutrition. UN Focal Points are welcome to join the weekly call if they wish. Alternately, consultations between the RCC and/or UN Nutrition Team and the Secretariat can be scheduled, if and when needed. The UN Nutrition Team, in countries applying the ‘remote support’ model, may also wish to request conference calls with the Secretariat and/or join the ‘Regular Facilitator Conference Call’ to discuss the recent status/progress, learn about similar work underway in other REACH countries and/or seek guidance on forthcoming REACH activities.

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36 To the extent possible, these workshops will be scheduled so as to piggy-back on relevant UN Network workshops, understanding the instrumental role REACH facilitators play in the UN Network at the country level.
37 At present, West Africa is the only region with a regional facilitator.
3.5 M&E REQUIREMENTS

3.5.1 M&E Considerations
The ultimate goal of REACH is to improve nutrition governance and management so as to support sustained nutrition improvements. It is extremely important to define specific objectives and determine the priority issues of the REACH engagement with country stakeholders from the beginning. Likewise, the methods and requirements for tracking progress should be discussed with related parties from the inception. These measures will help ensure that the focus on nutrition governance is not lost among the detailed analyses of REACH. M&E issues, including activities, processes and supporting tools, are discussed in further detail in Section 7 of this manual. Additional guidance and support is provided by the Secretariat during M&E webinars and country missions. M&E issues are briefly included here to reinforce the value of M&E, the need to initiate M&E discussions and activities from the early stages of REACH, and the applicable M&E activities to be undertaken during the Preparation phase. The UN Nutrition Team should be considered the main resource for collating/directing REACH staff to baseline data.

3.5.2 Key Evaluation Activities
A baseline assessment will be conducted prior to the implementation of the REACH approach, irrespective of which support model (‘intense’, moderate’ or ‘remote’) is applied. The assessment will entail the collection of data on nutritional impact (secondary data) as well as the defined REACH outcome and output indicators (primary and secondary data) (See Section 7.3.5). As part of the baseline assessment, data on some aspects of capacity (via the capacity development indicators included in the REACH Framework) is gathered to establish the baseline levels of existing country capacity against which stakeholders can measure the contribution of the two/three-year REACH engagement to strengthen government nutrition management and governance. This offers an opportunity to identify capacity development needs.

While the facilitators are not directly involved in the REACH baseline assessment, they should bear in mind that this assessment should be conducted as part of the CIP mission (or as close to it as operationally possible) for two main reasons38. First, this sequencing enables the baseline data to serve as a diagnostic tool with a view to helping identify focus areas for the given REACH country engagement. Secondly, it also helps ensure that the data collected reflects the situation at baseline, recognising that it is generally more difficult to carry out this assessment retrospectively. Given the short timeframe of the CIP missions (typically one week), facilitators may need to further explore selected data requirements and finalise the baseline assessment when they come on board.

3.5.3 Key Monitoring Activities
Qualitative data will be recorded in a baseline entry of the Facilitator Log, describing the broad environment that may be conducive to or impede multi-sectoral nutrition governance. The baseline entry will also describe the status of multi-sectoral nutritional collaborations, processes, institutional frameworks, etc. prior to the initiation of REACH in-country (See Section 7.3.6)

38 The CIP missions referred to above take place prior to the recruitment of the REACH facilitators.
### 3.6 REACH Country Set-up Checklist

<table>
<thead>
<tr>
<th>REACH Country Set-up Checklist:</th>
<th>✓ complete</th>
<th>× incomplete</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Financial arrangements agreed:</strong></td>
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<tr>
<td>• Facilitators and Finance Officer(s) are informed and aware of REACH payment and administrative arrangements</td>
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<tr>
<td><strong>2. REACH internal management and operational structures established to support the REACH implementation process</strong></td>
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<tr>
<td>• REACH Country Committee (RCC)</td>
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<tr>
<td>• REACH UN Nutrition Team (UN-NT)</td>
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<tr>
<td>• Contact list of UN country and other support persons devised and circulated</td>
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<tr>
<td><strong>3. Technical coordination structures established/identified to support the REACH stock-taking exercises</strong></td>
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<tr>
<td>• Integrated into nutrition stakeholder group (e.g. Technical Working Group)</td>
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<tr>
<td>• Contact list created or updated and shared</td>
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<tr>
<td><strong>4. REACH country planning/management docs drafted:</strong></td>
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<td></td>
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<tr>
<td>• Annual Workplan drafted and approved by RCC</td>
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<td></td>
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<tr>
<td>• Timeline devised and shared with country stakeholders</td>
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<td></td>
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<tr>
<td><strong>5. Facilitator guidance/training:</strong></td>
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<td></td>
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<tr>
<td>• Basic REACH orientation completed</td>
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<tr>
<td>• M&amp;E webinar completed</td>
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<td></td>
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<tr>
<td>• Participated in Facilitator’s Training/Workshop</td>
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<td><strong>6. Reporting:</strong></td>
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<td></td>
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<tr>
<td>• Reporting lines between Facilitator vis-à-vis RCC and Government clarified</td>
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<tr>
<td>• Meeting schedule defined for: (a.) RCC updates and decision-making; (b.) UN-NT; and (c.) participation in technical working group</td>
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<tr>
<td>• Format and scheduling of updates/communication between Secretariat and country team defined</td>
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<tr>
<td><strong>6. Communications and knowledge sharing:</strong></td>
<td></td>
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<tr>
<td>• General protocol for communication materials, including who writes, reviews, and approves REACH-related communications at country level</td>
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<tr>
<td>• Discuss country contribution to global REACH knowledge-sharing in terms of case study inputs, adaptation of tools, etc.</td>
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<tr>
<td><strong>7. M&amp;E:</strong></td>
<td></td>
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<tr>
<td>• Baseline Assessment conducted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Baseline entry in Facilitator Log prepared</td>
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</tbody>
</table>

**Key Messages**

- Getting off to a good start is critical to developing a shared understanding, common vision and building trust among stakeholders.
- Encourage and solicit active participation from all REACH partner agencies, starting from the initial meetings
- Make sure that stakeholders understand the overall objective of REACH and value-added to nutrition efforts at the country level
- Clarify reporting lines and procedures with the respective parties, and inform them of those applicable to the other parties
- Initiate M&E discussions and activities from the early interactions with the country (e.g. REACH CIP mission)
Section 4 covers the various REACH analyses which comprise a comprehensive review of the nutrition situation in-country. It encompasses the multiple dimensions of nutrition, namely: food security, health, water and sanitation, and care, and helps establish a common understanding across sectors and among stakeholders. The analysis goes well beyond the ‘classic’ nutrition situation analysis, taking into account institutional arrangements, stakeholder roles and presence, policies, delivery, coverage, capacity and other factors. In many cases, some aspects of the situation analysis may have already been conducted (e.g. Landscape Analysis, Comprehensive Food Security and Vulnerability Analysis, etc.). Facilitators should work with the UN Nutrition Team and/or extended technical stakeholder group to assess the extent to which these considerations are reflected in existing data/analyses, drawing upon many sources and updating these data, where applicable. The challenge is to retreat from the fragmented approaches to situation analyses indicative of the status quo. Instead, facilitators work with technical stakeholders to bring the various elements together, through a systematic, participatory process, whereby stakeholders reach a consensus on the country’s main problems and potential solutions, ongoing intervention coverage, geographical gaps and priority actions for scaling-up.

Remember that if all the key stakeholders agree on what, where and why there are nutrition problems, it will be easy to jointly agree on priority actions. If not, everybody will just continue with what they are doing and it will be very difficult to achieve increased focus and synergy.

**Learning Objectives**

- To gain a basic understanding of the various exercises and processes that comprise the REACH Situation Analysis
- To gain knowledge about the major assessment methodologies and sources of nutrition-related data which may be used in REACH analyses
- To introduce the respective REACH tools that support the REACH Situation Analysis

**4.1 A breakdown of the REACH Situation Analysis Tools**

### 4.1.1 Stock-taking methodology

A series of ‘stock-taking’ exercises are conducted as part of the REACH Situation Analysis. The Nutrition Analysis is the lynchpin of the greater REACH Situation Analysis; it requires country stakeholders to identify and agree upon the nutrition issues in-country (the ‘what’) and relate them to the conceptual framework of malnutrition so as to understand why these nutrition issues are present (See Annex 1). Facilitators should continually remind stakeholders that this framework outlines the basic conditions that need to be fulfilled in order to support adequate nutrition. Subsequently, facilitators should push technical stakeholders to identify when these conditions are not met, for which groups of people (e.g. livelihood groups), what is (are) the limiting factor(s) and why. It is critically important to get an accurate depiction of the nutrition situation from the beginning, recognizing that these factors should drive the ensuing actions/responses and that there are different perspectives in the nutrition community which need to be discussed and reconciled. In this sense, the Nutrition Analysis serves as the compass for successive analyses, exercises and actions. The REACH facilitators\(^{39}\) essentially are the custodians of the analysis, orienting stakeholders to the findings of the causal analysis and the linkages between it and other analyses, exercises and actions.

\(^{39}\) The UN Nutrition Team should do its best to come together to carry out these stock-taking exercises in countries that apply ‘remote’ REACH support model. Where specific tasks are delegated to agencies, it is critically important that progress/updates are shared with the UN Nutrition Team at regular intervals. It may be helpful for the team to appoint a focal person to facilitate the exercise under such circumstances. It is important for that individual to make a concerted effort to do so in a neutral manner in the spirit of collaboration.
These exercises compile available nutrition data to formulate a holistic situation analysis and determine whether further surveying is needed. This ‘stock-taking’ presents an opportunity to include new indicators in regular surveys when existing data is insufficient and/or unreliable. Facilitators are responsible for leading the various stocktaking exercises in collaboration with the UN focal points (UN Nutrition Team) and possibly expanded country stakeholders (e.g. Technical Working Group). First, facilitators should take inventory of existing secondary data sources which may be consulted for the REACH Situation Analysis. Secondly, they should compile the relevant data and enter it into the respective REACH tools/templates. Thirdly, facilitators should identify gaps such as stakeholders’ perceptions about the nutrition situation, on-going nutrition actions, coverage and delivery mechanisms, among other considerations. Based on these findings, the facilitators will identify primary data needs to support the full analysis. Fourthly, they should then conduct the necessary key informant interviews, focus groups, etc. to collect the remaining data requirements for the stock-taking exercises. The analyses are iterative, and will require the review and validation by the technical stakeholders in-country.

4.1.2 Components of the REACH Stock-taking

There are seven components of the REACH Stock-taking Exercise, as listed below (Figure 12). The exercise draws upon a set of integrated REACH tools to facilitate data gathering and analysis. While each component can be completed as a standalone activity, the value of them is optimised when they are brought together as part of a comprehensive, multi-sectoral analysis. The subsequent chapters of this section describe these components, though the tools are included as discreet files.

- Nutrition Analysis
- Selection of Priority Actions
- Institutional Analysis (policy & coordination mechanisms)
- Stakeholder and Activity Mapping
- Delivery Mechanism Analysis
- Coverage Assessment
- Indicator Dashboard

Figure 12: Components of the REACH Stock-taking Exercise
Excerpts from the overall REACH stock-taking exercise showing selected components
4.1.3 Data collection

Both primary and secondary data is used for the respective REACH stock-taking exercises and the ensuing REACH Situation Analysis. Generally, countries conduct a number of national and local surveys which assess nutrition levels, trends, and in some cases, underlying causes of malnutrition. These surveys/reports provide a vast range of secondary data, which may be integrated into the REACH analyses. Some surveys, such as the Demographical Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Standardized Monitoring and Assessment of Relief Transitions surveys (SMART) include anthropometric indicators (e.g. wasting and stunting) and care practice indicators (e.g. exclusive breastfeeding). DHS reports several other indicators such as educational attainment, literacy, malaria prevalence, access to latrines, etc. that are also related to nutrition.

Comprehensive Food Security and Vulnerability Assessments (CFSVA) measure household food insecurity, capturing data on food insecurity, livelihoods, commodity pricing and marketing in general. Behaviour change is often measured by Knowledge, Attitudes and Practises (KAP) surveys, DHS and MICS surveys. Although these surveys are regularly conducted, they may be undertaken with varying frequency (e.g. DHS surveys are typically conducted every five years). These surveys/assessments may also utilise varying methodologies (e.g. health versus agriculture/food security, sampling frame, etc.), posing data compatibility challenges.

Data may be difficult to obtain and fragmented at country level with individual analyses performed in sectoral silos, thus in isolation from other sectors. Data availability will differ from country to country, but the following are suggested documents/reports to gather and review: existing policies (nutrition, food security/agriculture, gender, social protection, among others), survey data (SMART, MICS, DHS, CFSVA, etc.) and other studies and reports containing nutrition-related data. Where a UN partner agency has developed a methodology and/or tool(s) for obtaining situation analysis data, facilitators should look into them. They should also consult the respective UN focal point about the advantages and disadvantages of using these or parts thereof in the REACH Situation Analysis. The idea is to build on existing methodologies, adding value and working towards achieving a balanced multi-sectoral situation analysis.

Primary data may be collected directly by the facilitators in order to fulfil the data requirements of the REACH Situation Analysis. Several methods and combinations can be used to collect primary data depending on available resources (e.g. funding, internet access), as listed below.

- Interviews: in-person, telephone, Skype
- Self-response questionnaires sent by email
- Focus Group Discussions

Engaging methods such as in-person interviews may be pursued where written responses are incomplete, require further clarification or have yet to be

Keep in mind

A few methodologies used by UN partner agencies for conducting nutrition situation analysis are listed below:


**WHO Landscape Analysis** provides an overview of the nutrition situation analysis based on a desk review and stakeholders’ perceptions of the nutrition landscape, focusing on health-related nutrition issues. Link: [www.who.int/nutrition/topics/landscape_analysis/en/](http://www.who.int/nutrition/topics/landscape_analysis/en/)

**UNICEF Multiple Indicator Cluster Survey (MICS)** are household surveys used to collect data on nutrition, health and education, among other areas, which help stakeholders detect rapid changes. Link: [http://www.unicef.org/statistics/index_24302.html](http://www.unicef.org/statistics/index_24302.html)

submitted. In other cases, follow-up phone and/or personal interviews can be scheduled to update information.

Given past REACH country experiences, primary data collection is particularly relevant to the Stakeholder and Activity Mapping and Delivery Mechanism Analysis. Stakeholder and activity mapping is increasingly pursued by UN agencies and implementing partners (e.g. MafFsN, InterAction), though exercises and/or initiatives may not fully cover the multi-sectoral nutrition landscape. Facilitators will likely have to collect primary data for missing areas as the efforts undertaken by partners are generally focused on one sector and/or dimension of undernutrition. Similarly, facilitators also collect primary data on delivery mechanisms to inform the Delivery Mechanism Analysis.

These efforts may require two or more rounds of data collection. The first round typically consists of qualitative data collection such as information about geographical presence, roles, activities of stakeholders; the second round may capture detailed quantitative data on stakeholders’ projects and programs, including beneficiary numbers/coverage, delivery channels, funding levels, nutrition staff, etc. This second round normally requires close attention and follow-up. As a result, in-person and telephone interviews are encouraged, to the extent possible.

4.1.4 Review and validation

Participatory review and validation of the REACH stock-taking exercises by the UN Nutrition Team and expanded stakeholder group is key to obtaining buy-in and reaching a consensus among the disparate nutrition community in-country. It is crucial to ensure that all country stakeholders participate in this process to ensure that all views are expressed and to protect the integrity of the REACH process. Furthermore, the outcomes and decisions based on these analyses will shape future decision-making and actions (policy, programs, actions).

The main outputs and benefits/opportunities of the greater REACH Situation Analysis are highlighted below in Table 7.

Table 7. Outputs and benefits/opportunities of the REACH Situation Analysis
Main outputs and benefits/opportunities derived from the comprehensive REACH Situation Analysis

<table>
<thead>
<tr>
<th>Primary Outputs</th>
<th>Benefits and Opportunities</th>
</tr>
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<tbody>
<tr>
<td>✓ Visual aids (e.g. maps, charts and other graphics) that illustrate the current nutrition situation (See REACH Tools)</td>
<td>➢ Improve the understanding of the nutrition situation in a holistic manner where combined data is synthesized and interpreted</td>
</tr>
<tr>
<td>✓ A summary narrative highlighting conclusions of the analyses</td>
<td>➢ Identify policy gaps and opportunities to improve linkages between nutrition and sectoral policies, particularly across sectors</td>
</tr>
<tr>
<td>✓ Consensus on the nutrition situation in-country: main problems, priority actions, geographic and intervention/action gaps, opportunities for increased synergy</td>
<td>➢ Identify intervention/action gaps and priorities and guide action plans so as to include priority actions and achieve increased integration</td>
</tr>
<tr>
<td>✓ A database/archive of data, reports and surveys that is easily accessible to all stakeholders to foster a culture of knowledge-sharing</td>
<td>➢ Raise awareness about the magnitude of the undernutrition problem and its potential solutions, and thus elevate nutrition on the political agenda</td>
</tr>
<tr>
<td></td>
<td>➢ Identify capacity gaps and capacity development priorities</td>
</tr>
<tr>
<td></td>
<td>➢ Share country experiences and lessons learned</td>
</tr>
</tbody>
</table>
4.2 **Nutrition Analysis**

4.2.1 Overview

The purpose of the Nutrition Analysis is to compile and synthesize available data so as to establish a common understanding of the nutrition situation in-country. It provides a starting point for discussion with key stakeholders on the severity and magnitude of the problem as well as major trends in the country. It should prompt an in-depth qualitative causal analysis in order to determine the root causes of undernutrition.\(^{40}\) Moreover, the Nutrition Analysis provides a basis from which the so-called priority actions may be selected to ensure that the nutrition response is aligned with the problems and causes. In this sense, it is very much the *lynchpin of the greater REACH Situation Analysis*, requiring country stakeholders to identify and agree upon the nutrition issues in-country (the "what") and relate them to the conceptual framework of malnutrition so as to understand *why* these nutrition issues are present (See Annex 1). It also informs other REACH stock-taking analyses such as the REACH Indicator Dashboard and subsequent activities during the Support phase.

4.2.2 Inputs

The Nutrition Analysis draws on a range of secondary data, such as:

- National representative health surveys such as DHS, MICS, SMART, etc.
- Food security surveys, including food consumption, dietary diversity, coping strategies index, household food expenditure surveys, etc. (CFSVA, dietary diversity assessments, IPC, etc.)
- Food Balance Sheets and other production statistics (e.g. FAOstat)
- Market surveys (e.g. commodity prices, sites of purchase)
- Census data for population estimates and trends (e.g. age distribution, number/proportion of pregnant women and lactating women, under2s, under5s, urban vs. rural, fertility rate)
- Development partners and NGOs conduct sub-national surveys (e.g. KAP surveys) which can provide important quantitative and qualitative information, and thus additional insight

4.2.3 What is involved? An abbreviated “How to”

The Nutrition Analysis may be conducted in conjunction with participatory multi-sectoral planning workshops, recognising that knowledge of the nutrition context is a prerequisite for sound planning (See Section 5.5). The REACH Nutrition Analysis is conducted jointly by the facilitators and technical stakeholders. Alternately, a consultant or other specialized resource person who has strong analytical and quantitative skills may do the analysis, either in-country or remotely. If the analysis is carried out remotely, it must be thoroughly reviewed and discussed with the facilitators and technical stakeholders. It critically important for the data used in and reported by Nutrition Analysis to be accurate and sources cited. The analysis will not be considered finalised until it has been validated by technical stakeholders in-country and consensus is reached among the relevant country stakeholders. Again, the Nutrition Analysis serves as the compass for successive analyses, exercises and actions, with the REACH facilitators essentially being the custodians of the analysis. The facilitators should continually refer to it as the REACH engagement proceeds in-country, orienting stakeholders to its findings and its linkages to other analyses, exercises and actions. Specific "How To" guidance is provided by the REACH Nutrition Analysis tool, guidance notes and support conference calls, though the main steps and/or responsibilities of the facilitators are outlined below.

To date, the experiences of the REACH facilitators indicate that it is a good idea to have an updated PowerPoint presentation of the Nutrition Analysis at hand for easy reference when discussing/\(^{40}\) FAO methodology for "joint planning for nutrition methodology" provides guidelines to conduct an in-depth participatory causal analysis and may be drawn upon as part of this process. Link: [http://www.fao.org/fileadmin/user_upload/wa_workshop/docs/Joint_Planning_for_Nutrition_FAO_May2011.pdf](http://www.fao.org/fileadmin/user_upload/wa_workshop/docs/Joint_Planning_for_Nutrition_FAO_May2011.pdf)
clarifying the nutrition challenges/problems in-country and the ensuing prevention and response actions. Hence, facilitators are strongly encouraged to carry a 'flash-disk' with these slides, even a set of hard copies, to share with (or give to) high level leaders with whom they interact/meet. It is also important for facilitators to regularly update this data set so as to reflect new information to support additional efforts in the scale-up process. This ‘snapshot’ of facts and figures will become one of the most effective advocacy tools.

The more specific and clear the (nutrition) causal analysis, the easier it will be to focus the subsequent steps on ‘what really matters’. Stakeholder mapping, for example, will become much easier to carry out if one can concentrate on those actors that are directly able to address the critical causal factors agreed to be the most important determinants of existing problems.

Table 8: Facilitation of the Nutrition Analysis Exercise

<table>
<thead>
<tr>
<th>Tasks and/or Roles</th>
<th>Description</th>
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<tbody>
<tr>
<td>Guidance and stewardship</td>
<td>Facilitate the overall Nutrition Analysis exercise, defining: objectives, expected results, outcomes and deadlines/timeframe. Provide guidance on identifying main sectors related to nutrition (e.g. agriculture/food security, health, care, water and sanitation, education, social protection, etc.)</td>
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<tr>
<td>Data collection</td>
<td>Spearhead process of compiling secondary data from multiple sources in close collaboration with technical stakeholders. It is important that tasks (e.g. data collection requirements) are assigned to technical stakeholders, though facilitators may carry a greater burden.</td>
</tr>
<tr>
<td>Data analysis</td>
<td>Coordinate the data analysis (trends, gender, livelihoods analysis), elaborating graphs, maps, summary tables and/or other visual aids to guide discussions and agree on data quality. Although facilitators are expected to lead the analytical exercise, the REACH Secretariat may provide backstopping, as needed. Facilitate an in-depth qualitative analysis, whereby one intensive (half-day or full-day) or a series of meetings/workshops are conducted to elaborate an undernutrition problem tree and solution tree, applying the food security, health and care classification presented in the conceptual framework on the causes of malnutrition. Facilitate discussion on the relevant linkages between these dimensions (See Section 5.5 for further guidelines). Revise analysis and supporting charts, maps, etc. in view of discussions on the underlying causes</td>
</tr>
<tr>
<td>Review and validation</td>
<td>Organise a workshop with technical stakeholders, where the analysis of findings both - quantitative and qualitative - is presented. During this workshop, discuss data gaps and ways to address them. Facilitate the selection of situation analysis indicators to be included in the Indicator Dashboard, engaging the expanded group of technical stakeholders.</td>
</tr>
<tr>
<td>Consensus-building</td>
<td>Lead technical stakeholders to consensus on the overall nutrition situation (improving or deteriorating) and on the main undernutrition problems. The resulting consensus should determine the common ‘nutrition story’ within that country context to inform communications and advocacy messages.</td>
</tr>
<tr>
<td>Communications and Advocacy</td>
<td>Advocate for government to organize a forum to present the results to the greater nutrition community in-country, including policymakers. This workshop will help government to gain ownership of the results and prepare the stakeholder community for the next steps of the process.</td>
</tr>
<tr>
<td>Knowledge-sharing</td>
<td>Facilitate access to data, assessment tools and/or resources persons in UN partner agencies, as related to the Nutrition Analysis. Document country experiences and any lessons learned.</td>
</tr>
</tbody>
</table>
4.2.4 Guidelines for analysis

The Nutrition Analysis contains a number of elements and draws upon the conceptual framework of malnutrition (See Annex 1). The following list highlights the primary features of the analysis for illustrative purposes. Additional elements may be included, as appropriate.

- Target population group quantified at national and sub-national levels
- Discrepancies identified on key indicators between different sources
- Data sources selected and agreed with country technical stakeholders
- Comparative analysis between relative figures (e.g. prevalence) and absolute numbers of undernourished children is completed
- Trends analysis conducted (e.g. changes over time) of undernutrition levels such as prevalence of stunting, wasting, underweight and other key indicators
- Relevant indicators disaggregated according to the following criteria
  - Sub-population group (e.g. under2s, under5s, pregnant women, lactating women)
  - Geography (province, district, etc.)
  - Gender
  - Household economic status
  - Livelihood groups
  - Urban versus rural
  - Parents’ education
- Geographical areas of high nutrition burden identified based on absolute numbers and relative numbers of undernourished children

Analysis undertaken comparing areas where there is a high malnutrition burden areas with food security data for those areas (e.g. Do they correspond?)

Figure 13: Excerpt from the REACH-facilitated Nutrition Analysis in Tanzania

Comparing absolute numbers to prevalence of stunted children under five years old by region, and thus in both cases, the geographical distribution of child stunting

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41 Different priority regions may be identified depending on which indicators are selected.
4.2.5 Outputs
The respective outputs of the Nutrition Analysis are listed below.

- An in-depth causal analysis on undernutrition conducted
- A PowerPoint presentation created with graphs, maps and other visual aids that highlight the results of the Nutrition Analysis in an user-friendly manner
- A summarised narrative drafted on the nutrition situation at the national level
4.3 SELECTION OF COUNTRY PRIORITY ACTIONS

4.3.1 Overview
The purpose of selecting priority actions is to help countries establish consensus on a set of priority actions that address the context-specific nutrition problems. REACH identifies a preliminary menu of actions, spanning multiple sectors (agriculture/food security, health, water and sanitation, social protection, etc.), from which country stakeholders choose and rank those actions which are considered to be a priority for addressing the country’s nutrition problems. This prioritization exercise helps optimize limited resources and increase impact, by enabling each country to focus on a reduced set of multi-sectoral actions. The Nutrition Analysis discussed in Section 4.2 informs this selection process, as it presents the problems and causes that the priority interventions should address.

4.3.2 Inputs
The Selection of Country Priority Actions requires the following inputs:

- In-depth qualitative causal analysis as per Section 4.2 on the REACH Nutrition Analysis
- Menu of actions, including the standard package of interventions promoted by the Lancet Series. These are the main ‘nutrition specific’ interventions for which there is emerging evidence of nutritional impact (scientific and practice-based). In addition, there is a list of other nutrition specific actions and ‘nutrition-sensitive actions/programmes’ which typically address nutrition problems at a more fundamental level (“underlying and basic causes of undernutrition”, see conceptual framework in Annex 1). Further information on both nutrition specific and nutrition sensitive actions can be found in the REACH Nutrition Action Guides.
- Selection criteria for determining the priority actions (see below).

4.3.3 What is involved? An abbreviated “How to”
Similar to the Nutrition Analysis, the Selection of Priority Actions may be conducted in conjunction with participatory multi-sectoral planning workshops, recognising the inherent linkages between selecting and planning these actions (See Section 5.5). Consolidating these exercises can engage a wider range of stakeholders, including those persons more closely involved in the implementation of various nutrition-related activities as well as those who receive/participate in them. It may also be a more efficient use of time for the persons involved in these exercises, recognising they have other duties/responsibilities. Facilitators are encouraged to first help establish a consensus on the causes of malnutrition before starting to discuss actions at these types of integrated/participatory workshops so as to ensure that the identified priority actions are context specific.

The Selection of Country Priority Actions is facilitated by the facilitators and largely draws upon the guidance of the UN Nutrition Team and other stakeholders. It is a highly participatory process that should be led by the government, and should involve the expanded group of technical stakeholders in-country. The process should be needs driven, not programme and/or product-driven. Throughout this exercise, facilitators should be clear that individual actions will not magically solve a country’s nutrition problems, explaining that the scope of the exercise is not necessarily to choose the ‘right’ interventions, but to try to agree on the best possible set of actions given the causes, available resources as well as practical and cultural considerations. Facilitators should underscore that the interactions between the selected actions can be equally important to achieving nutrition successes.

Table 9: Facilitation of the exercise to select priority actions
Outline the tasks and/or roles to guide the Selection of Priority Actions Exercise

Given the complexity and evolving nature of nutrition problems, it is important that the facilitators emphasize the need to ‘institutionalize’ the process of cyclic assessment-analysis-planning action from the beginning. This enables the country/district/community to incrementally learn how to address existing and emerging nutrition problems. The assessment-analysis-action planning process needs to be closely linked to a monitoring and evaluation system to inform managers and participants about ‘what works’ and help them adjust actions accordingly. This process is often referred to as the ‘Triple A Cycle.’ The principle of Triple A should apply at all levels where decisions affect nutrition developments (e.g. national, district, community, and ultimately, household levels).
<table>
<thead>
<tr>
<th>Tasks and/or Roles</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Guidance and stewardship</strong></td>
<td>Facilitate the Selection of Country Priority Actions, defining the objectives, expected results and outcomes, deadlines/timeframe and selection criteria of the exercise.</td>
</tr>
<tr>
<td></td>
<td>Frame the exercise/discussion based on actions identified by the Solutions Tree (see Section 4.2) to tackle the underlying causes of undernutrition, yet remain open to other actions which may better respond to the nutrition problems. Diffuse inter-institutional and/or sectoral tensions by focusing on the issues (problems and solutions). Provide guidance on identifying main dimensions and sectors (e.g. agriculture/food security, health, care, water and sanitation, social protection, etc.) involved in the implementation of the selected priority interventions.</td>
</tr>
<tr>
<td><strong>Data collection</strong></td>
<td>Compile a menu of potential actions and corresponding reference materials with the guidance of the UN Nutrition Team. Seek guidance from the REACH Secretariat, as needed.</td>
</tr>
<tr>
<td><strong>Data analysis</strong></td>
<td>Prepare and present PowerPoint presentations on these options, referring to references, as needed.</td>
</tr>
<tr>
<td></td>
<td>Organise working sessions with UN Nutrition Team and the expanded group of technical stakeholders to discuss the various options.</td>
</tr>
<tr>
<td></td>
<td>Present the REACH analytical parameters and selection criteria to technical stakeholders (see Section 4.3.4). Solicit views from and recommendations of various sectors and stakeholders.</td>
</tr>
<tr>
<td></td>
<td>Devise a preliminary list of selected priority actions based on their input.</td>
</tr>
<tr>
<td><strong>Review and validation</strong></td>
<td>Present the outcomes of the Nutrition Analysis, recapitulating the findings of nutrition problem/solution trees.</td>
</tr>
<tr>
<td></td>
<td>Facilitate discussions/efforts on the preliminary list of selected priority actions to be validated and ranked with technical stakeholders.</td>
</tr>
<tr>
<td><strong>Consensus-building</strong></td>
<td>Lead technical stakeholders to consensus on:</td>
</tr>
<tr>
<td></td>
<td>- A set of country priority actions</td>
</tr>
<tr>
<td></td>
<td>- The target population(s) for each priority action</td>
</tr>
<tr>
<td></td>
<td>- The priority sectors which will be involved in the implementation of the selected interventions (e.g. food security, health, water and sanitation, etc.)</td>
</tr>
<tr>
<td></td>
<td>- Coverage indicators of each intervention to be monitored and included in the Indicator Dashboard.</td>
</tr>
<tr>
<td><strong>Communications and advocacy</strong></td>
<td>Advocate for these interventions to be brought to scale, where possible.</td>
</tr>
<tr>
<td><strong>Knowledge-sharing</strong></td>
<td>Share REACH Nutrition Action Guides, good practices and/or case studies from other countries, if available, to support the selection process in-country. Document country experiences and any lessons learned.</td>
</tr>
</tbody>
</table>

The outputs of the selection exercise serve as an input to and/or are influenced by other related exercises. For instance, the initial set of priority actions will inform the Stakeholders and Activity Mapping, Coverage Assessment and Indicator Dashboard. The list of selected priority interventions will influence the Stakeholders and Activity Mapping, Coverage Assessment and Indicator Dashboard. The list of selected priority interventions will influence the Stakeholders and Activity Mapping, Coverage Assessment and Indicator Dashboard.

**Keep in mind**

Nutrition priorities are fluid and may shift as the nutrition situation evolves. Consequently, the Selection of Priority Interventions is an iterative process subject to multiple revisions.

Scaling-up priority nutrition interventions is critical to increasing nutritional impact. Integrating priority interventions into programmatic approaches is equally important so as to ensure that the target population (under5s and pregnant and lactating women) receive various complementary interventions, which address the multiple causes of undernutrition.
actions may be refined in view of the findings of the Coverage Assessment; actions may be re-ranked, whereby those with lower coverage become a higher priority. Moreover, the selection of the country priority interventions is a necessary first step to making sure they are adequately reflected in national nutrition policies, sectoral strategies and actions plans.

4.3.4 Guidelines for analysis

Remember the selection of priority actions should be context-specific and needs-based. Moreover, the selected actions may differ for different geographic areas, population groups, seasons in order to respond to real needs. Actions should be considered by technical stakeholders in view of the following parameters:

- Scientific evidence such as the 2008 Lancet Series\textsuperscript{43} which includes primarily health (including water and sanitation) and care interventions, but also selected food-based approaches (see Figure 1);
- Emerging evidence found in the WHO E-Lena library\textsuperscript{44}; and
- Good practices/other country experiences\textsuperscript{45} (including practice-based evidence) and on-going programs and interventions, including on nutrition-sensitive actions such as agriculture-based, social protection and/or school-based.

In addition, REACH has devised selection criteria to guide the selection of priority actions, as stipulated below. The criteria take into account a range of considerations from cost to sustainability. Technical stakeholders may opt to assign specific weightings to these criteria, if desired.

- Proven impact (Has the intervention demonstrated impact?)
- Cost-effective
- Deliverable at house-household level
- Suitable for scale-up
- Rapid impact
- Sustainable

Figure 14: Excerpt from the Selection of Priority Actions Exercise in Bangladesh

Looking at the flow of the selection process

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\textsuperscript{43} The Lancet series on maternal and nutrition health (2008).

\textsuperscript{44} WHO’s eLENA is an online library of evidence-informed guidelines for an expanding list of nutrition interventions available in English, French, Russian and Spanish. The Choosing Good Nutrition video provides an overview of the WHO E-Lena Library, visit [http://www.who.int/elena/en/](http://www.who.int/elena/en/).

\textsuperscript{45} Facilitators and other country stakeholders may wish to consult the WHO Global database on the Implementation of Nutrition Action (GINA) for information about nutrition policies and actions, which among other features covers ‘how to’ info and lessons learned. GINA is an inter-active platform to promote knowledge-sharing and uses a Wikipedia-like approach to validate reported information (see [https://extranet.who.int/nutrition/gina/](https://extranet.who.int/nutrition/gina/)). In addition, the SCN is putting together case studies on nutrition-sensitive agriculture for 8 countries and may be drawn upon as an additional resource.
Table 10. Excerpt from the Selection of Priority Actions Exercise in Mauritania

The list of the priority interventions in Mauritania

| 1. Improve infant and young child feeding practices | **Exclusive breastfeeding:** promoting immediate and exclusive breastfeeding for 6 months  
**Complementary feeding:** promoting healthy feeding practices for breastfed infants 6 to 24 months and beyond, including provision of fortified food in food-insecure environments |
<table>
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</thead>
<tbody>
<tr>
<td>2. Increase micronutrient intake</td>
<td><strong>Micronutrient supplementation and fortification:</strong> providing essential micronutrients (esp. zinc, iron, vitamin A, iodine) directly or through enriched food to P&amp;L (pregnant and lactating) women and children &lt;5</td>
</tr>
</tbody>
</table>
| 3. Improved hygiene and parasite control         | **Household water treatment:** providing household water treatments (e.g. chlorine tablets, filters) to reduce diarrhoea incidence (including education on usage)  
**Handwashing with soap:** promoting handwashing with soap to mothers, caretakers, and children to reduce diarrhoea incidence  
**Bednets and intermittent preventive treatment:** providing insecticide-treated nets to P&L women and children and/or providing anti-malaria preventive drugs to pregnant women (including education on usage)  
**Deworming:** providing de-worming tablets to P&L women and children <5 |
| 4. Increase treatment of severe acute undernutrition | **Therapeutic feeding:** providing enriched food for undernourished children < P&L women to supplement regular diets |
| 5. Increase food availability and accessibility  | **Supplementary feeding:** providing enriched food for undernourished children <2 and P&L women to supplement regular diets  
**Conditional cash transfers:** strengthening safety net programs by including incentives to comply with healthy dietary practices for children <5  
**Local homestead food production:** promoting subsistence and small-scale farming at household level, including livestock |

4.3.5 Outputs

The outputs of the Selection of Priority Actions are listed below.

- Country priority actions agreed.
- A list of the selected priority actions prepared with definitions, specifying the respective target beneficiaries and coverage indicators (to be included in the REACH Indicator Dashboard).
4.4 **Institutional Analysis (Policy and Coordination)**

4.4.1 Overview

The Institutional Analysis covers two main domains: policy and coordination. It covers policies at different levels and in different sectors so as to determine the extent to which nutrition is reflected. The policies reviewed may range from national poverty reduction strategies (PRSP) to sectoral agriculture or health policies, and nutrition strategies. The analysis also considers whether and how comprehensively these policies articulate linkages to other relevant sectors. Lastly, the Institutional Analysis maps the presence of existing coordination mechanisms for nutrition. Overall, it serves as a diagnostic measure to guide successive REACH activities, particularly during the *Support* phase.

4.4.2 Inputs

The Institutional Analysis requires the following inputs:

- A list of existing policies and strategies related to nutrition, agriculture/food security, health, gender, social protection, rural development, specifying the year of adoption, validity and expected renewal year
- Information regarding the existing nutrition coordination mechanisms - formal and informal
- REACH Institutional Analysis tool e.g. Coordination Mechanism Analysis template (See REACH tools)

4.4.3 What is involved? An abbreviated “How to”

Like the other components of the REACH Situation Analysis, REACH facilitators work in close collaboration with the UN focal points (UN-NT) and the technical stakeholders when carrying out the Institutional Analysis. There are two aspects of the Institutional Analysis: policy analysis and institutional coordination analysis. The data collection and analysis portions of these reviews are distinct and should be awarded individual attention. Facilitators may opt to bring together the two aspects during the review and validation discussions, though likely the two will warrant separate discussions.

The first aspect of the analysis entails a review of relevant policies and strategies with a view to identifying opportunities where nutrition can be included, better reflected and/or linked to other policies. While various actors may provide normative support for the formulation of individual policies and/or strategies, the REACH facilitators play a key role in examining the collective set of relevant policies and/or strategies, and more importantly, examining multi-sectoral linkages (which are generally less explored by others). Facilitators should work closely with the respective UN focal points, who support government with drafting policy briefings (e.g. WHO and UNICEF for health, hygiene, sanitation, care and health-related social protection; FAO for agriculture, food security, water, care and livelihoods-related social protection; WFP for food security, food assistance-related social protection and care. All UN partner agencies handle one or more aspects of school-based nutrition approaches).

The second portion of the analysis requires facilitators to take stock of the existing multi-sectoral coordination mechanisms for nutrition. Facilitators should investigate to what extent the relevant sectors are represented in these mechanisms and the mechanisms are operational.

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**Keep in mind**

National policies drive government and donor priorities and actions at the national and sub-national levels. Without the explicit inclusion of maternal & child nutrition in key national documents, such as Poverty Reduction Strategy Papers (PRSP) and the UNDAF/P, the inclusion of nutrition into sectoral policies, strategies and workplans will be more difficult.
Table 11: Facilitation of the Institutional Analysis Exercise  
*Outlining the tasks and/or roles to guide the Institutional Analysis Exercise*

<table>
<thead>
<tr>
<th>Tasks and/or Roles</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance and stewardship</td>
<td>Facilitate the Institutional Analysis, defining the objectives, expected results, outcomes and deadlines/timeframe.</td>
</tr>
<tr>
<td>Data collection</td>
<td>Compile the existing nutrition and nutrition-sensitive policies and strategies in collaboration with technical stakeholders. The data collection phase for this analysis is an extensive undertaking. While facilitators should carry the burden of this task, it is important to distribute some tasks among the members of the UN Nutrition Team, providing specific guidelines (e.g. who reviews, which policies). Inquire with technical stakeholders (e.g. hold focus groups and/or key informant interviews) about nutrition coordination mechanisms, formal and informal as well as active and inactive. If the country is a SUN country⁴⁶, the facilitators should liaise with the national SUN focal point to understand how the current coordination structures operate, their composition, functionality, etc.</td>
</tr>
<tr>
<td>Data analysis</td>
<td>Facilitate the policy analysis with technical stakeholders by collating/reading material, preparing summary presentations to guide discussions, and facilitating and documenting discussions. Prepare a summary table with the preliminary conclusions of the policy analysis and institutional analysis. Create diagrams to illustrate existing coordination mechanisms (at the national and sub-national levels and high-level and technical in scope), noting composition, formal/informal and active/inactive. Facilitate a discussion on: (a.) Strengths/weaknesses of these mechanisms (b.) Opportunities/challenges for the improved functionality of these mechanisms (c.) Relevant sectors to be included in the coordination mechanisms. Sector involvement will vary from country to country and will depend on the priority interventions and the delivery mechanisms identified (See Sections 4.3 and 4.6). In addition to the commonly associated sectors with nutrition (e.g. gender, social affairs, industry and trade, and water and sanitation), the ministries of planning, transport, finance and/or others may also be considered.</td>
</tr>
<tr>
<td>Review and validation</td>
<td>Facilitate discussions with technical stakeholders that review and analyse the presented findings. Devise policy recommendations culminating from the discussions, bearing in mind that these recommendations should address the key sectors related to nutrition, as identified through the Nutrition Analysis and Selection of Priority Actions. In addition, specific recommendations should cover how to strengthen linkages between sectors and ensure their inclusion in all relevant national policies and strategies.</td>
</tr>
<tr>
<td>Consensus-building</td>
<td>Lead technical stakeholders to consensus on: The policy and strategy gaps regarding child &amp; maternal nutrition as well as the extent to which multi-sectoral linkages are included; The policies which should be revised and/or updated according to national priorities and/or timing considerations. A plan for utilizing the results of the Institutional Analysis for advocacy purposes at all levels.</td>
</tr>
<tr>
<td>Communications and advocacy</td>
<td>Raise awareness about the absence of nutrition in national policies and strategies, where these are observed, and the effects of these absences. The findings of the policy aspect of the Institutional Analysis can guide future advocacy efforts to ensure that nutrition is given adequate attention in future versions of relevant national policies, including the articulation of multi-sectoral linkages. Advocacy reports may be prepared and/or advocacy events may be organized.</td>
</tr>
</tbody>
</table>

⁴⁶ SUN country: country which have adhered to the SUN movement. [http://scalingupnutrition.org/countries-involved](http://scalingupnutrition.org/countries-involved)
organised to lobby for stronger and more comprehensive inclusion of nutrition within the country’s policy framework.

Advocate for the creation, re-activation, formalisation and/or strengthening of a multi-sector coordination structure(s) within government at both the national (high-level) and sub-national levels to ensure adequate representation of relevant sectors.

Advocate for the formalisation and/or strengthening of a multi-sector coordination structure(s) at the technical level (e.g. Technical Working Group) to guide the multi-sectoral work of the successive phases of the REACH engagement.

<table>
<thead>
<tr>
<th>Knowledge-sharing</th>
<th>Facilitate access to relevant policies and strategies among technical stakeholders from various sectors/institutions.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Document country experiences and any lessons learned.</td>
</tr>
</tbody>
</table>

### 4.4.4 Guidelines for analysis

Due to the vast breadth of nutrition, a multitude of policies and strategies might be included in the policy review. Facilitators may wish to narrow the scope to make the task more manageable, recognising that it is important to demonstrate "quick wins"/progress, particularly during the early stages of the REACH engagement. To this end, facilitators may focus on key national policies and strategies (e.g. PRSPs and UNDAF/P) and sectoral policies for those sectors identified as being relevant to responding to the nutrition needs of the country, during the Nutrition Analysis and the Selection of Priority Interventions exercises. It should be clear to country stakeholders that this analysis goes well beyond the “classic” review of the nutrition policy and strategy, encompassing related policies that may have no mention of nutrition in the present form.

When looking into the organisational arrangements of nutrition in-country, facilitators should explore both the scope of coordination (e.g. sector-rooted or multi-sectoral) as well as the policy-level awarded/engaged in the mechanism (e.g. technical programme managers and district staff versus senior level decision-makers).

**Figure 15: Coordination mechanism analysis template to understand the state of coordination mechanisms**

*Matrix displaying level of policy attention on the Y axis and scope of coordination on the x axis*
To this end, five main factors and/or characteristics about the existing nutrition coordination mechanisms should be considered: membership, leadership, roles, functionality and perceived effectiveness. As part of these efforts, facilitators should explore whether and to what extent the UN Network has been created/mobilised in the country. The following broad questions help guide this inquiry.

- Are the nutrition coordination mechanisms formally established? At which level (e.g., technical versus decision-making)? Where mechanisms are informal, why have they not been formalized?
- Are the existing coordination mechanisms operational (active versus inactive)? If not, why?
- How regularly do these mechanisms convene meetings (with what frequency e.g. monthly, quarterly, on an ad hoc basis, etc.)?
- What is the composition of the nutrition coordination mechanisms? Are all of the relevant sectors represented? (For example, ministries concerned with issues of gender, social affairs and/or reproductive health should be included in coordination mechanisms where family planning interventions have been selected as a priority action.)
- Under which jurisdiction do they fall (e.g. managed by one ministry, Office of the Prime Minister)? Who chairs/fulfils the role of leadership within these mechanisms (sector and professional profile)? Is this function rotated among group members?
- How are issues addressed within existing nutrition coordination mechanisms (e.g. Are relevant materials circulated prior to meetings? Are there defined ways to circulate such materials? Is the meeting environment conducive to constructive discussion?).
- Do the technical stakeholders perceive the existing nutrition mechanisms as bringing value-added to nutrition work in-country? What are the main challenges and opportunities for the improved functionality of these mechanisms?
- How do they interact with other nutrition coordination mechanisms, including other related sectoral mechanisms (e.g. IASC Emergency Clusters such as Nutrition but also Food Security, WASH, Education; regular Food Security Coordination Mechanisms; SUN; etc.)?

4.4.5 Outputs

The outputs of the Institutional Analysis are listed below:

- A matrix devised on national policies which synthesizes the extent to which maternal & child nutrition and linkages to other sectors are reflected
- A list of specific recommendations drafted to inform the revisions of future policies and/or strategies
- A timeline of planned policy revisions compiled
- A matrix depicting the findings of the Coordination Mechanism Analysis
- The re-activation and/or establishment of a multi-sectoral coordination mechanism(s) for nutrition discussed. If existing multi-sectoral coordination mechanisms are in place and functional, gaps in the representation of specific sectors are identified.

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47 As part of these efforts, facilitators should explore whether and to what extent the UN Network has been created/mobilised in the country.
4.5 Stakeholder and Activity Mapping

4.5.1 Overview
The purpose of the Stakeholder and Activity Mapping is to identify and document the landscape of nutrition actors across multiple sectors, their relevant activities, and the interactions between different actors. It may be conducted at national and sub-national levels (regional or districts), particularly in the regions identified as having high levels of stunting, wasting and/or other criteria (e.g., selected micronutrient deficiencies, food insecurity). It is rooted in a participatory process that seeks to build consensus among stakeholders as to ‘Who is doing What, and Where’. The findings from the Stakeholder and Activity Mapping provide valuable inputs for the Coverage Assessment, Indicator Dashboard, multi-sectoral planning and costing exercises.

4.5.2 Inputs
The Stakeholder and Activity Mapping requires the following inputs:

- A list of stakeholders to be mapped, which reflect the priority sectors identified through the Nutrition Analysis (See Section 4.2).
- A list of the country-specific priority actions generated through the Selection of Priority Actions exercise (See Section 4.3).
- Interview guide and detailed project/program data collection templates
- Stakeholder and Activity Mapping templates (See REACH tools)

4.5.3 What is involved? An abbreviated “How to”
Facilitators should work in close collaboration with UN focal points (UN-NT) and government counterparts to formulate a list of stakeholders on which to base the Stakeholder and Activity Mapping. The Contact List of expanded technical stakeholders compiled during the Preparation phase may be a good starting point for this exercise. It also may be helpful to create a small sub-group of technical stakeholders, who meet separately to work on this analysis recognising that it is one of the more time-consuming REACH analyses. The mini-working group may be particularly useful as the exercise progresses and the mapping diagram is developed and/or updated. Clearly, the work of this mini-group would be shared with the broader technical group.

Efforts should be taken to use existing data and tools to obtain data requirements, particularly those of partner agencies such as FAO’s MafFsN (Mapping Actions for Food Security and Nutrition) and WHO’s Landscape Analysis so as to promote complementarity and efficiency (see Page 50). In addition, existing networks and/or platforms may be leveraged to facilitate data collection (e.g., SUN). Facilitators may opt to start with the results from the SCN Country Mapping of UN nutrition activities and/or programmes, where available, and elaborate on these as needed.

Where data requirements are unmet, facilitators should collect primary data using the Stakeholder and Activity interview guide and templates.

Data may be collected in two rounds. The first round compiles general qualitative data while the second round solicits detailed quantitative data on specific projects and/or programs of interest. Nevertheless, it is important to remember that the interview guide will be used to collect information for multiple purposes such as baseline data for the REACH country M&E plans, stakeholder’s activities to estimate interventions coverage, funding sources, etc. Further guidance on this exercise is provided directly within the REACH mapping tool.

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This exercise refers to the process by which an ‘inventory’ of UN nutrition work was taken, led by the SCN. It was initiated for non-REACH countries in late 2012 and has continued into 2013.
Table 12: Facilitation of the Stakeholder and Activity Mapping Exercise

*Outlining the tasks and/or roles to guide the Stakeholder and Activity Mapping Exercise*

<table>
<thead>
<tr>
<th>Tasks and/or Roles</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance and stewardship</td>
<td>Facilitate the Stakeholder and Activity Mapping, defining the objectives, expected results, outcomes and deadlines/timeframe. Frame the exercise within the context of the country priority actions as revealed by the Selection of Priority Actions Exercise.</td>
</tr>
<tr>
<td>Data collection</td>
<td>Brainstorm with the UN Nutrition Team to devise a preliminary list of stakeholders involved in the implementation of the selected priority actions, taking into account stakeholders from the priority sectors identified by the Nutrition Analysis.</td>
</tr>
<tr>
<td></td>
<td>Circulate the standard REACH data collection tools (questionnaires and templates) among technical stakeholders, and adapt tools according to both the country needs and incoming feedback. The tools consist of an interview guide and detailed project/program data collection templates.</td>
</tr>
<tr>
<td></td>
<td>Conduct key informant interviews with the stakeholders that carry out the priority interventions. The UN focal points (UN-NT) may facilitate contacts with key stakeholder organizations as well as government focal points. Alternatively, data may be collected by disseminating a self-response survey, where data collection templates are sent directly to the stakeholders concerned.</td>
</tr>
<tr>
<td>Data analysis</td>
<td>(If technical stakeholders created an initial stakeholder map as part of a team-building exercise facilitated during the <em>Preparation</em> phase, this initial version should be re-presented to technical stakeholders to inform the formal Stakeholder and Activity Mapping exercise.)</td>
</tr>
<tr>
<td></td>
<td>Enter and/or organize the data with the support of technical stakeholders (particularly the designated sub-group, if established) using REACH data collection templates.</td>
</tr>
<tr>
<td></td>
<td>Identify overlapping actions as well as any gaps in terms of coverage, including geographical coverage.</td>
</tr>
<tr>
<td></td>
<td>Create a diagram/matrix to depict both the stakeholders and actions.</td>
</tr>
<tr>
<td></td>
<td>Present the findings to technical stakeholders for discussion and further analysis.</td>
</tr>
<tr>
<td>Review and validation</td>
<td>Lead the review and validation processes among technical stakeholders to endorse outputs from the Stakeholder and Activity Mapping.</td>
</tr>
<tr>
<td>Consensus-building</td>
<td>Lead technical stakeholders to consensus on:</td>
</tr>
<tr>
<td></td>
<td>• An initial stakeholder map</td>
</tr>
<tr>
<td>Communications and advocacy</td>
<td>Increase awareness of policy-makers and nutrition stakeholders about the complexity of the nutrition landscape: actors involved as well as their roles and activities.</td>
</tr>
<tr>
<td></td>
<td>Advocate along the process. Data collection and interviews can be an opportunity for advocacy. NGOs, donors, and CBOs may have their own working groups related to nutrition-related issues. Request a slot at one of their meetings to explain the exercise, request their support to help identify other stakeholders and encourage their members to participate in interviews.</td>
</tr>
<tr>
<td>Knowledge-sharing</td>
<td>Facilitate access to existing data and tools on stakeholder activities and well as case studies on other country experiences.</td>
</tr>
<tr>
<td></td>
<td>Document country experiences and any lessons learned.</td>
</tr>
</tbody>
</table>
4.5.4 Guidelines for analysis

A few practical guidelines are highlighted below to help structure the Stakeholder and Activity Mapping. It is essential for technical stakeholders to define the scope of this exercise and use clear definitions of the interventions for mapping, given the multitude and variety of nutrition-related activities. Focusing on the selected priority actions will help promote coherence between the REACH analyses, and more importantly, ensure that REACH activities are relevant to the country context. The more interventions included in the mapping exercise, the more time will be required for the data collection and analysis – not to mention that the analysis will be more complex. It is, therefore, recommended to select 10-20 actions to map during the initial mapping, where the country has identified numerous ‘priority’ actions (e.g. according to the National Nutrition Action Plan). It is important for facilitators to keep in mind that the Stakeholder and Activity Mapping is a dynamic process, which can be expanded, as needed.

The Stakeholder and Activity Mapping exercise is both time and labour-intensive. There should be a concerted effort to carry out and document this exercise in a systematic manner that is amenable to periodic review/updating without having to repeat the process in its entirety. For instance, registers could be established at national and/or district levels whereby stakeholders (e.g. UN agencies and NGOs) could be encouraged to keep updated records of their respective activities.

Facilitators may find it helpful to prioritize data collection with organizations that are known to have large-scale nutrition-related activities and progressively move on to small-scale actors. Once the list of stakeholders for mapping is devised and data is collected, the stakeholders should be categorized according to their roles in nutrition (e.g. donor, catalyst, implementer). Definitions of these categories are provided below to guide this process.

- **Donor**: stakeholder who funds the interventions.
- **Catalyst**: stakeholder who facilitates and accelerates the implementation of interventions, either through technical advice or other resources (e.g. the UN agencies).
- **Implementer**: stakeholder who delivers the intervention/action to the final beneficiary, builds capacity, handles logistic arrangements, etc.

These stakeholder categories should be reflected in the mapping diagram (e.g. matrix) typically on the Y axis while the country priority interventions can be specified on the X. The mapping diagram (e.g. matrix) should then be populated with the stakeholder information according to their roles and interventions. It may be helpful to visually differentiate government from non-government actors, as exemplified by Figure 16 below.

**Figure 16: Excerpt from the Stakeholder and Activity Mapping in Mauritania**

*Matrix displaying stakeholder categories on the Y axis and country priority actions on the x axis*

**REACH Stakeholder Mapping Tool**

**Mauritania example**
In addition to categorizing stakeholders, facilitators in collaboration with technical stakeholders (e.g. the mini working group) should identify the relationships between stakeholders to avoid double-counting nutrition investments. For example, Donor A may report that it has invested $1 million in nutrition last year, and separately NGO B may report a $500,000 nutrition program. However, if NGO B received its funding from Donor A, then it would be incorrect to sum the total investment as $1.5 million; the correct total would still be $1 million. It is important to map the complete chain of relationships as there are often many layers of stakeholders involved (e.g. donors may provide funding to UN agencies that may then use the money to support government and/or NGO activities). Several REACH/SUN countries are presently engaged in nutrition budgetary and expenditure tracking analyses; methodologies and 'lessons learned' from these experiences will accumulate during forthcoming years. The facilitators should seek guidance from the secretariat and/or from fellow facilitators to emulate good methods and practices so as to build on these experiences and avoid repeating unnecessary mistakes.

4.5.5 Outputs
The Stakeholder and Activity Mapping exercise supports the development of the following outputs:

- A matrix elaborated which captures key stakeholders, their roles within the nutrition landscape and the priority interventions they do or fund.
- A geographic map created of stakeholders and interventions at national and sub-national levels, particularly for priority regions (e.g. regions with high stunting, wasting levels or others)

In Mauritania, the REACH Situation Analysis identified the southern region as a nutrition priority in view of the persistent, high prevalence of wasting and high burden of undernourished children <5 in absolute numbers, as revealed by the Nutrition Analysis. It also illustrated the lack of international organizations present in the region, based on the findings from the Stakeholder and Activity Mapping. The analysis supported advocacy efforts, and ultimately, influenced the Spanish Government's decision to provide $7.5 million in funding for the MDG-F nutrition window for the areas in this region, which previously had not been a geographical priority for the donor.
4.6 DELIVERY MECHANISM ANALYSIS

4.6.1 Overview

The purpose of the Delivery Mechanism Analysis is to identify the mechanisms used to deliver nutrition actions with a view to elucidating opportunities for increased synergy, particularly inter-sectoral linkages between nutrition-related activities. The analysis first measures current usage of each mechanism (which interventions/actions use the implementation mechanism and how many beneficiaries are reached in this manner). It then estimates the maximum number of beneficiaries that each channel could reach, if optimized, presenting concrete opportunities for scale-up, where applicable. Similarly, it helps identify new channels which can be used to increase coverage, and thus reach more of the target population. In simple terms, it helps determine how programmatic approaches can bundle interventions within channels to increase scale and/or reduce costs so as to support heightened nutritional impact and efficiency (Read more about programmatic approaches and scaling-up nutrition actions in Annex 3).

4.6.2 Inputs

The Delivery Mechanism Analysis requires the below inputs:

- A list of the country priority actions identified through the Selection of Priority Interventions exercise (See Section 4.3)
- A list of the identified coverage indicators (See Section 4.3)
- Data on stakeholders’ projects and programs obtained through the Stakeholder and Activity Mapping (See Section 4.5), recalling that the mapping interview guide captures data on the delivery channels commonly used by the stakeholders when implementing the country priority interventions
- REACH Delivery Mechanism Analysis template (See REACH tools)

4.6.3 What is involved? An abbreviated “How to”

In many ways, the Delivery Mechanism Analysis is a natural extension of the Stakeholder and Activity Mapping exercise. It does not require a separate data collection exercise per se; rather, it utilises the data gathered from the preceding Stakeholder and Activity Mapping. Consequently, the Delivery Mechanism Analysis may be initiated as soon as data on delivery mechanisms becomes available for the selected priority actions. Facilitators may wish to draw on the support of the mini working group that followed the Stakeholder and Activity Mapping, if mobilised, in view of the close linkages between these exercises.

The Delivery Mechanism Analysis is instrumental to measuring the reach of priority interventions and cultivates opportunities for innovative thinking. Most importantly, it helps country stakeholders determine whether there is a better way of implementing nutrition actions as compared to the status quo, making it a prime example of a change management practice/undertaking. Like many of the REACH stock-taking exercises, the Delivery Mechanism Analysis relies on carefully crafted visual aids to help stakeholders conceptualise complex relationships and analyses. Facilitators are strongly encouraged to visually depict the existing delivery mechanisms used for the country priority actions to guide further discussions with technical stakeholders on this topic. Figure 17 below presents one approach to mapping the existing delivery mechanisms, which was completed in Lao PDR. Facilitators should also prepare narrative descriptions of each delivery channel with the input of technical stakeholders, specifying which sector or ministry is officially responsible for the mechanism.

Keep in mind

While the inputs for the Delivery Mechanism Analysis are derived from previous exercises and the preliminary products/outputs may be prepared by facilitators with greater autonomy than other REACH exercises, it is critically important for the facilitators to actively engage technical stakeholders in the analytical discussions, particularly those discussions on potential delivery channels. Facilitators should encourage technical stakeholders to push conventional thinking and urge them to consider inter-sectoral linkages.

68
As the exercise progresses, efforts may be taken to integrate potential delivery mechanisms into the mapping. Facilitators may, therefore, consider differentiating existing from potential delivery mechanisms in the relevant visual aids (e.g. colour-coding). Additional guidance is outlined directly within the Delivery Mechanism Analysis tool.

**Figure 17: Excerpt from the Delivery Mechanisms Analysis in Lao PDR**
*Mapping the delivery channels of the country priority interventions*

**Channel mapping**

**Example**

![Diagram showing delivery mechanisms](image)

**Table 13: Facilitation of the Delivery Mechanism Analysis Exercise**
*Outlining the tasks and/or roles to guide the Delivery Mechanism Analysis Exercise*

<table>
<thead>
<tr>
<th>Tasks and/or Roles</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance and stewardship</td>
<td>Facilitate the Delivery Mechanism Analysis, defining the objectives, expected results, outcomes and deadlines/timeline. Frame the exercise within the context of the country priority actions as revealed by the Selection of Priority Actions exercise.</td>
</tr>
<tr>
<td>Data collection</td>
<td>Using the data on stakeholder activities collected through the Stakeholder and Activity Mapping (see Section 4.5), document/map the current mechanisms used to deliver the country priority interventions, as determined through the Selection of Priority Actions exercise (see Section 4.3).</td>
</tr>
<tr>
<td>Data analysis</td>
<td>Develop a matrix of the existing channels and priority actions in consultation with technical stakeholders. Share the preliminary results as presented in the Delivery Mechanisms matrix with technical stakeholders.</td>
</tr>
</tbody>
</table>

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49 Potential delivery channels refer to channels that can be used to deliver a given intervention which did not do so before. For example, schools can be used as a delivery channel for micronutrient supplementation in addition to existing delivery channels, even if health centres have traditionally been mobilised for this activity.
Review and validation

Lead the analytical discussions, being sure to prompt the group’s thinking about potential delivery mechanisms. These discussions should also encompass the "ownership" of delivery channels, where ownership refers to the sector or ministry which has the administrative responsibility of the delivery mechanism.

Facilitate the review and validation of these findings, taking into account the potential delivery mechanisms considered.

Consensus-building

Lead technical stakeholders to consensus on:
- The existing delivery mechanisms used to carry out the country priority interventions; and
- The potential delivery mechanisms used to carry out the country priority interventions.

Communications and advocacy

Create awareness of the role delivery mechanisms can play in scaling-up nutrition-related interventions.

Knowledge-sharing

Facilitate access to good practices, case studies, etc. from other countries, if available.

Document country experiences, being sure to capture key successes and challenges to help guide similar efforts in other countries.

4.6.4 Guidelines for analysis

The Delivery Mechanism Analysis is critical to estimating the maximum potential coverage in terms of the number of beneficiaries that each mechanism can reach for a given action. These estimates are often expressed as a proportion of the total target population. Inevitably, this will require making assumptions; it is critically important for facilitators to document - clearly and comprehensively - all assumptions made to calculate these estimates.

Facilitators should apply the following coding system in the relevant data cell for each identified delivery channel, by activity, in the Delivery Mechanism matrix, explaining the coding to technical stakeholders:

- "E" for education activities;
- "S" if supplies are delivered through the activity; or
- "S+E" if the activity involves both an education component and the provision of supplies.

For example, iron supplementation can include activities pertaining to both supply (e.g. the provision of iron tablets) and education (how and when to take them) as noted in Figure 18. In Lao PDR, it was envisioned that health facilities, community and outreach channels would deliver both supply and education activities, while the private sector would provide supplies for the iron supplementation.
4.6.5 Outputs

The Delivery Mechanism Analysis generates the following outputs:

- Documentation prepared on the delivery mechanisms currently used by stakeholders to deliver country priority actions (e.g. mapping) and accompanying narrative, including descriptions of the mechanisms, their respective components and ownership.

- A list drafted of generic activities that each mechanism delivers (e.g. “education activities” for behaviour change and “supply activities” for the physical delivery of goods/products such as iron tablets, deworming capsules, ITN and soap, among others).

- A matrix devised portraying the delivery mechanisms used to provide the country priority actions, coded as per the generic activities (e.g. education activity, a supply activity, or both) conducted through the respective mechanisms.
4.7 **Coverage Assessment**

4.7.1 **Overview**

The purpose of the Coverage Assessment is to quantify the number of target beneficiaries reached by each priority action through all delivery mechanisms. This exercise enables facilitators and technical stakeholders to estimate the extent to which the priority actions are being implemented at scale. It then identifies concrete ways for increasing coverage, either by focusing on optimising the use of current mechanisms and/or identifying and using new mechanisms to reach target populations which otherwise would be neglected. The Coverage Assessment can inform future planning and programming implementation (e.g. Multi-sectoral Action Plans), helping to prioritise those interventions which have yet to achieve scale. It also provides key inputs for the Indicator Dashboard. The Coverage Assessment can also provide a space for discussions among technical stakeholders on equity, specifically whether those individuals most in need are being reached.

4.7.2 **Inputs**

The Coverage Assessment draws upon a number of inputs resulting from preceding REACH stock-taking analyses:

- Absolute numbers of ‘potential’ beneficiaries, by target beneficiary group, calculated by the Nutrition Analysis (See Section 4.2)
- A list of the country priority actions identified through the Selection of Priority Actions exercise (See Section 4.3)
- A list of the identified coverage indicators (See Section 4.3)
- Data on stakeholders’ projects and programs obtained through the Stakeholder and Activity Mapping, recalling that the Stakeholder and Activity Mapping interview guide captures the number of target beneficiaries reached through each delivery mechanism (See Section 4.5)
- The Delivery Mechanism Matrix developed through the Delivery Mechanism Analysis (See Section 4.6)
- REACH Delivery Coverage Assessment template (See REACH tools)

4.7.3 **What is involved? An abbreviated “How to”**

The REACH Coverage Assessment is an intricate analysis that requires the close support of two or three persons in addition to the facilitators. Facilitators are encouraged to include a government counterpart in this small resource group, as it is important to build government capacity for this exercise early in the REACH engagement.

The Coverage Assessment aggregates data from the Delivery Mechanism Analysis, which defines the mechanisms used to deliver each priority action and how many beneficiaries are reached, by mechanism (see Section 4.6). It is important to remember that the unit of measurement for beneficiaries is often not standardised, with some organizations collecting household level data and others data at the individual level (e.g. detailed information about children under five years old, pregnant and lactating women, etc.). Workaround solutions need to be found to address these challenges in close collaboration with technical stakeholders. The Coverage Assessment then compares the coverage estimates to the total number of “eligible” beneficiaries, by beneficiary group, as calculated by the Nutrition Analysis (See Section 4.2).

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**Keep in mind**

Collecting beneficiary data by mechanism can be very challenging. When countries have a strong information system(s), or in cases where regular Knowledge, Attitudes, Practises (KAP) surveys or specific project surveys are conducted, information is more easily captured. In other cases, data from the national information systems (e.g. health, food security, social protection, etc.) is disregarded due to poor quality/reliability. It is important to document the information sources, inclusion/exclusion criteria and assumptions.
### Table 14: Facilitation of the Coverage Assessment Exercise

**Outlining the tasks and/or roles to guide the Coverage Assessment Exercise**

<table>
<thead>
<tr>
<th>Tasks and/or Roles</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance and stewardship</td>
<td>Facilitate the Coverage Assessment, defining the objectives, expected results, outcomes and deadlines/timeline. Frame the exercise within the context of the country priority actions as revealed by the Selection of Priority Actions exercise.</td>
</tr>
<tr>
<td>Data collection</td>
<td>Organize coverage data collected through the Stakeholder and Activity Mapping exercise and relevant demographic data obtaining during the Nutrition Analysis.</td>
</tr>
<tr>
<td>Data analysis</td>
<td>Populate the coverage template with the above-mentioned data to estimate the existing coverage by intervention. Document all assumptions made while entering the data.</td>
</tr>
<tr>
<td>Review and validation</td>
<td>Present and discuss the findings with technical stakeholders. Ask technical stakeholders about any major discrepancies in coverage (e.g. what are the barriers and/or enabling factors). Facilitate the validation of the results.</td>
</tr>
</tbody>
</table>
| Consensus-building              | Lead technical stakeholders to consensus on:  
  - The total coverage estimates for each priority action                                                                                                                                                 |
| Communications and advocacy     | Raise awareness among the stakeholders about the importance of monitoring and reporting accurate (or as close to accurate as operationally possible) targeting data.ODOO Advocate for increased attention/resources to country priority interventions with low coverage. Use the findings from the Coverage Assessment to prepare the Indicator Dashboard to support such advocacy efforts. |
| Knowledge-sharing               | Facilitate access to good practices, case studies, etc. from other countries, if available. Document country experiences, being sure to capture key successes and challenges to help guide similar efforts in other countries. |

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#### 4.7.4 Guidelines for analysis

The Coverage Assessment is essentially completed in conjunction with the Delivery Mechanism Analysis. Similarly, a matrix is developed to illustrate the coverage of the country priority actions for the current delivery mechanisms used. The matrix is essentially an adapted version of the Delivery Mechanism matrix, whereby the X-axis (top, horizontal) shows actions and the Y-axis (left, vertical) the delivery mechanisms that the country has identified to deliver the actions. The same coding system is applied to denote supply-based activities ("S"), education-based activities "E" and activities combining both the provision of supplies and an educational component ("S+E") extended through the given channel.

The Coverage matrix contains the additional feature of summarised coverage in two manners. First, coloured boxes differentiate the extent of coverage for actions according to a given delivery mechanism, as illustrated in Figure 19 taken from the Lao PDR experience. Dark green boxes indicate mechanisms that are fully optimized for the action, meaning they are “at scale” (in other words, they have reached the maximum number of target beneficiaries they can support). Medium and light green boxes denote mechanisms that can be better utilized, meaning coverage for the action can be increased through this mechanism. Clearly, different colour-schemes may be applied so long as coverage is sufficiently differentiated. Furthermore, Harvey balls are included at the bottom of the matrix to show the total coverage of an action, summing the reported coverage for that action for the respective implementation mechanisms. These Harvey balls use five categories, as specified below:
- Fully shaded Harvey ball: Full coverage
- A three-quarters shaded Harvey ball: 75% coverage
- A half-shaded Harvey ball: 50% coverage
- A quarter-shaded Harvey ball: Less than 25% coverage
- Empty (non-shaded) Harvey ball: No coverage of the intervention

**Figure 19: Excerpt from the Coverage Assessment in Lao PDR**
Matrix displaying delivery mechanisms on the Y axis, country priority actions on the x axis and coverage estimates (expressed as coloured boxes for individual mechanisms and Harvey balls for estimated total action coverage)

### 4.7.5 Outputs
The Coverage Assessment generates the following outputs:

- ✓ Current coverage of priority actions (total and by delivery mechanism) at national level estimated
- ✓ Estimated coverage of priority actions (total and by delivery mechanism) at sub-national or district levels calculated, if data is available.
- ✓ A matrix developed, reporting the coverage of priority actions, both total coverage and by individual delivery mechanism, coded as per the generic activities (e.g. education activity, a supply activity, or both)
4.8 Indicator Dashboard

4.8.1 Overview
The Indicator Dashboard is one of the most valued REACH flagship tools. The purpose of developing an indicator dashboard is to provide a synthesised, user-friendly tool for policy-makers and practitioners to understand the nutrition issues in-country and the measures being taken to address them. The dashboard summarises key nutrition indicators across sectors, highlighting the magnitude and severity of nutrition problems (as per the Nutrition Analysis) and the current coverage of the country priority actions (as defined by the Selection of Priority Actions exercise and as calculated by the Coverage Assessment). In addition to serving as a valuable monitoring tool, the dashboard is an effective advocacy tool, which helps stakeholders communicate common nutrition messages across the multi-sectoral nutrition landscape. While the dashboard has traditionally been developed for the national level, countries may wish to devise similar dashboards for the sub-national level (e.g. regional, district) subject to data availability.

4.8.2 Inputs
The Indicator Dashboard is a culmination of the previous REACH stock-taking exercises, and thus uses various data compiled through these exercises, including:

• Basic nutrition indicators and trends as per the Nutrition Analysis (See Section 4.2) and menu of indicators for the Dashboard (see REACH Indicator Dashboard tools)
• A list of the country priority actions identified through the Selection of Priority Actions exercise (See Section 4.3)
• Coverage data on the country priority actions as calculated by the Coverage Assessment (See Section 4.7)
• Public health thresholds to determine degree of severity of the situation analysis dashboard indicators (see REACH Indicator Dashboard tools)
• REACH Indicator Dashboard templates (See REACH tools)

4.8.3 What is involved? An abbreviated “How to”
The Indicator Dashboard has two main components.

• Overall Situation Analysis Dashboard
• Gender-sensitive Situation Analysis Dashboard

The Situation Analysis Dashboards summarise and classify the severity of the nutrition situation based on secondary data from credible, nationally representative nutrition, food security and health surveys (e.g. DHS, SMART, among other sources) as compiled for the Nutrition Analysis (See Section 4.2). Whereas the Overall Situation Analysis Dashboard describes the general situation for the selected indicators, the Gender-sensitive Situation Analysis Dashboard disaggregates these data by gender. Country stakeholders may also wish to present coverage data used in the Coverage Assessment in a dashboard format, if such a visual presentation is considered useful. Facilitators should be sure to cite the source and year of data collection to which the data refers on the dashboards for accuracy and credibility purposes. Furthermore, the situation analysis indicators are grouped into the following three sub-sections: nutritional impact; underlying causes and basic causes.

Facilitators facilitate discussions with technical stakeholders to determine which indicators should be included on the respective dashboards, choosing from a menu of options (discussed in the REACH Dashboard Methodology) and data compiled through the Nutrition Analysis. These choices should take into account both the nutrition problems and availability of data. Moreover, the process of

Keep in mind
The process of defining actions, indicators, and coverage is on-going and iterative. It is important for stakeholders to understand that these are not ‘set in stone.’ An initial draft should be agreed upon in order to proceed with the relevant data collection and analysis, though this can be re-visited and modified multiple times thereafter.
selecting indicators for the dashboard can be a good opportunity to identify gaps in existing data collection efforts/exercises.

By tracking situation analysis and coverage indicators in an integrated manner, stakeholders have a common tool to identify bottlenecks to scaling-up nutrition interventions. The tool also helps stakeholders discern whether increases in coverage are associated with improved nutrition levels and related situation analysis indicators. Over time, this may help stakeholders ensure the relevance of nutrition actions in a given country context, as the nutrition situation – including direct and underlying causes of undernutrition - is depicted in a clear and visual manner.

**Table 15: Facilitation of the Indicator Dashboard Exercise**
*Outlining the tasks and/or roles to guide the Indicator Dashboard Exercise*

<table>
<thead>
<tr>
<th>Tasks and/or Roles</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance and stewardship</td>
<td>Facilitate the Indicator Dashboard, defining the objectives, expected results, outcomes and deadlines/timeline.</td>
</tr>
<tr>
<td>Data collection</td>
<td>Organize and prepare the dashboard templates, gathering and/or updating available data and referring to data reported by the Nutrition Analysis and Coverage Assessment. It is also helpful to create backup spreadsheets in Excel, compiling data from previous years to see whether the situation is improving, deteriorating or constant.</td>
</tr>
<tr>
<td>Data analysis</td>
<td>Facilitate discussions with technical stakeholders to:</td>
</tr>
<tr>
<td></td>
<td>(a.) select/refine the applicable indicators for the situation analysis and coverage dashboards (if the latter is pursued), discussing the pros and cons of various options (e.g. food consumption score versus dietary diversity score to report food insecurity);</td>
</tr>
<tr>
<td></td>
<td>(b.) classify the severity of the data on the situation analysis indicators;</td>
</tr>
<tr>
<td></td>
<td>(c.) identify trends over time and between genders;</td>
</tr>
<tr>
<td></td>
<td>(e.) set targets for coverage indicators (if a coverage dashboard is devised);</td>
</tr>
<tr>
<td></td>
<td>and for</td>
</tr>
<tr>
<td></td>
<td>(d.) identify data gaps and workaround solutions.</td>
</tr>
<tr>
<td></td>
<td>Solicit and document recommendations from technical stakeholders on indicators that should be added to routine data collection and/or periodic nutrition surveys</td>
</tr>
<tr>
<td>Review and validation</td>
<td>Lead the discussion with technical stakeholders to agree and validate the selected indicators</td>
</tr>
<tr>
<td>Consensus-building</td>
<td>Promote the consensus among the larger nutrition community on:</td>
</tr>
<tr>
<td></td>
<td>• Country’s nutrition problems (magnitude and severity)</td>
</tr>
<tr>
<td></td>
<td>• Coverage for each priority action</td>
</tr>
<tr>
<td>Communications and advocacy</td>
<td>Advocate for government to organize a workshop to present the results. Alternatively, the Dashboard may become a prime instrument to use by a high-level coordinating committee. It can provide a useful starting point as well as periodic referencing for strategic decision-making. Support the development of a storyline, identifying local examples and data to justify the need for nutrition action and the consequences of inaction, so as to raise awareness about the nutrition situation and the need to scale-up nutrition actions. The concise and visual nature of the dashboard makes it an effective tool to engage policy-makers, and in general, to communicate a large amount of technical information in a brief, user-friendly format.</td>
</tr>
<tr>
<td>Knowledge-sharing</td>
<td>Facilitate access to good practices, case studies, etc. from other countries, if available. Document this country experience, being sure to capture key successes and challenges to help guide similar efforts in other countries.</td>
</tr>
</tbody>
</table>
4.8.4 Guidelines for analysis

Facilitators should refer to the Dashboard Methodology narrative for comprehensive guidance on the process of assigning REACH stoplight ratings and adding trend arrows. These features are briefly discussed below.

One of the distinguishing features of the Indicator Dashboard is the REACH stoplight rating system used for the situation analysis indicators. The system applies a four-point rating system, inspired by the red, yellow and green traffic code to classify the level of public health significance, whereby:

- **Red** denotes an **Urgent problem requiring urgent action**;
- **Yellow** denotes a problem **Requiring action**; and
- **Green** denotes something that is **Not currently a serious problem**.
- **White** denotes not applicable

Experience has shown this notation to be readily understood by non-technicians, who often exercise decision-making power and influence policy. The rating system capitalises on the existing evidence base with respect to population thresholds/public health significance categories. In some cases, this has required existing four- or five-category classifications to be consolidated into three severity categories used by the REACH stoplight system.

In addition, the dashboards provide a **rough estimation on progress** – not upward or downward trends in the nutrition levels themselves - with respect to previous data, by the inclusion of ‘trend arrows’. In many cases, the time series data is not directly comparable due to differing sampling methodology and/or subtle differences in indicators. Where considerable discrepancies are observed between sampling methodologies and/or differing indicator definitions, trends arrows should not be assigned.

**Figure 20: Excerpt from the Indicator Dashboard in Sierra Leone**

Looking at the Overall Situation Analysis Indicator Dashboard, which presents categorised indicators, statistics, data source, year of data collection, severity stoplights and trends arrows.

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50 Population’ thresholds or public health significance categories refer to population-level statistics (e.g. prevalence, mortality rates, etc). For instance, a population where greater than 40% of children ages 6-59 months are anemic would be classified as a severe public health problem.
4.8.5 Outputs
The Indicator Dashboard produces the below outputs:

- Dashboards devised which display situation analysis, and potentially, coverage indicators, noting improvement, deterioration or no change as well as the severity of the problem.
- Coverage targets defined for each priority action, where a coverage dashboard is prepared and/or coverage is reported on a summary dashboard\textsuperscript{51}.
- A set of recommendations identifying a list of indicators which should be added to routine data collection and/or periodic nutrition surveys.
- \textit{(Optional)} Recommendations compiled for harmonizing methodologies, indicators and data requirements across surveys.

\textsuperscript{51} If a coverage dashboard is not devised, coverage targets should be determined as part of the Coverage Assessment stock-taking exercise described in Section 4.7.
4.9 M&E Requirements

4.9.1 M&E Considerations
Facilitators may need to complete/finalise any pending M&E requirements for the baseline assessment and/or the baseline Facilitator Log entry, initiated during the Preparation phase as noted in Section 3.5. The UN Nutrition Team should be considered the main resource for collating and/or directing facilitators to this data, and should play an active role in such M&E discussions.

4.9.2 Key Evaluation Activities
Where there are outstanding issues regarding the baseline assessment, facilitators should convene the Un Nutrition Team to determine how to address these gaps. They should then work with the UN focal points to complete/finalise the exercise, and submit the country baseline assessment data sheet to the REACH Secretariat.

4.9.3 Key Monitoring Activities
Facilitators may lead the process to validate the baseline entry of the Facilitator Log, if not already validated by the UN Nutrition Team. Facilitators should also liaise with the members of the UN Nutrition Team to compile inputs for the Facilitator Log entries for the applicable reference periods. Furthermore, the outputs of the Coordination Mechanisms Analysis (e.g. matrix) generated during the Situation Analysis phase should be included in the Facilitator Log as an Annex to enrich those entries, being sure to specify the date/period it was completed and the specific log entry to which it refers.

Key Messages

- Regularly consult the UN Nutrition Team throughout the various REACH stock-taking exercises for guidance and support. Remember that government is responsible for ‘official’ data and there may be sensitivities about the data; the UN Nutrition Team should be able to help with the selection of data for different purposes and help – if necessary – negotiate what statistics/data to report in the Dashboard.
- Use existing data, methodologies and tools to support the REACH stock-taking exercises, to the extent possible.
- Encourage the continued, active participation of REACH partner agencies and other technical stakeholders in the REACH stock-taking exercises.
- Be mindful of varying assessment methodologies when conducting the various components of the comprehensive situation analysis. Always document assumptions, data sources and year of data collection.
- Many of the REACH stock-taking exercises are ongoing and iterative. It is important to complete and reach consensus on the initial analyses, which can be re-visited and modified multiple times thereafter, as the situation evolves.
- Remember that the REACH stock-taking exercises are also an opportunity to build relationships with stakeholders and further educate them about/promote REACH!
5. Support

**INTRODUCTION**

Section 5 covers the REACH Support phase, where the findings from the REACH Situation Analysis (stock-taking exercises) are leveraged to catalyse concrete actions and/or other responses. During this phase, REACH facilitates the establishment, reactivation, formalisation and/or strengthening of coordination mechanisms, considering them to be a vehicle for carrying out positive policy reform, costing exercises, planning and budgeting, and ultimately, improved implementation of the country priority actions (See Section 4.3). Facilitators draw upon their facilitation skills to guide and/or support participatory approaches, change management and capacity development with respect to multi-sectoral nutrition governance and management. This, in turn, requires, sharing knowledge among the disparate group of nutrition actors, both within and outside the country. It also entails continued communications and advocacy efforts to support the desired actions and/or other responses. It is important to remember that opportunities and constraints emerging during the Support phase may warrant further analysis/refinement of the various stock-taking exercises conducted during the Situation Analysis in order to maintain relevance and ensure actions “Do no Harm.”

**LEARNING OBJECTIVES**

- To understand the difference between the role and actions of REACH in relation to those of government and other stakeholders, and how these are interrelated
- To understand concrete ways to support improved multi-sectoral nutrition governance and management
- To explore the linkages/relationships between REACH-supported nutrition coordination mechanisms and other coordination mechanisms and platforms
- To learn concrete ways to operationalise multi-sectoral nutrition planning and to improve programming approaches

5.1 A BREAKDOWN OF THE REACH SUPPORT PHASE

5.1.1 Coordination

Coordination is a management discipline, requiring both a distinct skill-set and dedicated resources. As indicated by the conceptual framework on malnutrition (See Annex 1) and the REACH Stakeholder and Activity Mapping exercise (See Section 4.5), there are a multitude of actors (e.g. government officials, bilateral institutions, NGOs, donors, private sector actors, etc.) involved in nutrition-related actions/programming from a range of different sectors. In addition to the REACH UN partner agencies, it is important to remember that other UN Agencies such as UNFPA, UNAIDS and UNDP may also play a strong role (and may belong to the UN Network) in some countries. Notwithstanding, many governments believe that malnutrition manifests primarily as a medical condition, and therefore, should be managed by the health sector. As a result, this typically leads to a public health bias in national nutrition policies, strategies and plans, precluding important opportunities to address nutrition problems through agriculture, social development, education and other programmes. REACH facilitators play a valuable role in correcting these misperceptions and continually reinforcing the multi-sectoral dimensions of nutrition and the related responses. In this manner, REACH facilitators guide change management efforts to instil and/or enhance a truly multi-sectoral approach to nutrition (see Section 2.2.2. on Change Management).

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52 Where ‘remote’ REACH support is provided, the UN Nutrition Team should do its best to carry out the various exercises of the Support phase, though this can be quite challenging in view of resource limitations (staffing and funding) of partner agencies. These limitations often make it difficult for members of the UN Nutrition Team to dedicate sufficient time required for effective collaboration on nutrition-related issues in absence of a REACH facilitator (See Section 5.1.1).
The status quo is also marked by the tendency of actors to concentrate on the activities within their respective areas of expertise and mandate. Often, they face staffing and/or funding limitations and are pressed to demonstrate results quickly, adhering to rigid and institution-specific reporting procedures/requirements. These practical considerations can make it difficult for them to allocate time for exploring linkages with other complementary activities and the stakeholders that conduct them, thereby undermining the pursuit and delivery of integrated nutrition approaches - even though such approaches are critical to addressing undernutrition in a meaningful and sustainable manner.

A related problem is that multi-sectoral coordination and integrated approaches often become empty rhetoric. Key actors may pay lip-service to these concepts, while in reality, continue to do their ‘business as usual’. REACH facilitators need to be aware of this common tendency in nutrition governance and management, and to facilitate change management so as to help establish and reinforce the multi-sectoral linkages. Furthermore, it is important to explain that ‘everybody does not need to discuss everything all the time.’ Stakeholders should collectively identify issues that are truly critical for coordinated actions and make sure these are understood, agreed and addressed. This will allow the stakeholders to focus on their own, respective responsibilities as much as possible, and yet be well-prepared to discuss coordination matters, when needed. Coordination structures are the main mechanism to operationalise these linkages, addressing both policy and programming issues.

### 5.1.2 The interrelationship between policy and programming

The link between policy and programming resembles the relationship between ‘Theory and Practice’ in science. This implies that policy should guide programming, and that lessons learned in programming should, in turn, inform the revision of policies. Albert Einstein once said that ‘there is nothing more practical than a good theory.’ Similarly, there is no better programming tool than a good policy. Many development partners consider the policy framework to be the foundation on which development and humanitarian programmes should be constructed, adding that programmes will be destined to failure in absence of robust policy frameworks. Knowledge management can help reinforce this critical link (Figure 21).

**Figure 21: Policy, programming and knowledge management**

*Unpacking the relationship between policy, programming and knowledge-sharing*
5.1.3 Facilitating policy, costing, planning and other operational exercises

The existence of multi-sector coordination mechanisms will help key nutrition actors (e.g. focal points from each relevant ministry, including the ministry of finance and planning) engage in the following processes: policy formulation and/or revision; costing exercises; multi-sectoral planning and budgeting; and identification and/or refinement of intervention approaches. When formal government coordination mechanisms are not established and/or functional, a nutrition committee can be established. The committee can be a good short-term solution but cannot replace formal mechanisms in the long-term. The presence of formal, multi-sectoral coordination mechanism(s) helps guarantee that key participants systematically take part in these processes in every cycle. Moreover, it is important for facilitators to be aware of government cycles/timelines (e.g. policy revisions, planning, etc.) to effectively plan work in advance – both the facilitators and the nutrition stakeholders – so as to maximise opportunities and the utility of the REACH engagement. To be most effective, facilitators must have a solid understanding of the nutrition policy and programming environment in-country, be well-connected and respected in-country and be abreast recent developments elsewhere.
5.2 Coordination Mechanisms

5.2.1 Overview

Multi-sector coordination mechanisms provide a forum for discussion among nutrition stakeholders while strengthening their coordination capacities within and across sectors. They help nutrition stakeholders adopt a comprehensive, multi-sectoral vision for reducing undernutrition among women and young children and agree on a common framework for action. This entails raising awareness about the respective roles of stakeholders in addressing the underlying and immediate causes of undernutrition, and clarifying how these roles fit into the comprehensive multi-sectoral response. This, in turn, helps minimise duplication of efforts and gaps in support of more efficient use of limited resources. To this end, REACH supports national authorities in the establishment, reactivation, formalisation and/or strengthening of coordination mechanisms at two levels: the decision-making level and the technical level.

5.2.2 Inputs

The following inputs are key to supporting national authorities in establishing, reactivating, formalising and/or strengthening multi-sectoral coordination mechanisms:

- Existing legal or institutional coordination mechanisms for nutrition, both high-level and technical, to build on existing structures
- Commitment of government and counterparts in all relevant sectors
- Involvement of all relevant ministries and sectors as informed by the Nutrition Analysis (See Section 4.2) and Selection of Priority Actions exercise (See Section 4.3)
- Commitment of other institutions (e.g. UN Agencies and other multilateral institutions, NGOs, CSOs, private sector, academic/other research partners, donors) with a mandate or interest in nutrition-related sectors
- Relevant information such as the findings from the Institutional Analysis (See Section 4.4); and
- Mapping of stakeholder’s roles, competencies and responsibilities as per the findings of the Stakeholders and Activity Mapping (See Section 4.5)

5.2.3 What is involved? An abbreviated “How to”

Coordination mechanisms on nutrition should be in place at two levels: the policy-making level and the technical level. Coordination mechanisms at the policy level (so-called high-level) can play a pivotal role in elevating nutrition as a priority issue as well as formulating and reforming nutrition policy. At the technical level, they create a space that enables their members to identify and implement new and improved programmatic approaches, including nutrition-sensitive actions. The REACH Support Phase offers an opportunity to strengthen the existing technical stakeholder group (e.g. Technical Working Group) by reflecting on how the REACH stock-taking exercises unfolded with a view to further improving the balance of the multi-sectoral approach. REACH facilitators can moderate that dialogue with technical stakeholders.

Keep in mind

Presidential decrees, executive orders and/or other laws may be required to officially establish a high-level coordination structure on nutrition in-country. In these cases, REACH facilitators may lend support with the preparation of/guidelines for these “acts”. An executive decree was formulated and adopted by the Government of Mauritania to support the founding of the Conseil National de Développement de la nutrition (National Council for the Development of Nutrition). Additional information is provided in Section 5.3 on Policy Reform.

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53 Legal in this context means that the national coordinating mechanism has been formally established by act of Parliament or the like.
54 However, if there is no existing nutrition coordination mechanism(s), REACH can support the national authorities to facilitate the establishment of relevant structures.
55 The mobilization of an expanded group of technical stakeholders (e.g. Technical Working Group) undertaken during the Getting Started Phase may have occurred on an informal basis in the essence of time and need to complete the initial REACH stock-taking exercises of the Situation Analysis Phase in a timely manner. While this group may have operated smoothly during the completion of such exercises, it is important to take time to properly formalize the group during the Support Phase to support sustained nutrition action/progress.
This dialogue is critical, as decisions may otherwise be made through one or a selected few formal authorities, often advised by agencies with a strong influence on nutrition or through “informal power relationships (e.g. among government actors or between government and international actors)”, where multi-sectoral coordination aspects are inadequate. Decisions made without (or with limited) coordination between sectors risk excluding key nutrition stakeholders, and thus may jeopardize results. Facilitators should work with national authorities to remind country stakeholders of these risks and to help underscore the importance of coordination structures for achieving nutrition successes.

The value that coordination mechanisms can bring to nutrition work in-country goes beyond their mere existence. Multi-sectoral undernutrition problems are more easily addressed when formal and functional coordination mechanisms are in place. This may require officially determining the composition of such bodies, establishing protocol (e.g. governance, meeting protocol, etc.) as well as a time commitment for attending relevant meetings and any required preparatory and follow-up work. It may be helpful to hold meetings whereby “comments are incorporated but are not attributable to any particular organization” to help promote the joint-spirit of multi-sectoral nutrition action. REACH facilitators can help country stakeholders with these matters, leveraging the findings from the REACH Institutional Analysis and building on current mechanisms and procedures.

At the central level, coordination mechanisms will assume both political and technical roles. Countries also need coordination mechanisms at sub-national levels (e.g. regional and district level), which provide valuable contributions to the REACH nutrition analysis, identification of priority actions (particularly adapting them to local needs) as well as joint-planning, implementation and monitoring, given their close proximity to intervention/programme sites and recipients.

Table 16: Supporting National authorities through facilitation of the Establishment, Reactivation, Formalisation and/or Strengthening of Nutrition Coordination Mechanisms

<table>
<thead>
<tr>
<th>Tasks and/or Roles</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance and stewardship</td>
<td>Support national authorities to facilitate the establishment, reactivation, formalisation and/or strengthening of nutrition coordination mechanisms, defining the objectives, expected results, outcomes and deadlines/timeline.</td>
</tr>
<tr>
<td>Data collection</td>
<td>Compile key information including findings from the REACH Institutional Analysis including the summary table of findings and identified representational gaps (See Section 4.4)</td>
</tr>
<tr>
<td></td>
<td>(a.) If a country experiences regular emergencies, IASC emergencies clusters (e.g. nutrition and food security) may be considered to temporarily carry out an expanded coordination function. Other sectoral clusters or sectoral coordination groups should likewise be considered (e.g. water, gender, etc.) as these also have ties to nutrition. Be sure to clearly identify who leads existing coordination mechanisms (e.g. government, if so, which ministry; donors; UN agency; or others).</td>
</tr>
<tr>
<td></td>
<td>(b.) Check to see whether the UN Network has been mobilised in the country and how REACH can support the network.</td>
</tr>
<tr>
<td></td>
<td>(c.) Present the challenges and opportunities for the improved functioning of coordination mechanisms, as revealed by the Institutional Analysis in a synthesised, visual manner (if not already prepared through the Institutional Analysis) to guide brainstorming discussions.</td>
</tr>
</tbody>
</table>

58 Shepherd-Barron J (2009). “Clusterwise; Everything you wanted to know about cluster coordination but were afraid to ask.” Clustercoordination.org.
(d.) Solicit guidance from and coordination with the national SUN focal point so as to ensure harmonised action and avoid the creation of parallel structures.

<table>
<thead>
<tr>
<th>Analysis</th>
<th>Facilitate discussions with technical stakeholders to:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>(a.) Finalise the recommended composition of formal coordination structures for both the high-level and technical level groups. In general, the following stakeholder groups are directly involved in nutrition actions at country level: technical focal points from key ministries (Director level or their appointees); UN Heads of Agencies and focal points; NGO representatives/technical focal points (international and national); civil society organization representatives; academia; and the private-sector, where appropriate.</td>
</tr>
<tr>
<td></td>
<td>(b.) Define the roles, objectives and goals of the coordination mechanisms, drafting or updating terms of reference (ToR), as needed. These ToR should reflect the differing levels of functions (e.g. high-level political, technical or other). Moreover, the ToR should articulate the reporting lines/feedback loops between the political and technical levels as well as between the central and sub-national levels.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consensus-building</th>
<th>Promote continued consensus among the larger nutrition community on:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• The nutrition problems (magnitude and severity) in-country</td>
</tr>
<tr>
<td></td>
<td>• The selected priority interventions</td>
</tr>
<tr>
<td></td>
<td>• Inclusion of selected priority interventions in the relevant policies, strategies and action plans</td>
</tr>
<tr>
<td></td>
<td>• Coverage for each priority intervention</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communications and advocacy</th>
<th>Advocacy efforts for the establishment, reactivation, formalisation and/or strengthening of formal coordination mechanisms for nutrition, including:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Government, high-level coordination mechanisms;</td>
</tr>
<tr>
<td></td>
<td>• Government, decentralised coordination mechanisms; and</td>
</tr>
<tr>
<td></td>
<td>• Multi-stakeholder technical coordination mechanism.</td>
</tr>
<tr>
<td></td>
<td>The RCC and UN Resident Coordinator may be engaged in these advocacy efforts, as needed.</td>
</tr>
<tr>
<td></td>
<td>Advocate and identify – if needed -funding for the coordination structure.</td>
</tr>
</tbody>
</table>

| Operationalisation | Support the development of a workplan to guide the operationalisation of the coordination structures and facilitate accountability. The workplans should be updated annually, taking into account country achievements and priorities. It should include objectives, expected outcomes, activities, responsibilities, resources needed (national/partner) and duration of activities/deadlines. Encourage stakeholders to include the activities mentioned in the REACH CIP in the respective coordination mechanism workplans. |

| Knowledge-sharing | Liaise with other REACH facilitators and the REACH Secretariat to explore how nutrition coordination mechanisms were founded and function in other countries. Formalise knowledge-sharing mechanisms. |
|                  | Document this country experience, being sure to capture key successes and challenges to help guide similar efforts in other countries. |

See Annex 2 for generic ToR for coordination mechanisms

5.2.4 Practical guidelines

Varying levels of coordination management support may be extended by REACH facilitators according to the country context. Where no formal coordination mechanisms are in place, facilitators should provide close coordination management to the national authorities to support and enhance the functionality of the mechanism(s), spanning a range of duties that help improve:
(a.) Regularity with which meetings convene;
(b.) Meeting attendance (e.g. sending gentle reminders to participants);
(c.) Efficiency/Effectiveness of meetings such as the preparation of meeting agendas and background materials;
(d.) Balanced participation/discussion;
(e.) Note-taking and dissemination of meeting notes;
(f.) Identification of follow-up measures with designated person(s)/parties responsible; and
(g.) Other tasks, as needed.

This support helps advance the change agenda and continue the momentum of the comprehensive REACH Situation Analysis.

The government must agree to the use of any structure for nutrition coordination outside of the mechanism’s previously defined functions. The ToR of the existing mechanism should be updated accordingly with the facilitator providing support, as needed.

Once formal coordination mechanisms are in place, facilitators are advised to reduce their level of participation to a more facilitative role (e.g. level 4 or 5 participation, see Section 2.2.3 on Participatory Approaches). Under these circumstances, facilitators may provide coordination backstopping, as required. This will, in turn, foster greater empowerment among country stakeholders, and hopefully sustainability.

**Figure 22:** Composition of the National Council for the Development of Nutrition (Conseil National de Development de la nutrition) and key partners in Mauritania

An example of a formal, high-level, multi-sectoral coordination mechanism called the National Council for Nutrition Development (Conseil national de développement de la nutrition) in Mauritania that operates at the national level.

The Mauritanian government created the *Conseil National de Development de la nutrition in Mauritania* or National Council for the Development of Nutrition (NCDN) to serve as a high-level nutrition coordination mechanism following the recommendations and lobbying efforts of the...
REACH technical working group. The Council is comprised of the key Ministers involved in nutrition, and the Technical Permanent Committee (a technical body in charge of technical decision-making) which supports the NCDN. The Council’s structure and key partners at national and sub-national levels are depicted in Figure 22 above to provide an illustrative example of high-level, nutrition coordination structures.

**Table 17: Common Coordination Challenges and Potential Solutions**

*Understanding and penetrating the barriers to effective multi-sectoral nutrition coordination*

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Problems</th>
<th>Possible Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Facilitators are not perceived as an independent broker</td>
<td>Supporting the government and competing for funding is perceived as compromising impartiality, independence and neutrality</td>
<td>Be sure to facilitate the collective effort, not take-over and/or act unilaterally. Be neutral and low-key</td>
</tr>
<tr>
<td>2 Agency autonomy is threatened</td>
<td>Individuals and organisations fear that collective efforts will reduce their visibility and freedom to make decisions</td>
<td>Demonstrate that collective problem-solving leads to consensus on programming and results while allowing freedom of action within programmes</td>
</tr>
<tr>
<td>3 Knowledge is assumed</td>
<td>Not all agencies will have the same or requisite knowledge on which to base their decisions; technical language may differ</td>
<td>Provide technical input from respected third parties and seek out knowledge from different sources</td>
</tr>
<tr>
<td>4 Understanding of language is assumed</td>
<td>The UN language is not the mother tongue of all participants</td>
<td>Remind participants that there will always be linguistic misunderstandings; Work towards common language and verify comprehension regularly</td>
</tr>
</tbody>
</table>
| 5 Domain Consensus is challenged     | Differences among organisations/institutions in terms of:  
  - Geographic coverage  
  - Sectoral & sub-sectoral responsibilities  
  - Target groups  
  - Prioritisation of needs  
  - Programmatic approaches | Stimulate dialogue, knowledge-sharing and collective analysis |
| 6 All organisations are not equal    | Certain organisations dominate both the agenda and the ensuing decision-making process | Moderate discussions to ensure balanced participation, prevention domination of the ‘usual suspects’ |
| 7 Decision-makers do not attend meetings | Decision-makers do not consider nutrition to be a priority area | Be sure to engage decision-makers from the beginning of the process, clarify the multidimensional causes of undernutrition, tailor communication and advocacy messages (See Section 2.4) |
| 8 Data incompatibilities and access limitations | Organisations use different sampling methodologies, indicators, data collection frequency, precluding comparisons | Work towards standardised data requirements and a comprehensive info mgt system; Capitalise on planned ‘regular’ assessments to add indicators; Make and document assumptions, where applicable |
| 9 Credit for success is diffused     | Acknowledgement of individuals and agencies gets lost through the collective approach | Collective successes are arguably more powerful than individual successes |
| 10 Lack of trust                     | Participating agencies/institutions have a history of strained relations | Facilitate effectively. Listen, learn, employ participatory approaches, foster transparency, be neutral, conduct team-building exercises, celebrate successes, etc. |
| 11 Antagonism                        | Participating agencies/institutions see each other as competitors | Demonstrate how REACH can break down tension and strengthen individual and collective efforts |
| 12 Absence of Sanction               | Agencies/institutions and individuals do not do what they say they are going to do | Monitor contributions, solicit as needed. Give positive feedback to high-performing individuals and/or groups in public. |
| 13 Intimidation/sensitivity          | Will not say what they really think in meetings | Instil an atmosphere of trust and transparency. Work to achieve quick wins during the early stages of activity to help incentivise further joint-action. |
There are a number of other coordination mechanisms and/or platforms which seek to promote integrated nutrition action with more than one operating and/or involved in activities in a given country in some cases. These include: SUN, SCN, MDG-F, UN Joint Programming, IASC Emergency Clusters, AAHM, etc. This can cause confusion for REACH facilitators and other country stakeholders. A brief description of these mechanisms is provided below in an effort to clarify the differences and complementarities between them. It is important to recognize that REACH aims to build sustainable capacities to improve governance and management for scaling-up nutrition action. The focus of REACH support in this arena should be directed towards formal government-led coordinating mechanisms at both the policy and technical levels. The REACH facilitator should use existing structures, as needed, but with a long-term vision of establishing/strengthening the appropriate government-led structures and mechanisms. Facilitators are also tasked with strengthening UN coordination so as to promote a coherent UN Network at the country level. At present, there is no pre-established way for REACH facilitators to engage with these mechanisms. Rather, these linkages are very much emerging areas. It is important for REACH facilitators to reach out to and familiarise themselves with the other mechanisms/platforms in place in the country, to engage these actors as appropriate, and to regularly update them on REACH progress/developments.

- **The UN Standing Committee on Nutrition (SCN)** is the official forum for global discourse on UN food and nutrition policy, boasting a broad network (e.g. UN agencies and representatives of the Bilateral and NGO/Civil Society constituencies). It addresses under- and over-nutrition, and organises thematic consultations/mobilises thematic working groups to discuss emerging technical issues. It plays a considerable role in knowledge-sharing, facilitating access to a broad range of resources among nutrition policy specialists and practitioners.

- **The REACH has been very active in the Scaling Up Nutrition (SUN) movement**, both at the global and country level. Broadly speaking, REACH is considered to be a vehicle for promoting the commitments pledged through the SUN movement. The REACH facilitator in Bangladesh coordinated early SUN activity in-country though this arrangement may not be suitable or appropriate in other countries, or in later phases of SUN activity. At a minimum, facilitators should work closely with the national SUN focal points. In many SUN countries, the CSO and Donor Networks are currently strengthening their in-country dialogue and are working to operate as joint networks; these networks can be used by REACH facilitators to establish effective linkages to CSO and donor nutrition partners.

- **A concept note has been drafted to explore linkages between REACH country engagements and IASC country clusters.** In countries where IASC clusters are active, REACH facilitators should ask the UN Nutrition Team to call a meeting with the relevant Cluster Coordinators to establish contact and introduce REACH as early as operationally possible.

- **MDG-F programmes** on thematic window on Children, Food Security and Nutrition have been undertaken in twenty-four countries. While the majority of them concluded in December 2012, others have continued into 2013. Efforts have been undertaken to distil the main lessons learned through these experiences, which provide valuable insight for REACH facilitators and other technical country stakeholders (see [http://www.mdgfund.org/content/childrenfoodsecurityandnutrition](http://www.mdgfund.org/content/childrenfoodsecurityandnutrition)).

- **Alliances Against Hunger and Malnutrition (AAHM)** are established in many countries, offering a space where governments and CSOs can build/strengthen working relationships ([http://www.theaahm.org](http://www.theaahm.org)). These country partnerships may be strategic in promoting REACH-related advocacy and strengthening the agriculture and food security elements of country-level nutrition action as part of a greater multi-sectoral approach.

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59 FAO’s team on Inter-institutional nutrition collaboration has prepared a technical brief which highlights additional information about these nutrition collaboration platforms, why multi-sectoral collaboration is needed and a matrix illustrating where (in which countries) these platforms are active.
5.2.5 Outputs
Supporting national government in the establishment, reactivation, formalisation and/or strengthening of Nutrition Coordination Mechanisms leads to following outputs. The second output is outside the direct control of the REACH facilitators, and thus is marked by grey text. Nevertheless, the idea is that the REACH support will help facilitate the completion of this output.

✓ Terms of Reference (ToRs) drafted for the respective nutrition coordination mechanisms (national high level, national technical level and decentralised)

✓ Executive decrees and/or other laws formulated and enacted, as needed, to support the establishment of official government coordination structures for nutrition

✓ Nutrition coordination mechanisms (national high-level, national technical level and decentralised) established, reactivated, formalised and/or strengthened
5.3 POLICY FORMULATION AND REFORM

5.3.1 Overview
Policy frameworks articulate broad issues and how governments\textsuperscript{60} intend to address them, providing a foundation on which regulations and action plans may be grounded. They encompass national development policies (e.g. Poverty Reduction Strategy Papers), national nutrition policies and strategies as well as national sectoral policies. The inclusion of nutrition in national (and international policies) helps call attention to nutrition issues and is a reflection of the commitment awarded to nutrition. These policies help prioritize actions and expenditures, including resource allocation to nutrition activities by government and external donors/actors alike. They also foster government accountability for the terms stipulated by these policies.\textsuperscript{61} As previously discussed in the Section on the Institutional Analysis (See Section 4.4), REACH plays a key role in helping nutrition stakeholders in-country identify policy gaps and informing subsequent revisions, with a view to achieving a balanced, multi-sectoral approach to nutrition.

5.3.2 Inputs
The below inputs are utilized to inform the policy reform efforts discussed in this section:

- Matrix of national policies which synthesizes the extent to which maternal & child nutrition is reflected in existing national development (e.g. PRSP, UNDAF/P) and sectoral policies as per the Institutional Analysis (See Section 4.4)
- Timeline of planned policy revisions compiled during the Institutional Analysis (See Section 4.4)
- Understanding of the current national policy-making context (e.g. the actors, structures, policy-making procedures and institutions involved in formulating nutrition-related policies).\textsuperscript{62}
- Indicator Dashboard to summarise the nutrition problems in-country and the selected priority interventions that address them (See Sections 4.3 and 4.8)

**Box 5: Nutrition as a Human Right**
Getting familiar with the legal frameworks that include nutrition

<table>
<thead>
<tr>
<th>Adequate nutrition has long been recognized as a human right, enshrined in key international conventions, and in some cases, national constitutions:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Universal Declaration of Human Rights</strong> (United Nations General Assembly 1948) declares freedom from hunger and undernutrition as a basic human right. The convention asserts that &quot;everyone has the right to a standard of living adequate for the health and well-being of himself and his family&quot; (Article 25).</td>
</tr>
<tr>
<td><strong>Covenant of Economic, Social, and Cultural Rights</strong> (United Nations General Assembly 1966, Article 11, 1) Article 11 reaffirms the point above by &quot;recognizing the fundamental right of everyone to be free from hunger,&quot; with the signatory states, or parties to the covenant, committing to take the measures to realize this right, including &quot;disseminating knowledge of the principles of nutrition&quot; (Article 11, 2a).</td>
</tr>
<tr>
<td><strong>Convention on the Rights of the Child</strong> (United Nations General Assembly 1989). Children are among the most vulnerable to undernutrition and most likely to suffer its consequences over the long term. This convention was reinforced in 1989, and has been endorsed by most national governments. Article 24 of the Convention stipulates that &quot;States Parties recognize the right of the child to enjoyment of the highest attainable standard of health&quot; and shall act appropriately &quot;to combat disease and malnutrition&quot; through the provision of &quot;adequate nutritious foods, clean drinking-water, and healthcare.&quot;</td>
</tr>
<tr>
<td>The right to nutrition security is also upheld in many national constitutions, whereby governments commit to ensuring that these nutritional rights are respected, especially among the most vulnerable.</td>
</tr>
</tbody>
</table>

\textsuperscript{60} Policy frameworks are also defined for other institutions such as multi-lateral agencies (e.g. UN organizations), bilateral agencies, NGOs, etc. though the policy-related action of REACH engagement is oriented towards government policies. They serve as important frameworks for guiding the allocation of assistance/aid of these organizations and help ensure the appropriate use of funds to their respective constituents.


\textsuperscript{62} ibid.
5.3.3 What is involved? An abbreviated “How to”

The national development plans/poverty reduction strategies are usually updated every five years. They are particularly important development policies, as they lay the initial groundwork for development investment/action in the country. The UN Development Assistance Framework/Plan (UNDAF/UNDAP) typically supports the government development plans, defining the areas where the UN agencies endeavour to make significant contributions to the achievement of national objectives. Nutrition and nutrition-related policies (e.g. Food Security, Maternal and Child Health, Agriculture, Food Fortification, Social Protection, etc.) are part of these broad development policies, though key nutrition-related issues may or may not be well articulated therein. Facilitators should be aware of the process for updating these policies and continually refer to and update the timeline compiled during the Institutional Analysis in order to best seize opportunities to promote important nutrition-related policy reform and integrated multi-sector approaches.

Policy formulation is or should be the prerogative of the Government. The manner in which government leads the policy-making process will depend on the local context, and is driven by various factors including capacity, financial resources, interest/will, leadership and/or personalities. Facilitators should work closely with the members of the UN Nutrition Team and government counterparts to understand the policy-making environment (e.g. key structures/actors involved in the policy-making process). REACH facilitators should be prepared to support policy review and reform processes, but need to be aware that these processes are strictly pursued through agreed government-UN mechanisms. The support from REACH may entail sharing knowledge such as the findings and/or outputs of the REACH stock-taking exercises, preparing background documents to be discussed at multi-sectoral coordination meetings, facilitating multi-sectoral discussions and advocacy activities culminating from the REACH analyses, among other tasks. Facilitators may also assist partners with the drafting of policies, strategies and/or policy briefs, being sure to capture the views/ideas emerging from the consultative process with technical stakeholders, not their individual views/ opinions. Having the facilitator take the lead in such policy-writing can reinforce neutrality, which is critical to achieving better balance in multi-sectoral approaches.

Facilitators should be aware that policy reform may be a lengthy process subject to prolonged negotiations and political/sectoral disagreements. To contribute to these efforts, facilitators should encourage the discourse to focus on the issues (not mandates, inter-institutional tensions, etc.) in pursuit of compromises that acknowledge emerging ‘evidence’ (both scientific and practice-based) as well as public policy considerations.

The success of efforts to promote policy reform during the Support Phase is largely contingent upon the REACH activities/outputs in previous phases such as the Nutrition Analysis slides and the development of the Indicator Dashboard. It is critically important that these exercises effectively raise awareness that undernutrition is a national problem; this will help ensure that nutrition is adequately reflected in the national policy framework. Moreover, facilitators should work with technical stakeholders to articulate that undernutrition is preventable and how it can be addressed by government action.
Table 18: Facilitation of Nutrition-related Policy Formulation and Reform
Outlining the tasks and/or roles to guide nutrition-related policy reform

<table>
<thead>
<tr>
<th>Tasks and/or Roles</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance and stewardship</td>
<td>Support the UN Nutrition Team and government by facilitating nutrition-related policy reform, defining the objectives, expected results, outcomes and deadlines/timeline.</td>
</tr>
<tr>
<td>Data collection</td>
<td>Collate and review the findings (e.g. matrix and recommendations for policy revisions) from the policy analysis conducted during the Situation Analysis (See Section 4.4 on the Institutional Analysis). Prepare and share background documents (e.g. indicator dashboard, policy matrix, policy recommendations, etc.) to be discussed at multi-sectoral coordination meetings, being sure to frame issues in the context of the causes and effects of undernutrition, drawing upon the findings of the Nutrition Analysis (See Section 4.2) and the Selection of Priority Actions (See Section 4.3).</td>
</tr>
<tr>
<td>Analysis</td>
<td>Facilitate discussions with nutrition coordination mechanisms – both decision-making (high-level) and technical to help advance policy formulation and/or reform. To this end, facilitators lead discussions with the technical coordination mechanism (e.g. Technical Working Group) to confirm policy priorities identified through the Institutional Analysis, and subsequently, to help elevate these issues to the central decision-making coordination mechanism. Facilitators may also spearhead efforts to devise a timeline, indicating planned policy work/revisions as identified through the Institutional Analysis (See Section 4.4) and further recommended policy reform efforts, as proposed by technical stakeholders, for presentation to the central high-level nutrition coordination mechanism. In many cases, facilitators may actually draft policy content and/or policy briefs following the consultative process with partners and technical stakeholders, in which case, they serve as the “pen” of the technical group.</td>
</tr>
<tr>
<td>Consensus-building</td>
<td>Promote consensus among the larger nutrition community at the decision-making and technical levels on the following points: • Required policy formulation and/or reform actions and way forward • Urgency to act</td>
</tr>
<tr>
<td>Communications and advocacy</td>
<td>In close collaboration with technical stakeholders, identify advocacy opportunities to influence policy development and/or reform, including the identification of nutrition policy pushers/champions (e.g. the UN RC, members of RCC, government officials, First Lady, national athlete, famous singer, etc.). If necessary, establish a specific advocacy coalition to lead the advocacy efforts on policy reform. Support the government and UN Nutrition Team with the organization of meetings/consultations/forums to guide the policy debate. Support government with the dissemination of new policies through media and sub-national workshops, if explicitly requested by government and approved by the UN country representatives.</td>
</tr>
<tr>
<td>Operationalisation</td>
<td>Call attention to the policy gaps and recommendations for policy reform within various coordination mechanisms on the nutrition. Support government in the policy endorsement process.</td>
</tr>
<tr>
<td>Knowledge-sharing</td>
<td>Liaise with other REACH facilitators and the REACH Secretariat to explore how nutrition is integrated into policies and strategies in other countries. Share knowledge such as the findings and/or outputs of the REACH stock-taking exercises to parties involved in policy formulation/revision processes. Furthermore, facilitate access to relevant scientific evidence, practice-based evidence (good practices), the REACH NAGs, technical resource guides as related to policy reviews to strengthen multi-sectoral nutrition approaches. Document this country experience, being sure to capture key successes and challenges to help guide similar efforts in other countries.</td>
</tr>
</tbody>
</table>
5.3.4 Practical guidelines

Policy-making structures and the individuals involved are key aspects of the policy-making environment. Facilitators should be cognisant of both and help country stakeholders identify ways to leverage these forces to drive the change towards accelerated scale-up of nutrition actions.

**Policy-making structures** participate in the problem definition and in setting the agenda for nutrition. They are generally led by:

- "National policy focal points" composed of political and bureaucratic officials who have decision-making responsibilities. Facilitators should, if requested and supported by the UN agencies, help identify "national policy focal points" and their role in the nutrition policy process to guide advocacy efforts.
- International partners (International Finance Institutions e.g. WB, etc., UN Agencies, donors, NGOs) bring specialised expertise and financial resources. They are considered to be a key group which engages in advocacy for policy change and/or the policymaking process itself.
- Interest groups emerge from civil society and carry out various roles, depending on the capacity and influence of civil society to engage effectively in the policymaking process. Individuals can also champion policy reform, and are sometimes referred to as policy "pushers" or "champions." They may influence policy through the way they define the problem, link the problem to solutions, translate it into understandable, pressing messages for a policy audience, and sustain interest in the issue over time. In general, these key persons are well-connected politically and have access to discussion forums where policy debates take place.

When preparing background documents to guide policy formulation and/or reform, it is important to use a tone that can prompt policy action. For example, using an urgent tone can be helpful in conveying the need to enact policy changes swiftly, as compared to a problem which policy-makers perceive can be addressed in the long term. Facilitators should remember to use a balanced mix of clear, visual aids (e.g. Indicator Dashboard) and narrative, understanding that high-level government officials may not read narrative text, particularly where lengthy.

Facilitators should be attuned to timing or so-called policy windows of opportunity. **Policy formulation and reform is subject to circumstances and opportunities.** Networks, nutrition champions and other actors should continually push for policy reform. Significant events such as Nutrition Summits, regional nutrition champion visits, and/or unfortunately, a major nutrition crisis, can create a policy environment conducive to change. In these circumstances, donors and other actors may be more compelled to push for policy change. The REACH involvement in a national policy formulation and/or reform process related to nutrition should be part of a ‘nutrition advocacy/communication’ strategy to ensure consistency in priorities and key messages communicated (See Section 2.4)

5.3.5 Outputs

The REACH support to policy formulation and reform efforts carried out during the Support Phase leads to the following outputs. It is important to note that the latter four outputs are outside the direct control of the REACH facilitators, and thus are marked by grey text. Nevertheless, the idea is that the REACH support will help facilitate the completion of these outputs.

- Background documents and visual aids prepared and circulated to guide policy discourse/discussions in-country
- Nutrition policy formulated or revised, taking into account recommendations which promote a multi-sectoral approach to nutrition, as proposed by technical stakeholders
- Nutrition-related sectoral policies revised to better reflect nutrition in support of strengthening the multi-sectoral approach, taking into account recommendations as proposed by technical stakeholders

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✓ New and/or revised nutrition policy and nutrition-related sectoral policies adopted by the government

✓ Legislation, codes and/or decrees drafted and enacted that enforce priority nutrition actions such as food fortification (e.g. salt iodization, biofortification, vitamin A fortified oil, wheat flour fortification, etc.), exclusive breastfeeding for the first six months of life (e.g. national breastfeeding codes which provide parameters for the commercialization of breastfeeding substitutes).
5.4 Costing of Priority Interventions

5.4.1 Overview
Costing considerations are practical inputs for inter-sectoral nutrition planning and budgeting exercises specifically, and the management of nutrition programmes/actions more broadly. In recent years, there has been a surge in interest for costing methodologies and tools within the nutrition community. A few tools have emerged in response to this demand, though it remains an underdeveloped area of nutrition. Costing nutrition actions tends to be complex, in part due to the multiple dimensions of nutrition, but also because of varying targeting strategies employed (e.g. household versus individual), the challenging circumstances under which nutrition actions are often implemented, and the number of variables that are involved and assumptions that need to be made. Some nutritionists are sceptical about the credibility and accuracy of costing estimates in view of this complexity. In addition, other nutritionists believe that these exercises are unfeasible due to capacity limitations, acknowledging the high degree of complexity behind these calculations. Others resist attempts to cost nutrition actions, pointing to the tension between rights-based approaches and cost-driven planning. Nonetheless, REACH has been involved in the development of a few costing tools, which are in varying stages of development and use.

5.4.2 Inputs
There are currently two major methods to conduct a costing analysis. The first one tries to establish ‘unit costs’ for the provision of a specific action/intervention to a child and then multiply the unit cost by the number of children to be reached. This approach requires the following inputs:

- Costing information on products/physical materials to be distributed, transport, services, etc. to be extended through the selected priority actions (See Section 4.3 on Selection of Priority Actions Exercise)
- Estimated number of beneficiaries which could be reached by the selected priority actions through delivery mechanisms, if optimised, as calculated by the Delivery Mechanism Analysis (See Section 4.6)

The second method estimates the cost of scaling up a nutrition action, using project costs for implementing this activity – preferably in the same country. If the government or an NGO is implementing a CMAM or an IYCF programme in certain areas of the country, the cost for implementing this activity can be analysed and used as a basis for estimating the cost for scaling up the activity to reach additional children in the same area or in other areas of the country.

Often a combination of the two approaches should be used (e.g. in Sierra Leone) since data from ongoing project implementation in-country can be limited. If a new activity is being considered, the unit cost from similar interventions in other countries can be used as estimates.

- WHO has recently led inter-agency efforts to establish a database and methodology for costing some of the most common, health-based nutrition interventions, called ONE HEALTH\(^{64}\).
- The SUN Movement is also working on costing via its Maximising the Quality of Scaling Up Nutrition Programmes Framework (MQ-SUN) for two different streams of work, namely: the development of a global costing methodology and guidance/assistance with costing national nutrition action plans in selected countries (including some REACH countries)\(^{65}\).

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\(^{64}\) ONE HEALTH is a web-based, joint UN tool designed by the UN Inter-Agency Working Group on Costing for Strategic Planning and Costing of health-based nutrition interventions. It provides detailed information for medications and commodities, as well as the human resource requirements – by level of service delivery, and can be tailored to the country context. It also models nutrition impact of nutrition investment in the various featured interventions. Visit [http://www.futuresinstitute.org/onehealth.aspx](http://www.futuresinstitute.org/onehealth.aspx) to download the tool.

\(^{65}\) The MQ-SUN costing efforts take into account, nutrition-specific actions, nutrition-sensitive approaches and nutrition governance functions/activities. Further information is available at [http://scalingupnutrition.org/news/costs-of-sun-country-plans-new-analysis](http://scalingupnutrition.org/news/costs-of-sun-country-plans-new-analysis). REACH facilitators should be aware of these efforts underway in their country of assignment and facilitate and/or participate, as appropriate.
5.4.3 What is involved? An abbreviated “How to”

Facilitators are encouraged to carefully review existing REACH and non-REACH (e.g. WHO) costing tools and methodologies in consultation with the UN Nutrition Team. In addition, country facilitators may also request guidance from the REACH secretariat, other facilitators to help build on previous experiences. These inputs can help facilitators lead a consultative process whereby the technical group collectively identifies the pros and cons of each approach and decides which methodology/tool to pursue.

When reviewing and/or presenting cost information to decision-makers in-country (e.g. members of the high-level coordination mechanism), it is **equally important to highlight the costs of inaction**. The implementation of nutrition interventions may be costly, but the consequences of nutrition quantified in monetary terms may be even higher.

**Table 19: Facilitation of Costing Exercises**  
*Outlining the tasks and/or roles to guide Costing exercises of country priority actions*

<table>
<thead>
<tr>
<th>Tasks and/or Roles</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance and stewardship</td>
<td>Support the UN Nutrition Team and government by facilitating exercises that cost the selected priority interventions, defining the objectives, expected results, outcomes and deadlines/ timeline.</td>
</tr>
<tr>
<td>Data collection</td>
<td>Collate available costing data from various stakeholders for the selected priority actions in-country. Enter available data into costing templates to generate cost estimates for implementing each priority intervention at scale, where applicable. Prepare graphs, other graphics and presentation materials to communicate costing figures/estimates. As part of these efforts, compile a list of itemised costs for the respective priority actions.</td>
</tr>
<tr>
<td>Analysis</td>
<td>Identify any large discrepancies in cost and/or information gaps among stakeholders implementing the selected priority actions and bring them to the attention of the technical coordination group. To the extent possible, differentiate costs of preventive versus treatment-oriented actions.</td>
</tr>
<tr>
<td>Consensus-building</td>
<td>Promote consensus among the members of the technical coordination mechanisms on the following: Calculated cost estimates Implications of these cost estimates on multi-sectoral nutrition planning and/or the selection of priority actions in-country</td>
</tr>
<tr>
<td>Communications and advocacy</td>
<td>Support advocacy efforts that promote preventive approaches in addition to treatment actions.</td>
</tr>
<tr>
<td>Operationalisation</td>
<td>Where possible, use costing tools to simulate the nutrition outcomes and impact should the selected priority interventions be implemented at scale.</td>
</tr>
<tr>
<td>Knowledge-sharing</td>
<td>Liaise with other REACH facilitators and the REACH Secretariat to explore how nutrition actions are costed in other countries. Share knowledge such as the findings and/or outputs of the REACH stock-taking exercises to parties involved in planning and implementing the selected nutrition actions. Facilitate access to relevant costing methodologies to guide the planning and implementation of priority nutrition interventions. Document this country experience, being sure to capture key successes and challenges to help guide similar efforts in other countries.</td>
</tr>
</tbody>
</table>
5.4.4 Outputs
The REACH Costing support helps generate the below outputs:

- Itemised list of cost estimates per priority intervention
- Background documents and presentation materials on the results of the costing exercise(s) prepared and circulated among decision-makers and technical stakeholders in-country
5.5 Multi-Sector Planning & Budgeting (Central and Decentralized)

5.5.1 Overview

Building on the foundation of national policy frameworks and taking into account cost and other practical considerations (e.g. capacity, security), multi-sectoral nutrition plans can be devised and their corresponding activities budgeted. These plans seek to guide the operationalization of national nutrition policies and/or strategies by identifying operational objectives, activities, responsible parties and timeframes (timing and duration of activities). Moreover, national action plans should help individual sectors integrate the proposed activities into their respective sectoral workplans and budgets. Multi-sector planning and budgeting is conducted at two levels: central and decentralised. At the national (central) level, it helps ensure that the priority actions and supporting activities are planned, budgeted and funded; it also assigns clear responsibilities to structure implementation and foster accountability. At the decentralised level (regional, district, etc.), it helps define concrete measures for scaling-up the priority interventions through programmatic approaches. These planning processes are sometimes undertaken in parallel but not connected; this disconnect can hinder the implementation of integrated nutrition approaches. REACH supports the development of action or scale-up plans which facilitate the articulation of multi-sectoral approaches at varying levels. It also helps link central (including sectoral workplans) and local planning (e.g. rural development plans) to reinforce harmonised, joint-action.

5.5.2 Inputs

Multi-sectoral planning and budgeting exercises draw upon a range of inputs, including:

- Basic nutrition situation analysis data and the established causes of malnutrition, as per the REACH Nutrition Analysis (See Section 4.2)
- A list of the country priority actions identified through the Selection of Priority Interventions exercise (See Section 4.3)
- National policies and strategies (Nutrition, Food Security, Maternal and Child Health, Agriculture, Food Fortification, etc.), compiled during the REACH Institutional Analysis (See Section 4.4) and Policy Formulation and/or Reform support (See Section 5.3)
- National guidelines (e.g. decrees, codes, etc.) which call for the inclusion of priority actions in sectoral and sub-national development plans (See Section 5.3)
- Planning tools or templates.
- Identification of programmatic approaches which can be articulated by Scale-up Plans (See Section 5.4 and Annex 3).

5.5.3 What is involved? An abbreviated “How to”

It is critical for REACH facilitators to understand the planning process in the country. To this end, facilitators should explore the mechanics of existing planning processes (e.g. the actors involved and their respective roles, calendar, modalities, etc.). Like other REACH exercises, facilitators should facilitate discussions with technical stakeholders to identify bottlenecks, barriers, weaknesses, capacity gaps and opportunities for the planning process. Consider who leads and controls the development of action plans, scale-up plans and sectoral workplans. What tools are used, if any? Consult national guidelines, if available. In the absence of national guidelines, it may be helpful to document the steps involved in preparation/pre-planning activities (e.g. advocacy, political commitment, etc.) and planning exercises, which can be followed in every planning cycle.

In general, countries develop multi-sectoral, sectoral and sub-national plans based on national policies and strategies though different planning methodologies may be used in different countries. In decentralized contexts, “bottom-up” approaches are used, where planning is driven by

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Keep in mind
Planning is not limited to emergency or short-term planning. Long-term planning helps ensure that longer-term development goals are systematically translated into short-term, measurable goals and action, by incorporating such activities into annual workplans for each sector. Some countries do so by preparing a “5-Year Action or Implementation Plan” for nutrition.
community and village committees. Community priorities are referred to community decision-makers and then integrated into district development plans. In Tanzania, districts are given a budgetary allocation for which district officials, in turn, allocate funding based on the priorities defined by communities. Alternately, "top-down" approaches are applied in less decentralized contexts in view of either strong centralized structures (e.g. Lao PDR) or weak decentralized structures (e.g. Mauritania). District priorities and funding allocations are centrally determined based on national policies and priorities by "top-down" approaches. Regardless of the planning/budgeting methodology applied, funding constraints, political compromises, insufficiently trained workers, poor or perverse incentives and local and bureaucratic political dynamics may all block well-intentioned planning processes. The involvement of policy-makers, planners, nutrition champions, finance officials and implementers is critical to minimising these risks of failure. The establishment of multi-sectoral coordination mechanisms as well as the participatory/consultative spirit used in preceding REACH exercises help engage this wide array of actors.

REACH facilitators can provide valuable support with the organisation and facilitation of participatory, multi-sector planning workshops. These workshops should be framed according to the specific nutrition problems in-country, and may be conducted in conjunction with the Nutrition Analysis (See Section 4.2) and Selection of Priority Actions exercises (See Section 4.3). Facilitators should be sure to persuasively convey the need for multi-sectoral approaches to participants, recognising that some of them may be less familiar with REACH. Moreover, facilitators may assist partners with the drafting of plans or sections of plans in so far as these plans reflect the ideas emerging from the consultative process with country stakeholders, not the individual views of facilitators. The facilitator serves as the “pen” of the group in such circumstances, which may reinforce the neutrality of this multi-sectoral process.

Annex 3 provides an illustrative example of how to translate policies and strategies into plans as pursued by the REACH pilot engagement in Lao PDR, whereby an analysis is conducted to help identify bundles of complementary actions (as opposed to fragmented individual interventions), with a view to facilitating increased efficiency and scale-up. The outputs of this analysis may provide key inputs for action plans (See Annex 3).

Table 20: Facilitation of Multi-sectoral Planning and Budgeting

<table>
<thead>
<tr>
<th>Tasks and/or Roles</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance and stewardship</td>
<td>Support UN Nutrition Team and government by facilitating multi-sectoral planning and budgeting processes for the selected priority interventions, defining the objectives, expected results, outcomes and deadlines/timeline.</td>
</tr>
<tr>
<td>Data collection</td>
<td>Document existing planning processes in collaboration with the members of the technical coordination group.</td>
</tr>
<tr>
<td></td>
<td>Gather available government planning and budgeting templates.</td>
</tr>
<tr>
<td></td>
<td>Prepare graphs, other graphics and presentation materials to facilitate planning and budgeting discussions and/or exercises.</td>
</tr>
<tr>
<td>Analysis</td>
<td>Compare the government planning and budgeting templates to comparable REACH tools. Identify ways to improve existing government templates in accordance with the planning needs, if needed.</td>
</tr>
<tr>
<td></td>
<td>Facilitate discussions to identify bottlenecks, main barriers, opportunities and weaknesses in planning processes and implementation.</td>
</tr>
</tbody>
</table>

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67 It is important for government focal points and decision-makers to be aware of the manifestations and consequences of undernutrition and the need for public responses. It is also important for them to perceive nutrition as a development priority.
| Consensus-building | Lead group to consensus on:  
|                   | • The required actions to address the main barriers and bottlenecks identified, articulating multi-sectoral planning processes, as needed.  
|                   | • The provisions of draft plans (e.g. multi-sectoral plan/scale-up plan, district or other decentralised plans as well as the nutrition-related sections of sectoral plans, where possible) |
| Communications and advocacy | Engage the RCC and UN RC, if necessary, in all advocacy efforts towards promoting multi-sector planning.  
|                          | Support government with organizing forums/participatory multi-sectoral planning workshops with the extended nutrition community (central and sub-national).  
|                          | Advocate for establishing budget codes for nutrition in relevant sectors to enable smooth resource allocation (and financial tracking).  
|                          | Advocate for inclusion of the selected priority actions in the national nutrition action plan  
|                          | Support advocacy efforts to help mobilise internal and external funding for priority actions according to the budgeted plans. |
| Operationalisation | Support the development of Action or Scale-up Plans that identify operational objectives, activities, responsible parties, timeframes and resources required, backstopping as required.  
|                     | Facilitate planning forums/participatory multi-sectoral planning workshops, as needed.  
|                     | Facilitate the updating of the Coverage Assessment and Indicator Dashboard(s) in an effort to track the extent to which the action plan is being implemented.  
|                     | Facilitate the preparation of a UN Nutrition Strategy, outlining how the UN Agencies are supporting the implementation of the national action plan and highlighting any gaps (programming and funding). |
| Knowledge-sharing | Liaise with other REACH facilitators and the REACH Secretariat to explore how multi-sectoral nutrition planning is conducted in other countries.  
|                     | Share knowledge such as the findings and/or outputs of the REACH stock-taking exercises (e.g. Nutrition Analysis, Selection of Priority Actions, Delivery Mechanism Analysis, Indicator Dashboard, etc.) to parties involved in planning and budgeting the selected nutrition actions. Facilitate access to relevant policies and costing information to guide the planning and budgeting exercises.  
|                     | Facilitate access to implementation tracking tools for the action plan.  
|                     | Document this country experience, being sure to capture key successes and challenges to help guide similar efforts in other countries. |

### 5.5.4 Practical guidelines

The following guidelines are provided for the two main aspects of nutrition planning and budgeting: conducting multi-sectoral nutrition and budgeting exercises and devising a multi-sectoral action plan.

#### HOW TO SUPPORT MULTI-SECTORAL NUTRITION PLANNING EXERCISES

Again, these workshops should be framed according to the specific nutrition problems in-country, and may be conducted in conjunction with the Nutrition Analysis (See Section 4.2) and Selection of Priority Actions (See Section 4.3) exercises.

1. **Situation analysis and joint assessment**
   - Facilitate a participatory exercise whereby participants identify the challenges and opportunities to ensuring adequate ‘food’, ‘health’ and ‘care’ conditions for the children and women in their area by first summarizing existing, relevant information, and then, asking them to record individual causes on index cards and constructing a causal tree (or so-called nutrition “problem tree”). This analysis provides insight on the nature of local nutrition
problems: food insecurity, care, health access/quality, hygiene conditions, barriers and others. It is highly recommended to hold participatory sessions with local stakeholders, including women’s groups, civil society and community groups to capture their perceptions as part of regional/district planning. The participation of future recipients/beneficiaries and implementers in joint-assessment exercises will enrich planning discussions and help ensure adherence during implementation (See Sections 4.1 and 4.2 for additional guidelines on how to conduct a situation analysis, including a nutrition analysis).

- Compare these findings to those from the national nutrition situation analysis in order to identify specific causes and conditions that need to be addressed in this area.

2. Identify priority needs

- Based on the “causal/problem tree,” participants should devise a “solutions tree,” using the same methodology. Translate the solutions depicted on the index cards of the “solutions tree” into a list of priority interventions.

- Compare these findings with those from the REACH Selection of Priority Actions exercise (See Section 4.3), where these exercises are conducted separately.

- To the extent possible, the priority actions should be agreed upon collectively, taking into account where problems are more frequent and require additional attention (e.g. target populations and geographical distributions of the nutrition problem).

3. Identify capacity gaps and supporting activities

- The identified priority actions will guide other activities to be planned and budgeted such as training, additional human or financial resources, supplies, etc. Capacity gaps - technical and functional - should be acknowledged at the planning stage.

**District Planning**

Several REACH countries are undertaking accelerated efforts to establish District Nutrition Scale-up Plans (e.g. Rwanda, Bangladesh and Tanzania). When supporting district nutrition planning exercises, it is important to recognize that district authorities will need to respond to (at least) three different demands concurrently. First, these authorities are faced with demands from national level policies and programmes, including (hopefully!) the priority nutrition actions. Secondly, they receive demands from the District/Local Government Council (the local ‘Parliament’), which establishes local development priorities. Advocacy efforts directed to the local politicians will therefore be needed to ensure that nutrition is an established priority. Thirdly, district authorities may also be subject to demands from communities in the district, if a participatory development process is pursued. Advocacy and communication efforts are typically needed for nutrition to be reflected in the community plans. Facilitators should be aware that the resources available to respond to these demands may be limited and/or may be tied to special conditions.

Funding allocations may resemble one of the following scenarios:

1. National government: There will be ‘earmarked’ funding (“grants”) that must be used for specified cost items (e.g. salaries for school teachers). If special allocations and budget lines for nutrition are established, this will help ensure funding for key activities at district level. In addition, there may be special grants for specific development programmes. These are often earmarked funding from donor agencies; this is a good way of ensuring district funding for nutrition in many of the resource-poor countries.

2. District Development Funds: There are also likely to be more general, thus non-earmarked ‘development grants’ from the central government. These funds supplement the district’s revenue resources and are part of a ‘district development fund,’ which needs to be used to cover both existing (often called recurrent) funding needs as well as new development investments (sometimes called ‘development funding’). Nutrition should be a high priority in district development funds. While these funds are expected to cover a wide and large set of needs (mostly ‘recurrent’), they are often extremely limited. Hence, remaining funds for allocation to new development initiatives such as nutrition will likely be limited. **It is important to carefully consider the ‘recurrent’ resources, (e.g. agriculture, health and**
In order for multi-sector planning to translate into effective implementation programs, further actions are required beyond political attention or existence of nutrition policies. These include:

1. **Keep in mind**
   - Deeper political commitment to ensure the allocation of the necessary authority, accountability and funding to relevant ministries for the implementation of the Action Plan. For this reason, it is critical to engage the minister of finance and planning, where present.
   - Presence of high-level political champions to generate commitment from mid-level officials, decision-makers and implementers at regional, district and local levels.
   - Delivery capacity. Technicians will be further engaged in planning and implementation processes where capacities and resources exist.

2. **Presence of high-level political champions to generate commitment from mid-level officials, decision-makers and implementers at regional, district and local levels.**

3. **Delivery capacity.** Technicians will be further engaged in planning and implementation processes where capacities and resources exist.

When engaging in district nutrition planning processes, facilitators need to be aware of these forces and constraints. They should pay particular attention to how and who sets priorities and the relevant resource constraints. Otherwise, district nutrition planning workshops risk creating enthusiasm and/or raising expectations with limited follow-up/action. In addition to sound technical nutrition planning, sufficient emphasis needs to be put on advocacy to key decision-makers at national and local levels (including sub-district) and the identification of existing and potential resources. This process should go beyond mere ‘budget lines.’ Rather, it should encompass existing programmes, human and material resources as well as participatory community initiatives and community-based organizations (CBOs).

**How to draft the content of a multi-sectoral action plan:**

1. **Identify the objectives**, both general and specific. An objective describes a strategy for addressing the solutions identified.

2. **Prioritise the objectives.** It is important to prioritize objectives according to three categories (e.g. high, medium and low priority) to help determine what is most needed and use limited resources effectively. This prioritization can be done based on the severity of the problems (e.g. number of children and mothers affected), the scope of the problems and trends (e.g. deterioration), low coverage, etc.

3. **Identify indicators** for outcomes and outputs

4. **Identify the planned activities** involved in implementing the selected priority actions

5. **Assign responsibilities.** Determine who/which stakeholders will conduct the various activities to help ensure that the involved sectors can be held accountable.

6. **Estimate the required budgetary allocations,** being sure to: quantify the resources needed to implement activities according to the action plan. Some governments have tools to facilitate the budgeting process. Alternatively, there are a series of available REACH-supported tools, which can be discussed and used at country level such as the World Bank simulation tool, ONE HEALTH developed by the UN Inter-Agency Working Group on Costing, REACH costing tool and others.

7. **Solicit the availability of nutrition budgetary codes.** If there are no established budget codes for nutrition, it is difficult for government funds to be allocated for nutrition actions. The
technical coordination group should advocate for the creation of budgetary codes or to agree on budgetary alternatives ad interim to ensure that nutrition actions and activities are budgeted.

8. **Financial source** (external/internal). Identify the financial source used to support the implementation of the actions and activities defined by the action plan.

9. **Timeframe.** Determine the timing and duration of the respective planned nutrition actions and activities.

In Lao PDR, a National Implementation Plan for Nutrition was developed, including ten implementing strategies to operationalize the nutrition policy and increase coverage of country priority actions. Each implementing strategy represented the consensus reached on the interventions bundles and the preferable scale-up mechanisms (See Annex 3).

Table 21: Excerpt from the National Implementation Plan for Nutrition in Lao PDR
*Understanding how the various components of an Action Plan come together and guide the implementation of the country priority actions*

<table>
<thead>
<tr>
<th>Strategy overview</th>
<th>Deliver integrated set of messages on infant/child feeding and hygiene practices through multiple channels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interventions</td>
<td>Promotion of exclusive breastfeeding (EBF), appropriate complementary feeding (CF), and handwashing with soap (HwS)</td>
</tr>
</tbody>
</table>
| Target population | **Primary target population(s):** pregnant and lactating women  
|                   | **Secondary target population(s):** (other) caretakers (grandmothers/elders, fathers), school-aged children |
| Objectives        | • Increase coverage and consistency of infant and young child feeding and hygiene promotion  
|                   | • Create consistent behavioural change messaging and IEC to ensure the same, concise messages are delivered through all relevant channels  
|                   | • Reinforce messaging by coordinated delivery through multiple channels, including health facilities, outreach, community, media, campaigns, and schools  
|                   | • Bundle messages whenever appropriate so that complementary feeding education includes a message on the importance of handwashing prior to child feeding, etc. |
| Strategy implementation by delivery mechanism | **Community:** Community resources such as the VHV, traditional birth attendants (TBA), and trained LWU representatives deliver EBF, CF, and HwS messages at community events and trainings targeting mothers and caretakers, through one-on-one personal counselling. Conduct cooking, feeding, and handwashing demonstrations. Health workers from health centre/district office should regularly monitor and supervise these activities. NGOs also can provide capacity building and monitoring support at local level  
|                   | **Outreach:** Health workers integrate EBF, CF, and HwS messages for mothers and caretakers as part of outreach visits. Conduct cooking, feeding, and handwashing demonstrations  
|                   | **Health facilities:** Delivery of EBF, CF, and HwS messages at pre- and post-natal care visits, IMCI visits  
|                   | **Schools:** Educate school-aged children on the importance of proper handwashing and train them to be family and community educators. EBF and CF promotion integrated into reproductive health curriculum for secondary school students. Teachers and school feeding committee partner with VHV and/or health workers to include parent education on EBF and CF through pre-school and pre-school feeding programs. IEC can be transported to remote villages through school feeding logistics infrastructure  
|                   | **Mass media:** Media promotion of EBF, CF, and HwS through radio and television  
|                   | **Campaigns:** Continue and expand National Breastfeeding Week promotion using a variety of channels |
Activities (extract)

- Continue to build skills of community volunteers by providing additional training in 2011 and beyond so they can promote complementary feeding education and hygiene messages in addition to EBF.
- Disseminate messaging and materials to all relevant stakeholders (NGOs, MoE, other UN agencies) in order to deliver and reinforce messaging through other channels.
  - Inform and include NGOs and other local counterparts (teachers, VHV, TBA, etc) in trainings.
- Integrate messaging so that handwashing messages are also systematically included with child feeding messages to mothers, and vice versa.
- Develop consistent messages and standards.

Roles and responsibilities

**Lead:** Ministry of Health / Dept. Hygiene and Prevention  
**Lead UN partner:** UNICEF  
**Technical support:** MoH/DHP, MoH/CIEH, WHO, UNICEF  
**Coordination:** MoH/MCH Center, MoE, provincial health and education offices  
**Delivery:** DHO/Health workers, LWU, MoIC, Community resources (VHV, TBA, LWU representatives), NGOs  
**M+E:** MoH, PHO/DHO, NGO (monitoring at local level)

Linkages with other policies

**MNCH strategy:** Ensure EBF, CF, NE, HwS promotion is integrated into MNCH essential core package at all levels of delivery.  
**SBA plan:** Integrate or harmonize training so that health/education staff can deliver IYCF, nutrition, handwashing messages.  
**MoH EBF campaign:** Build on campaign and development of community volunteers: add CF, NE, HwS messages.  
**ECD policy:** Include child feeding promotion among activities targeting parents/caretakers of pre-school aged children.  
**Other guidelines:** Harmonize with health system ante-/post-natal care guidelines, MCH Outreach training guidelines. Centrally-created behavioural change messaging developed by MoH should be provided to MoE to inform education system nutrition and hygiene education guidelines.

Expected coverage increase per delivery mechanism

**Current intervention coverage:** ~20% of total population  
**Target intervention coverage by 2015:** ~80% of total population

Key challenges

- Training materials, messages, and IEC are fragmented and promote different messages.
- Some stakeholders don't have access to training and IEC materials.
- Lack of institutionalization at local level for nutrition:
  - Nutrition not part of VHV/TBA job description.
  - No nationwide mechanism for cross-sector coordination at local level, although many districts do have such mechanisms supported by INGOs.

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**5.5.5 Outputs**

While the multi-sectoral nutrition planning and budgeting processes facilitated by REACH may generate varying results, a few possible outputs are listed below:

- UN Nutrition Strategy prepared identifying how UN Agencies are contributing to the national action plan.
- Nutrition actions and activities included in sectoral workplans, to the extent possible.
- Guidelines for sub-national workplans developed, which include nutrition priority actions.
- *(Optional)* Develop a responsibility and accountability matrix for delivery of nutrition actions.
- Coverage Assessment and Indicator Dashboard(s) updated according to developments of the national action plan for the selected priority actions.
5.6 M&E Requirements

6.6.1 M&E Considerations

Various efforts – both monitoring and evaluation-related – to measure the process implementation of REACH and developments in multi-sectoral nutrition governance, particularly those supported by REACH, will be undertaken during the Support phase. While specific information on these M&E activities are covered in Section 7 of this manual, they are briefly discussed below to help ensure that these activities are completed in a timely manner. Again, the UN Nutrition Team should be considered the main resource for collating and/or directing facilitators to data, and should play an active role in such M&E discussions.

6.6.2 Key Evaluation Activities

A mid-term assessment will be carried out half-way through the REACH country engagement (around the end of the first year of REACH support), irrespective of which support model (‘intense’, moderate’ or ‘remote’) is applied. The assessment will entail the collection of data in collaboration with members of the UN Nutrition Team, on the defined REACH outcome and output indicators (primary and secondary data) (See Section 7.3.5). Once data is collected, facilitators should submit the mid-term assessment country data file to the Secretariat.

6.6.3 Key Monitoring Activities

Qualitative data will be recorded in quarterly entries of the Facilitator Log to document the main developments, shifts, opportunities or challenges in multi-sectoral nutrition governance, with a focus of how REACH has influenced these. An annual summary of the quarterly log entries will also be prepared to identify emerging themes, trends/recurring issues, milestones and other factors (enabling and impeding) so as to help refine REACH work plans, specifically, and to further strengthen nutrition governance in the country, more broadly.

Key Messages

- Use the findings of the respective REACH stock-taking exercises to guide/inform the various processes and exercises to be conducted during the Action phase.
- Remember the results and/or outcomes of the Action phase may require further refinement of the initial REACH stock-taking exercises as the situation progresses/evolves.
- While facilitators may spearhead some processes (e.g. drafting/revision of policies, action plans, etc.), they should be sure to reflect the views of country stakeholders as agreed in consultative meetings/process, not their individual views.
- Clarify linkages and expand upon ongoing work of other nutrition coordination mechanism/platforms activated in-country.
6. Transition/Phase-over

**INTRODUCTION**

Section 6 covers broad concepts and considerations to facilitate a smooth Transition/Phase-Over of REACH processes and activities in an effort to sustain the momentum after the conclusion of the formal REACH support\(^{68}\). While this section is included at the end of the manual, Transition/Phase-Over activities should be initiated from the inception of REACH in-country so as to maximise sustainability. The capacity development and participatory techniques embodied by the REACH approach should support continuous knowledge transfers regarding the REACH process, the respective REACH analyses, actions and REACH tools. The establishment and/or strengthening of coordination mechanisms should further enable a smooth phase-over from the international REACH facilitator to the national facilitator(s) and other national stakeholders.

**LEARNING OBJECTIVES**

- To understand when Transition/Phase-over activities should commence
- To describe how the international facilitator hands-over processes and supporting activities to the national facilitator and/or other national stakeholders
- To incite further thinking about how the Transition/phase-over of REACH should be pursued at the country level

**6.1 A breakdown of the REACH Transition/Phase-over phase**

**6.1.1 Key considerations for the transition/phase-over of REACH**

Projects become more sustainable, relevant and effective as the level of local participation increases (Figure 23). REACH promotes incremental engagement of national actors, particularly the national facilitator, as the REACH process progresses in-country. The shift in participation/involvement is gradual and should build upon achievements, including capacity development gains. In broad terms, the preparations for and actual transition/phase-over of REACH activities occurs at two levels: institutional and informal mentoring. While the first factor refers to institutional structures mainly the employment arrangements and placement of the national facilitator beyond the direct REACH Support phase, the second refers to working processes/arrangements that take place throughout the REACH engagement in-country. Both factors should be addressed in a Sustainability Plan, drafted by facilitators in conjunction with the RCC and UN Nutrition Team. Facilitators should also engage other national stakeholders, particularly from the SUN Focal Point, in these discussions to identify best approaches for mainstreaming and instilling further ownership in REACH processes and activities. Further guidance on how to devise the Sustainability Plan will be available in successive editions of this manual.

Ultimately, the idea (hope) is that the national facilitator will continue contributing to the facilitation of multi-sectoral nutrition actions in the country so as to ensure sustainability and continuity beyond the time-bound REACH engagement. Varying modalities may be explored in support of the national facilitator’s continued engagement. First, the UN partner Agencies may establish a National Officer position or consultancy to carry out work in-course and related future action. This arrangement may/may not call for the secondment of the individual(s) to a government institution. Secondly, country stakeholders may consider establishing a government position and perhaps having the national facilitator become a part of multi-sectoral government coordination structures. Discussions on the integration of the national facilitator within the UN Agencies or government should be held within the first two years of the REACH launch in order for the agencies and/or government officials to plan their resources accordingly. *The sooner, the better!* This needs to be clear among the UN agencies and government officials.

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\(^{68}\) Formal REACH support refers to situations where the ‘intense’ or ‘moderate’ model is applied. The presence of one or more REACH facilitators distinguishes these models from the ‘remote’ support model. The transition/phase-over of REACH processes and/or activities described here refers to the transition of from facilitators to relevant national stakeholders.
Heads of Agency from the beginning of the REACH engagement in their country in order to best prepare for the phase-over.

Day-to-day operational arrangements are such that the international and national facilitators work in tandem, where REACH ‘intense’ support is extended. The national facilitator may develop his/her capacity by working closely with the international facilitator to organise multi-sectoral meetings (e.g. devising the agenda, extending invitations, drafting presentation materials, taking minutes, facilitating discussions and reaching consensus, executing follow-up action, as agreed). Similarly, the REACH (sole) facilitator in countries where ‘moderate’ REACH support is provided works closely with both UN and government counterparts throughout the engagement, which helps REACH processes and activities be mainstreamed into organisational frameworks and processes for a gradual phase-over. These respective processes and the ensuing lessons learned should be documented to foster further learning.

**Figure 23: Global/international and national levels of REACH involvement during the REACH engagement**

*Highlighting the inverse relationship between global/international and national involvement of REACH facilitation support for smooth transition/phase-over*

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### 6.1.2 Outputs

The following output is applicable to the transition/phase-over of REACH:

- Sustainability Plan developed to guide information exchange and capacity development to ensure that the REACH processes and analyses are embedded into regular structures and plans of work
6.2 M&E Requirements

6.2.1 M&E Considerations

Since the Transition/Phase-over of REACH processes and activities is not a ‘discreet’ phase of the REACH approach but rather occurs gradually over the course of the REACH country engagement, there are no defined M&E activities specific to the transition. Hence, facilitators should conduct the M&E activities indicated for the other phases respectively.

**Key Messages**

- *Transition/Phase-over* activities should be gradual and start from the beginning of the REACH country engagement
- Preparations for and actual transition/phase-over of REACH activities occurs at two levels: institutional and informal mentoring
7. Monitoring and Evaluation

INTRODUCTION

Monitoring and evaluation (M&E) is an indispensable learning and management tool for tracking and improving current and future programme design, implementation and decision-making. M&E systems and subsequent plans and processes are designed when a project/programme begins. Programmes can be modified during implementation, as needed, based on information collected for monitoring and evaluation. With rigorous design, M&E systems can be carried through the life of a programme or project. They can utilize different quantitative and qualitative methodologies to generate specific types of information as well as have different levels of monitoring at different regularities. Gathering evidence through measurement will be essential to understanding the effectiveness that REACH has made within countries’ efforts to improve nutrition, and in the dissemination of lessons learned. The REACH M&E system will focus on generating that evidence in the countries where it works, employing a combination of methodologies.

LEARNING OBJECTIVES

- To understand why M&E is important and basic M&E principles
- To get acquainted with REACH M&E practices and tools
- To understand the REACH M&E requirements, deadlines, etc.

7.1 BASIC MONITORING AND EVALUATION PRINCIPLES

7.1.1 Logical Frameworks

A **logical framework** provides the blueprint for how a project/programme will achieve its objectives. They describe the plan for how inputs will be used in activities, track the completion of activities as outputs, and how the outputs contribute to short-term results (outcomes) and longer-term results (impacts). Logical frameworks inform the design of monitoring and evaluation systems. M&E systems should be put in place at the beginning of a programme, and can give feedback on how a programme should be improved during implementation. M&E systems provide information about how effective and relevant a programme is at achieving its specific objectives.

Logical frameworks are often used as a **management tool** in the design, monitoring and evaluation (M&E) of projects, policies or programmes. They serve as a basis for both M&E by depicting the **causal or logical relationships** between inputs, activities, outputs and outcomes. A logical framework often goes further than simply describing the programme by providing a methodology for planning, managing and evaluating programmes and projects, using tools to enhance participation and transparency, and to improve orientation towards objectives.

**Logical frameworks often ”set the thinking” about how to design a M&E plan**

A logical framework can (Figure 24):

- Illustrate a logical hierarchy by which objectives or goals can be reached
- Establish how outputs and outcomes will be monitored and evaluated
- Monitor activities and their respective inputs during implementation

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69 Further guidance is outlined by the following two documents: “REACH Monitoring and Evaluation Methodology and Indicator Reference Manual” (2012) and “REACH Monitoring and Evaluation Overview” (2012).
Some people have difficulty distinguishing outputs from outcomes. Further clarification is provided below to avoid confusion.

- **Inputs**: Resources used to support the primary activities of the project;
- **Activities**: An action which is necessary to transform given inputs into planned outputs within a specified period of time;
- **Outputs**: Products of the activities that are tangible and countable; the “delivery” of goods and services;
- **Outcomes**: Changes, benefits, learning or other effects that result from what the project or organization makes, offers or provides; and
- **Impact**: Broader or longer-term effects of a project or organization’s outputs, outcomes and activities. Impacts may be affected by other external variables, whether they are directly or indirectly related to the project or programme.

### Keep in mind

Some people have difficulty distinguishing outputs from outcomes. Further clarification is provided below to avoid confusion.

**Outputs** are services or products produced by the project or programme, for example the number of publications or reports written or number of training courses conducted.

**Outcomes** are changes or benefits that happen as a result of the completion of several outputs.

Outcomes are "What you achieve" whereas outputs are "What services or other interventions are intended to bring about those achievements." For example:

- **Output**: Community Health Workers trained to detect signs of severe acute malnutrition amongst children.
- **Outcome**: Early detection of severe acute malnutrition and enrolment into therapeutic feeding programme increased.

### 7.1.2 Measures and Indicators

Indicators are verifiable measurements which reflect the activity, assumption or effect being measured, and allow for comparisons between different populations or individuals. There are several types of indicators, some of which include:
• **Outcome indicators** measure how well the overall project/programme is accomplishing its intended results. They compare the end result to the situation before the project/programme.

• **Output indicators** measure how well specific activities are working. They track goods and services delivered by the project/programme.

Targets are defined as levels of accomplishments which a project/programme sets for itself to achieve in a specific period of time. Some common types of targets are:

• **Milestone**: A well-defined and significant step toward achieving a target, output, outcome or impact, to track progress.

• **Benchmark**: A standard of achievement that a project/programme has already accomplished, which can be used to compare with other groups’ accomplishments or to set a target.

### 7.1.3 Monitoring and Evaluation systems

Monitoring and evaluation assesses the performance of a project/programme based on its results. The logical framework defines the expected impacts of the project/programme and steps necessary to reach those results. Once the expected impacts are established and outcomes and indicators are defined, an M&E system is established along with an M&E plan. An M&E system does more than just measure outputs, outcomes and indicators—it builds capacity around the results, and uses these results to ensure that the M&E is sustained, if necessary (See Figure 25). Developing monitoring systems involves the following steps\(^{70}\):

• Formulate outcomes and goals

• Select outcome indicators to monitor

• Gather baseline information on the current condition

• Set specific targets to reach and dates for reaching them

• Regularly collect data to assess whether the targets are being met

• Analyze and report the results.

**Figure 25: Ten Steps to Designing, Building, and Sustaining a M&E System\(^{71}\)**

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\(^{71}\) ibid
7.2 REACH M&E Theory

7.2.1 Overview
There are two overarching theories of REACH. First, nutrition actions will be more efficiently and effectively delivered through better coordination and less duplication. Secondly, both nutrition specific and nutrition sensitive programmatic actions will have a bigger impact on nutritional status of women and children when applying a multi-sectoral approach to nutrition. By creating a robust M&E system, monitoring how nutrition governance and management unfold across a complex multi-sectoral, multi-stakeholder nutrition landscape can help provide additional insight on the levers and dynamics of this emerging area of nutrition governance. To this end, the system provides a logical framework for progress to be tracked over time within each country and allows comparisons between different countries to be made. Longer term, the knowledge gained from the M&E system will hopefully also be relevant for global nutrition partnerships, donors and agencies working in high burden countries.

7.2.2 Goals and Objectives of REACH M&E
The goal of REACH is to facilitate better nutrition governance and management and thus improve nutritional outcomes for those living in the participating countries, particularly women and children. UN REACH aims to accelerate the scale-up of nutrition-related actions (e.g. food, health services, water and sanitation, childcare, education, etc.) in the countries with the largest burden of undernutrition.

The objectives of the initiative are to:

1. Increase awareness and consensus of stakeholders of the nutrition situation and the best strategies and priorities for improvement;
2. Strengthen national policies and programmes that operationalize and address nutrition through a multi-sectoral approach;
3. Increase human and institutional capacity on nutrition security actions at all levels; and
4. Increase effectiveness and accountability of stakeholders in implementing at scale and supporting nutrition actions.

The ultimate beneficiaries of the initiative are women and children under five years of age, the most affected vulnerable populations with nutritional deficiencies. REACH aims to achieve a level of improved governance that impacts these beneficiaries while supporting UN agencies’ ability to assist governments in the scale-up of nutrition efforts.

One important aspect of the REACH approach is to ensure progress and impact is made at the country level. One way of doing this is to create an M&E logical framework that can measure the change in nutrition governance and management at the country level, while measuring the contributions and effectiveness of REACH.

7.2.3 REACH M&E Logical Framework
The REACH M&E Logical Framework defines the causal relationships between outputs, outcomes and impact for measuring the effectiveness of improved multi-sectoral nutrition governance and management to reduce undernutrition. It has two objectives: first, to measure both progress and effectiveness in-country; and secondly, to compare advancement between different countries participating in the REACH process.

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72 See the "REACH Monitoring and Evaluation Methodology and Indicator Reference Manual" (2012) for further details of nutrition governance.
73 Consult "REACH Monitoring and Evaluation Methodology and Indicator Reference Manual" (2012); "REACH Monitoring and Evaluation Overview" (2012); and the REACH logframe for further details.
The M&E system will track a double impact of REACH in both nutrition governance and nutrition development (status) indicators. It also could potentially guide countries working to end undernutrition and identify a set of benchmarks for improving multi-sectoral nutrition governance and management.

The purpose of the REACH M&E Logical Framework is to:

- Promote a continuous and inclusive M&E process with all relevant stakeholders;
- Help establish consensus on priorities, goals and action among relevant stakeholders;
- Provide robust evidence for decision-making, advocacy and resource mobilisation; and
- Diagnose critical success factors and areas for improvement to facilitate responsive action and continuous improvement of the approach.

The REACH M&E framework follows a logical impact pathway as shown in Figure 26 to demonstrate impact at two distinct levels and time periods (baseline and endline). The quantitative and qualitative outcomes will be assessed at three intervals of the REACH engagement, namely: baseline, mid-term and endline. Nutrition impact will be measured (based on available secondary data) at baseline and endline.

**Figure 26: REACH M&E Impact Pathway**

*Ascertaining impact at two levels*

The REACH M&E logical framework measures both governance (through the four defined REACH outcomes and their cascading outputs) and nutrition impacts with quantitative indicators. The framework tracks outcome indicators and nutritional impact indicators across the REACH countries for comparison.

REACH has attempted to standardize the logical framework’s four outcomes and corresponding outputs to the extent possible so that cross-country comparisons can be made. The comparisons of REACH progress across the countries will be made mainly at two levels: on outcome indicators and
on impact indicators. The output indicators are more nuanced and may change from country to country, although it is hoped that the core outputs will be collected and may be compared between countries. In fact, additional output indicators may be added, where appropriate to accommodate the country context and ensure relevance of REACH support. Most of the standard indicators were crafted to be objectively verifiable, meaning whether direct or indirect measures of an outcome, when surveyed independently by a number of stakeholders, results measuring the extent to which the REACH objectives have been fulfilled will be consistent and unbiased.

7.2.4 Data Sources
Data sources will vary by each country, and data sourcing will have to be flexible for countries to track these indicators. The M&E system is flexible; however, if countries add additional data sources, they should be verifiable. Furthermore, the system utilizes both quantitative and qualitative methodologies, as described in the next section (7.3).
7.3 REACH M&E Country Activities

7.3.1 Overview
Country M&E plans adapt the M&E framework to fit each country context. Country personnel will define the country-level M&E plans based on the different activities, inputs, and outputs delineated in the Country Implementation Plan (CIP). As per standard practice, the plans specify cascading outcomes, outputs, activities and inputs of the tailored REACH country approach that will integrate into the REACH M&E logical framework. This section provides a breakdown of the various M&E activities to be undertaken at the country level, describing the applicable processes, supporting instruments as well as how these M&E exercises come together. By pairing the comparisons of baseline, mid-term and endline assessment data with the monitoring data, REACH’s impact can be assessed as well as ‘how’ and ‘why’ that impact was observed.

7.3.2 Country M&E Plans
The main work of REACH resides at the country level, thus the country level M&E is a key piece to its success, adoptability and ownership. The entire REACH M&E system depends on it. Using the global M&E logical framework as a guideline, the country M&E plans will go through a country-led process in which country teams will develop their own plans with specific activities and inputs that are relevant to the outputs and outcomes. Again, the REACH outcomes have been standardised, though the country stakeholders may opt to include additional output indicators that reflect the local context in the country M&E plans.

At the country level, the overall framework and country-level M&E plans will first be shared with the nutrition stakeholders. The objective of sharing with stakeholders is to garner feedback in relation to the country’s priorities for nutrition and to clarify outcomes and goals for the two-three year REACH engagement, and in a broader context, for the country. After the initial sharing of the M&E plans, a consensus workshop will take place in which the country M&E plans will be further adapted to include additional activities, inputs and outputs as the country partners see fit. There must be engagement with country governments (not just the UN partners) in this process to ensure that the indicators are useful to countries and could potentially be incorporated into their own larger country nutrition information systems.

Of the various outputs listed for each country, individual countries identified key priority areas of work in the respective REACH CIPs. REACH support is expected to significantly assist the government and country partners to achieve the intended results in these priority areas, which ultimately is expected to impact nutritional status and outcomes.

7.3.3 Breakdown of REACH Country M&E Activities
The M&E system will allow for various reviews and assessments. Whereas assessments will be conducted on an annual basis in the form of the baseline, mid-term and endline data collection exercises, monitoring activities will be undertaken throughout the initiative. A summarised overview of the respective REACH data collection exercises is presented below, along with a supporting timeline (see Table 22).

- **The baseline** (Year 0): Data will be collected from each of the countries on nutritional impact (secondary data) as well as outcome and output indicators (primary and secondary data) through the baseline assessment. In addition, qualitative data will be documented in a baseline entry of the Facilitator Log on the broad environment and initial status of how stakeholders work together on nutrition issues. These data will be gathered prior to the commencement of the REACH process (or at the very early stages of REACH activity) so as to provide baseline data on nutrition governance and management.

- **The mid-term** (Year 1): In each country, data will also be collected after the first year of REACH support for the same outcome and output indicators (primary and secondary data) through the mid-term assessment, with a view to assessing how the REACH country engagement is proceeding. Moreover, Facilitator Log entries from Year 1 should be
reviewed and a summary entry should be prepared, describing the highlights from the year. These findings – both from the mid-term assessment and the summarised log entry for Year 1 - can collectively guide successive work planning in an effort to maximise the effectiveness of the country operation.

- **The endline (Year 3 or end of Year 2):** Data will be collected from each of the countries on the same outcome and output indicators (primary and secondary data) as well as on the established nutritional impact indicators (secondary data) at the end of the REACH engagement through the endline assessment. Again, a summary Facilitator Log entry will be prepared to complement the endline assessment.

- **Monitoring (ongoing):** Developments in multi-sectoral nutrition collaboration (particularly REACH’s role in those developments) will be documented in quarterly Facilitator Log entries so as to further elucidate the critical aspects of the process, mechanics and dynamics of working multi-sectorally on nutrition.

- **An in-depth evaluation** will be carried out in the third year towards the conclusion of direct REACH support so as to measure the sustainability and impact of the REACH approach. This will most likely begin in the second half of year 3. This will include a comparison analysis across the REACH countries.

A more nuanced breakdown of these REACH M&E activities and their respective steps/elements is provided in the timeline below to guide these efforts.

**Table 22: The M&E timeline of country procedures**

<table>
<thead>
<tr>
<th>Year 0</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduce M&amp;E by webinar with countries</td>
<td>Quarterly Facilitator Log entries</td>
<td>Quarterly Facilitator Log entries</td>
<td>Endline data collection at country level</td>
</tr>
<tr>
<td>Initial country stakeholder meeting on M&amp;E</td>
<td>Draft summary of log entries from Year 1</td>
<td>Draft summary of log entries from Year 2</td>
<td>Endline data analysis</td>
</tr>
<tr>
<td>Baseline Facilitator Log entry</td>
<td>Share summarized log entry (Year 1) with stakeholders</td>
<td>Share summarized log entry (Year 2) with stakeholders</td>
<td></td>
</tr>
<tr>
<td>Baseline assessment data collection at country level</td>
<td>Mid-term assessment data collection at country level</td>
<td>Identify actors to be interviewed by independent researcher and sources/documentation to substantiate information reported in log entries</td>
<td>Cross country comparison of data</td>
</tr>
<tr>
<td>Baseline data analysis</td>
<td>Mid-term data analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generate synthesis reports (including Facilitator Log)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generate synthesis reports (including Facilitator Log)</td>
<td>Share data with country stakeholders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Share data with country stakeholders</td>
<td>Site visits for external evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scoping exercise for external evaluation</td>
<td>Formulation of REACH Country Case Studies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final external evaluation and sharing with government</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 7.3.4 Data Collection and Methodology

Data will be collected systematically by REACH Facilitators with UN country support, and the REACH Secretariat will provide oversight and technical backstopping. More specifically, the Secretariat will provide training and/or guidance to REACH facilitators at annual REACH workshops, and will visit countries to assist in data collection, including the development and application of data collection tools and databases for in-country purposes, quantitative and qualitative techniques and country-
specific questionnaires/interview guides for country surveys, focus groups and/or interviews. This coaching-type support will be supplemented with bilateral conference calls whereby the Secretariat will provide further guidance to REACH country teams on a request basis.

During the course of the REACH engagement, REACH will also provide training to government counterparts on aspects of the M&E system to ensure that key outcome indicators and outputs are systematized into the national information systems and allow for sustainability after ‘intense’ or ‘moderate’ REACH support has concluded.

The methodology will be mixed – using both quantitative and qualitative tools. The main methods will be:

- Direct measures and observations
- Focus groups and interviews
- Surveys

The information gathered within the REACH M&E system will be extensive but not obtrusive for REACH\(^{74}\). As a result, data collection will be maximized by:

- Maintaining and compiling information from workplans, policies, programmes and budgets
- Using already existing information (i.e. secondary data sources) when appropriate

### 7.3.5 Country Assessments

As previously discussed, three country assessments will be carried out at baseline, mid-term and endline respectively (see Section 7.3.3). These assessments encompass the gathering of data on the REACH outcomes (standardised) and outputs (core and any additional country-specific). In addition, the baseline and endline assessments also call for the collection of data on the selected nutritional impact indicators, as stipulated by the REACH M&E framework. Facilitators will work closely with the UN Nutrition Team (and others as needed) to obtain the required data, populating it into the country data collection template provided by the REACH Secretariat. In addition to the quantitative data fields for the respective indicators, the template provides space to integrate comments to qualify quantitative data entered. Facilitators will submit the country data sheets at the end of each assessment exercise to the Secretariat, which will review the data, provide additional support and enter it into the REACH global M&E database. There will be a comparison of baseline, mid-term and endline data within each country which will also include analysis of any “extra” output indicators.

The main source of information for the baseline, mid-term and endline assessments is the UN Nutrition Team, for the purpose of both accountability and consistency. The team (including the facilitators) may consult other relevant stakeholders and refer to additional relevant sources, as needed. In fact, the UN Nutrition Team should be encouraged to do so, being sure to document data properly. It is important that the members of the UN Nutrition Team understand that they are accountable for the information recorded, and that they may be questioned by evaluators and/or others regarding their estimates, observations and M&E reports.

### 7.3.6 Country Monitoring

The country monitoring activities will be included in the country M&E plans, along with the REACH evaluation (assessment) activities. Monitoring activities and the ensuing data captured by them are an important aspect of the REACH M&E system, as they will help ensure that REACH processes are on track at regular intervals. The monitoring activities will primarily engage the REACH facilitators, members of the UN Nutrition Team, the RCC but also other country stakeholders at wider intervals in time. In basic terms, these activities will seek to:

\(^{74}\) See the “REACH Monitoring and Evaluation Methodology and Indicator Reference Manual” (2012) for further details on data collection of impact, coverage, outcome and output indicators.
Keep in mind

Monitoring will formalize the continuous tracking of REACH activities, inputs, and outputs conducted by REACH facilitators as part of their regular duties. The UN agencies will be strong and critical partners for the M&E system. Each UN agency will play an important role in specific aspects or pieces of the system, both at the global and country level.

- Follow and document major developments on a quarterly basis;
- Compare progress and experiences across countries;
- Individualize inputs and activities depending on country context;
- Ensure “Implementation monitoring”;
- Measure country performance; and
- Distill critical success factors for sound, multi-sectoral nutrition governance.

The monitoring activities employ qualitative methodologies that will document the steps that these countries went through and their related dynamics (both institutional and individual) between nutrition stakeholders to get to “where they are” in relation to governance, scale-up of nutrition interventions and funded, implemented programmes on the ground. Such data will be reported in a Facilitator Log, offering a longitudinal recount of key developments that will help shed light on ‘how’ and ‘why’ progress was made (e.g. contextual factors). The Facilitator Log template includes structured questions to guide data entry along themes relevant to nutrition governance known to date. In doing so, important perceptions and/or views can be captured over time, which may otherwise be overlooked if one relies solely on quantitative methods at less frequent intervals in time, characteristic of the REACH evaluation activities.

A baseline entry is formulated before the inception of REACH by members of the REACH Secretariat from which to provide a base of comparison and to enrich the findings of the baseline assessment. The facilitators note major developments, shifts, opportunities and/or challenges in quarterly25 log entries thereafter, starting the time they assume duties in-country. They are encouraged to share the log template and work together with members of the UN Nutrition Team and the RCC to prepare these inputs and/or request their review (see Figure 27) before sending inputs to the Secretariat at the end of each quarter. The facilitators may decide how this ‘information-sharing’ is pursued, be it discussion-based (e.g. presentations, working session), in-writing (circulation of written log entries for comment) and/or a combination of the two. Conference calls between REACH country teams (e.g. facilitators and interested members of the UN Nutrition Team) are held to discuss these findings, solicit further information and/or clarification needed. The ‘log’ calls are also a prime opportunity to brainstorm workaround solutions for emerging challenges and ways to capitalise on emerging opportunities.

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25 Entries may be anticipated should a facilitator leave his/her post earlier than planned so as to ensure continuity of work.

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Figure 27: Facilitator Log Process
Mapping the flow of REACH monitoring data and how it informs the development of the REACH Case Studies

The log should build on previous entries. Facilitators and relevant UN staff (UN Nutrition Team and RCC) are therefore encouraged to read the previous one or two log entries before contributing to new entries to refresh themselves on progress reported and to ensure continuity of these entries. This review offers the chance for further reflection. In addition, log entries from the previous year(s) should be reviewed on an annual basis so as to define emerging themes, trends/recurrent issues, milestones and other factors (both enabling and impeding) and to summarise the main developments, which may not have been apparent at the time quarterly entries were recorded. Ideally, these emerging themes, trends and issues could be discussed with the UN Nutrition Team and other country stakeholders (e.g. during knowledge-sharing workshops, planning retreats or other suitable events). These findings can, in turn, guide refinements to the REACH country work plan (and likely influence broader nutrition planning and action) and its respective activities.

The facilitators and UN Nutrition Team are the main sources of the data recorded in the log. They will also be expected to identify key supporting documentation such as minutes/notes for the record, reports, etc. to substantiate their views. Similarly, they should devise a list of actors that should be interviewed by the independent researcher at the end of the REACH country engagement (see Section 7.3.7) as part of the summary entry for the final year of REACH ‘intense’ or ‘moderate’ facilitation support.

7.3.7 Country Case Studies
The findings reported in the Facilitator Log entries will be triangulated with findings from focus group discussions and/or key informant interviews to be conducted by an external researcher at the end of the REACH country engagement. Interviewees/Focus group participants will be selected applying a combination of purposeful and snowball sampling methodologies to ensure that these persons are familiar with and engaged in multi-sectoral nutrition actions. An initial list of individuals to interview will be devised by facilitators in consultation with the UN Nutrition Team, as part of the
last summary Facilitator Log entry (see Section 7.3.6). This multi-pronged approach will help to ensure that the views of diverse stakeholder groups are taken into account so as to limit bias. The external researcher will analyse the findings from these various qualitative exercises in conjunction with data collected through the REACH baseline, mid-term and endline assessments (if the latter is available) for each country. The collective findings will inform the formulation of REACH Country Case Studies whereby highlights from the REACH engagement will be presented. These efforts will help distil good practices, critical success factors and/or milestones in multi-sectoral nutrition governance to foster further learning about the pathways and driving forces through which REACH impacts are achieved, or not achieved. Ultimately, the REACH Case Studies will be validated by country stakeholders and taken into account during the external evaluation of the REACH country engagements. By documenting these different processes, developments, dynamics, etc., REACH hopes to build a knowledge sharing platform of case studies that will be relevant in understanding governance and management processes in nutrition, more broadly.

7.3.8 Evaluation Assessment
An evaluation will be performed at the end of the REACH engagement to document the impact of REACH in shaping the country's nutrition architecture. Information on pathways of impact is needed for several reasons. First, improving the current understanding of what works to improve nutrition governance, and what does not, can help derive and promote best practices for scale-up. It is critically important to collect, analyse and document how different inputs and programme components interact and contribute to impact. In the case of REACH, it is important to examine how the different country approaches and activities impact the outcomes and ultimately governance. REACH and the country teams also need to understand the role of country contextual factors and how they may reduce or enhance effectiveness. All this information is essential in order to successfully replicate the scale-up of nutrition in different contexts.

Two fundamental questions need to be answered by evaluation: “Does the project/programme work?” and “How does it work?” Answering the first question is important to identify whether the REACH package, as a whole, results in the desired effect at the country level, in this case, strengthened nutrition governance, and whether the initiative should be replicated in other countries. Even though the first question is a necessary step, it is not sufficient as it does not provide any information on the pathways by which REACH exerts its impact. Answering the second question is crucial to improving the effectiveness of REACH (e.g. keep and strengthen components that work and drop components that do not or cannot work), and to identify what is needed to scale-up and to adapt the programme for implementation in other countries.

7.3.9 Data Management
At the country level, REACH is not expected to create a new information management system to accommodate data on REACH indicators that countries will have to manage and sustain. Rather, it REACH should work to strengthen what already exists in country. It is hoped that some of the REACH indicators and their respective data could be integrated into national information systems, becoming readily available to guide improvements within national data systems, if the government finds this data useful in managing nutrition scale-up. REACH will track whether this integration occurs in outcome 4. It will keep the data collection simple by having country teams track data collected in Excel spreadsheets over time. REACH will also help provide data analysis and synthesis report templates for the country teams to utilize and share with governments.

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76 There may also be scope to use the data recorded in the Facilitator Logs to develop thematic case studies such as on the: (a) functionality of the coordination mechanism(s) with respect to the process of governing and managing national nutrition objectives; (b) decentralised impacts of REACH-supported nutrition collaboration mechanisms; and (c) level of awareness on nutrition.
77 Further details can be found in the REACH Monitoring and Evaluation Methodology and Indicator Reference Manual (2012).
78 This final validation will follow other periodic validation measures taken throughout the REACH process (e.g. sharing the Facilitator Log Template with the UN Nutrition Team for inputs, annual review of log entries, key informant interviews/focus group discussions and desk review of relevant documents conducted by the independent researcher at the end of REACH country engagements).
7.3.10 Data Analysis

Once data is collected, consistent reviews will be done to assess the extent to which the initiative was implemented according to its objectives. Reasons for incomplete initiative implementation, shortcomings in outputs and unplanned results will be determined through data analysis and examination of the logical framework.

Data will need to be cleaned before comparing the “pre” and “post” data on impacts for the country. Data cleaning begins with performing quality control checks followed by correcting any data errors found. Data quality control checks will include checking for valid values for each variable; checking for valid values for specific combinations of variables; screening for duplicate observations; and screening for outliers. Once the data have been cleaned, two types of analysis follow: analysis of the effects through comparisons that were planned before the initiative began, and further analysis based on the results themselves.

REACH will utilize other creative methods for analysis of M&E data which permit the involvement of key country stakeholders as described above in the applicable sections. In broad terms, these methods include:

- Self-assessment;
- Focus group discussions (or questionnaires) on the decision-making of stakeholders;
- Regular stakeholder meetings to discuss monitoring information as it is gathered; careful attention to the questions raised will improve the utility of data collected;
- Tabulation of results by country personnel; and
- Facilitation of “analysis meetings” with the UN Nutrition Team and key country stakeholders to identify important patterns suggested by the data.

REACH’s efficiency will be assessed through the analysis of inputs with results given in terms of outputs, outcomes and impact. This can be done through relatively simple bivariate analyses, but may involve more complex and aggregate indexes. Finally, assessing country performance through comparison with peers at the country level (benchmarking) will be a powerful tool to influence decision makers.

To inform country nutrition governance, management and policy-making, quantitative data will be merged with qualitative information being collected at the country level at varying stages of the REACH country engagement (baseline, mid-term and endline). REACH will build this mixed methods approach at the country level to ensure quantitative statistical data analysis is married with qualitative processes.

7.3.11 Dissemination, publication and utilization of information

REACH plans to disseminate and publish information at the global level as well as the country level where relevant. Publication sources range from policy briefs to scientific papers. However, greater efforts will be made to provide up-to-date information on the REACH website to ensure access for all those interested. Evaluation reports will be central to the dissemination plans, and much of the data collection and analysis will feed into these reports. There are several reasons for documenting “what works” but also what lessons and challenges were faced with REACH. These reasons include80:

- To demonstrate accountability—delivering on political promises made to citizenry and other stakeholders;
- To convince—using evidence from findings;

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• To educate—reporting findings to help organizational learning;
• To explore and investigate—seeing what works, what does not, and why;
• To document—recording and creating an institutional memory;
• To involve—engaging stakeholders through a participatory process;
• To gain support—demonstrating results to help gain support among stakeholders; and
• To promote understanding—reporting results to enhance understanding of projects, programmes and policies.

Key Messages

• M&E activities should start from the inception of the REACH country engagement.
• The REACH M&E system includes both monitoring and evaluation components, and employs a mix of methodologies, both quantitative and qualitative.
• The REACH M&E Logical Framework defines the causal relationships between outputs, outcomes and impact for measuring the effectiveness of improved multi-sectoral nutrition coordination and improved management to reduce undernutrition.
• Country M&E plans will be devised based on the standardised REACH M&E framework and the different activities, inputs, and outputs stipulated by the Country Implementation Plans.
• Emerging findings through ongoing monitoring activities and the baseline/mid-term assessments about how the REACH process is unfolding, within the greater context of multi-sectoral nutrition collaboration, should be considered when defining/reviewing REACH work plans for successive periods so as to maximise value-added of the REACH country engagement.
• Gathering evidence through measurement is essential to understand the effectiveness that REACH has within countries’ efforts to improve nutrition and in the dissemination of lessons learned. The REACH M&E system focuses on generating that evidence in the countries where it works.
8. Glossary

**Acute Malnutrition (wasting):** Acute malnutrition or “wasting” is defined as low weight for height or the presence of oedema. It can be moderate (MAM) or severe (SAM). It occurs as a result of recent rapid weight loss, malnutrition, or a failure to gain weight within a relatively short period of time. Wasting occurs more commonly in infants and younger children and is a result of deficiencies in both macronutrients (fat, carbohydrate and protein) and some micronutrients (vitamins and minerals). Recovery from wasting is relatively quick once optimal feeding, health and care are restored though it may leave permanent debilitating impacts such as cognitive impairment. SAM is the most dangerous form of malnutrition.

**Advocacy:** active support of an idea or cause; especially the act of pleading or arguing for something to change or happen.

A combination of individual and social actions designed to gain political commitment, policy support, social acceptance, and systems support for a particular health goal or programme (WHO).

**Advocacy strategy:** a combination of approaches, techniques, and messages by which one seeks to achieve certain objectives.

**Bundling** refers to the grouping/packaging of actions/interventions

**Capacity** is defined as “the ability of people, organizations and society as a whole to manage their affairs successfully.”

**Capacity Building** refers to the efforts aimed to develop human skills or societal infrastructure within a community or organization needed to reduce the level of risk. Capacity-building also includes development of institutional, financial, political as well as other resources, such as technology and technical capacity at different levels.

**Capacity Development** is “the process whereby people, organizations and society as a whole unleash, strengthen, create, adapt and maintain capacity over time.” And as per global consensus, it is a nationally-owned, endogenous process; builds upon national systems and expertise; is complex and often non-linear; is a long-term process of learning and change.

**Capacity Gap Assessment** refers to the analysis of desired future capacities against current capacities; this assessment generates an understanding of capacity assets and needs, which in turn leads to the formulation of capacity development response strategies.

**Chronic undernutrition (stunting):** Stunting results in growth retardation, and is indicated by a low height-for-age (HFA); stunting is the consequence of prolonged or repeated episodes of nutritional deficiencies (energy or micronutrients). Stunting is typically a result of intrauterine growth retardation, but it can also reflect exposure to repeated infection or other illnesses throughout the early years of life.

**Delivery mechanism:** is the channel through which an action/intervention is provided/emitted to the final recipients. Delivery channels can be facility based such as Health Centres where primary health services are provided and Farmer Field Schools, where agricultural extension is channelled. Delivery channels can also be singular people (e.g. a door-to-door campaign agent for a household interventions) or communication means (e.g. radio for emitting nutrition education messaging).

**Evaluation:** systematic and objective assessment of the extent to which a programme, project or policy has achieved its intended results. It can measure programme relevance and effectiveness.

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81 OCDE; FAO Corporate strategy capacity development
83 OCDE; FAO Corporate strategy capacity development
84 OCDE; FAO Corporate strategy capacity development
"Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life."85,86

**Functional capacities** are concerned with the *know-how* that articulates local systems, processes and programs in a sustainable way.

**Governance:** process of decision making; process by which decisions are implemented; structures through which those processes occur.87

**Hunger:** People experience the sensation of hunger when they lack the basic food intake necessary to provide them with the energy and nutrients for fully productive and active lives. Hunger principally refers to inadequate consumption of the macronutrients, carbohydrates in particular, and is an outcome of food insecurity. All hungry people are food insecure, but not all food-insecure people are hungry.

**Impact:** the long-term results of a program over time, which may include the contributions of other variables external to the program under evaluation. For example, the intended impact of a program may be changes in nutrition status or mortality.

**Malnutrition** refers to both undernutrition and overnutrition. Malnutrition is commonly used to describe people who are undernourished due to the fact that their diet does not provide adequate calories, protein for growth and maintenance, and micronutrients; or they are unable to fully utilize the food they eat due to illness or lack of safe water. A lack of these essential vitamins and minerals often results in “hidden hunger” where the signs of malnutrition and hunger are less visible in the immediate sense. One of the major long-term determinants of malnutrition is poverty, in both developed and developing countries.

**Micronutrient deficiencies:** These deficiencies occur when the body does not have sufficient amounts of vitamins or minerals due to insufficient dietary intake and/or insufficient absorption of the vitamins or minerals by the body.

**Monitoring:** continuous and systematic collection and analysis of data on specified indicators to provide on-going indications of progress and achievement

**Multi-sectoral, inter-sectoral or inter-sectorality:** Relating to a number of sectors (an area focused on a particular issue) such as agriculture, health, education, social protections, etc.

**Multi-sectoral coordination mechanisms:** Groups with comprised of individuals from institutions with different mandates and areas of expertise from different sectors work together/gather to promote harmonised action in pursuit of common goals.

"Nutrition security exists when food security is combined with a sanitary environment, adequate health services, and proper care and feeding practices to ensure that a healthy life for all household members."88

**Nutrition governance** is concerned with the effective delivery of nutrition security to all members of society, especially the most vulnerable.

**Policy advocacy:** taking actions to get political authorities to do something they wouldn’t do otherwise. When successful, policy advocacy is a great multiplier. For example, financing wells for

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clean water (a programming response) can result from pressing government to introduce policies that guarantee access to clean water (advocacy).

**Programmatic approach** is a long-term and strategic arrangement of individual and interlinked projects aimed at achieving significant impact. It seeks to achieve this by: (a.) identifying complementarities and synergies between stakeholders within the framework of action; (b.) catalysing further action and replicating successes and innovations; and (d.) enabling government, donors and other partners to invest additional and funding based on the scope of a program. Programmatic approaches increase the opportunities of co-financing from national and local government bodies and a variety of other sources, including donors and the private sector.

**REACH Country Committee:** The RCC is comprised of one representative from the country offices of FAO, UNICEF, WFP and WHO. Normally the RCC representatives are the Country Director/Country Representative or their deputy. The RCC oversees the planning, implementation and reporting of REACH-supported activities in their country and formally represents REACH in negotiations and agreements with government and other in-country partners.

**REACH Country Team** is composed of the representatives or deputies of the four signatory UN agencies (FAO, WHO, WFP, UNICEF), members of the UN Nutrition Team and the REACH facilitators (and other direct REACH staff).

**REACH Coverage Assessment** quantifies the extent to which the country priority actions are implemented at scale. The assessment uses aggregated data from the Delivery Mechanism Analysis, mainly which channels are used to deliver each priority action and how many beneficiaries are reached by channel. The Coverage Assessment then compares these coverage estimates to the total number of beneficiaries, by beneficiary groups, as calculated by the Nutrition Analysis.

**REACH Delivery Mechanism Analysis** identifies existing and potential delivery channels used to deliver country priority actions, whereby a “delivery channel” is the mechanism through which an action is provided to final beneficiaries (e.g. health centres, Farmer Field Schools, radio, etc.). For each mechanism, the analysis measures current usage (in other words, which actions use the channel, and how many beneficiaries are reached in this manner). Lastly, the analysis quantifies the potential coverage the channel can achieve.

**REACH Indicator dashboard** provides a synthesised, user-friendly tool for policy-makers and practitioners to understand the nutrition issues in-country and the measures being taken to address them. It summarises key nutrition indicators across sectors, highlighting the magnitude and severity of nutrition problems (as per the Nutrition Analysis) and the current coverage of the country priority actions (as defined by the Selection of Priority Actions exercise and as calculated by the Coverage Assessment). In addition to serving as a monitoring tool, the dashboard is an effective advocacy tool, which helps stakeholders communicate common nutrition messages across the multi-sectoral nutrition landscape.

**REACH Institutional Analysis (policy & coordination mechanisms)** covers two main domains: policy and coordination. It covers policies at different levels and in different sectors so as to determine the extent to which nutrition is reflected. The policies reviewed may range from national poverty reduction strategies (PRSP) to sectoral agriculture or health policies, and nutrition strategies. The analysis also considers whether and how comprehensively these policies articulate linkages to other relevant sectors. Lastly, it maps the presence of existing coordination mechanisms for nutrition and food security.

**REACH Nutrition Analysis:** This analysis synthesizes information from multiple sources and existing analyses across the relevant sectors to present a comprehensive review of the nutrition situation. REACH tools offer templates that guide the quantification of undernourished children (wasted, stunted, underweight, etc.), presentation of trends in undernutrition (e.g. prevalence of stunting, wasting, underweight, etc.), and disaggregated analysis (e.g. by geographic areas,
gender, etc.). It also includes an in-depth causal analysis of the key determinants of undernutrition according to the conceptual framework on malnutrition.

**REACH Secretariat:** Based at WFP HQ, the REACH Secretariat provides technical and administrative support to country and regional REACH facilitators, while coordinating the REACH expansion and other global and country-level responsibilities.

**REACH Selection of Priority Actions:** REACH identifies a preliminary menu of actions, spanning multiple sectors (agriculture/food security, health, water and sanitation, social protection, etc.), from which country stakeholders choose interventions which are considered to be a priority for addressing the country’s nutrition problems. REACH facilitates the review process among technical stakeholders, culminating in a list of selected and ranked priority interventions, including commonly agreed upon definitions for each selected intervention. The selection may be further refined as they nutrition situation evolves and/or as other related components of the REACH Situation Analysis (e.g. Coverage Assessment) are completed.

**REACH Situation Analysis** refers to a series of activities (stock-taking exercises) designed to give a comprehensive picture of nutrition security at the country, and sometimes, district level with an emphasis on the nutrition of pregnant and lactating women and children under five years of age. It incorporates perspectives from multiple sectors and synthesizes data from secondary sources such as Government and major stakeholders surveys/assessments, national (and, where available, sub-national) health, demographic, food security, KAP, etc. surveys. It also highlights findings from primary data collected, as required by selected REACH stock-taking exercises. The specific process may vary from country-to-country depending on the data available.

**REACH Stakeholder and Activity Mapping** identifies and documents the landscape of actors across multiple sectors, their nutrition-related activities, and the interactions between them. It focuses and builds on the priority interventions identified through the REACH Selection of Priority Interventions exercises and uses a participatory process to determine and achieve consensus among technical stakeholders as to ‘Who is doing What, and Where.”

**REACH Stock-taking** refers to the compilation of both primary and secondary data for the purpose of the situation analysis. A list of secondary data sources is compiled to be reviewed and/or included in the REACH comprehensive situation analysis. Data gaps are identified for which primary data is gathered through the REACH process. It then draws upon REACH tools to display available data and analyses in a meaningful manner so as to guide decision-making by technical and senior staff, and support advocacy efforts, using a combination of charts, maps and other diagrams in PowerPoint and sharp summaries.

**Technical capacities** are concerned with the technical aspects of delivering nutrition interventions such as human resources knowledge, specialization within a specific field such as nutrition, and ability to lead technical analyses, trainings or produce technical materials.

**UN Country team (UNCT):** is composed of the representatives of all UN Agencies present in country including the UN Resident Coordinator.

**UN Nutrition Team:** is comprised of technical officers responsible for nutrition in the respective UN partner agencies (FAO, WFP, UNICEF and WHO), particularly the nutrition UN focal points, where there is more than one nutrition specialist in a given agency’s country office. REACH facilitators are an integral part of this small team and often serve as secretaries or conveners of this group.

**Undernutrition:** Undernutrition is due to inadequate food consumption or poor absorption or biological use of nutrients consumed due to illness, disease, or nutrient imbalance. In addition to absolute deficit in food consumption, undernutrition frequently results from imbalanced diets in which sufficient macronutrients (carbohydrates, fat, protein) but insufficient vitamins and minerals
(in particular the micronutrients iron, iodine, zinc, and vitamin A) are consumed, resulting in various physiological disorders and increased susceptibility to disease. Sources: HTF 2003; FIVIMS/FAO 2002.

**Underweight and Undernourished:**

The underweight prevalence indicator: The underweight indicator of the MDG1 is the proportion of children under five years of age falling below minus 2 standard deviations (moderate and severe) and minus 3 standard deviations (severe) from the median weight-for-age of the reference population. The underweight indicator was chosen for the MDG 1 target as it is felt to be the single best composite indicator, with the potential to capture aspects of acute and chronic undernutrition combined.

Proportion undernourished indicator: The second hunger indicator of the MDG1 refers to undernourishment defined as the insufficient food intake to continuously meet dietary energy requirements with FAO further defining hunger as the consumption of less than 1800 kcal (on average) per person per day.

**UN nutrition focal points, UN focal points or REACH focal points:** refers to the nutrition focal points from the four signatory UN agencies (FAO, WFP, UNICEF and WHO), who together which the REACH facilitators comprise the UN Nutrition Team.

**Vulnerability:** Vulnerability is when the presence of factors that place people at risk of becoming food insecure or undernourished, whether due to loss of access to food, proper nutritional care, or an inability to physiologically utilize available food because of infection or other disease.
Annex 1: Conceptual framework of malnutrition

Overview
The nutritional status of an individual is an outcome of complex biological and social processes, as summarized in the conceptual framework of Figure 1 below. "Malnutrition is a broad term that refers to all forms of poor nutrition. Malnutrition is caused by a complex array of factors including dietary inadequacy (deficiencies, excesses or imbalances in energy, protein and micronutrients), infections and socio-cultural factors. Malnutrition includes undernutrition as well as overweight and obesity. Undernutrition is often measured by wasting, stunting, underweight and other anthropometric indicators. Furthermore, overnutrition (overweight and obesity) and micronutrient deficiency disorders (e.g. vitamin A deficiency, iron deficiency anaemia and iodine deficiency disorders, among others) may coexist in the same individual and/or household.

Figure 1

Conceptual framework for analysing the causes of malnutrition

Adapted from UNICEF Nutrition Strategy 1990 (originally the Tanzania JNSP framework, 1987)

Immediate causes
Inadequate dietary intake and disease are the immediate causes or determinants of malnutrition. The inadequacy may encompass total energy, protein, vitamins, minerals and/or other nutrients. Inadequate dietary intake may increase the susceptibility to and severity of infection; conversely, many infectious diseases reduce dietary intake and nutrient utilization through loss of appetite and inhibited absorption.

Underlying causes
The numbers of possible underlying causes seem almost endless and their interrelationships complex. All, however, reflect a particular access to resources in the past and/or present. One way of grouping these causes is to identify a set of outcome conditions necessary for adequate nutrition, or more precisely, for adequate dietary intake and absence of disease. Three such

conditions can be identified: adequate access to food (household food security); adequate care of children and women; and adequate access to preventive and basic health services together with a healthy environment. Each condition is necessary but not sufficient for adequate nutrition. If all three are fulfilled, it is likely that dietary intake will be adequate, disease will be controlled, and thus adequate nutrition will be obtained.

Household food security applies "to the family level with individuals within households as the focus of concern." It takes into account dietary adequacy (quantity and quality), food access, stability and seasonality. Whereas quantity refers to energy (caloric) intake, quality embraces the concept of dietary diversity and micronutrient (vitamin and mineral) content of foods consumed. Increasing attention is being awarded to biodiversity and the promotion of sustainable diets. Dietary diversification, cooking demonstrations, fortification, bio-fortification are specific intervention strategies which may be promoted in conjunction with and through nutrition-sensitive agriculture and social protection programmes to have a positive influence on nutrition. "Household food security is an outcome of technical and social processes in society, but it ultimately depends on the availability, accessibility, and use of resources." 

Adequate care of children and women has only recently been fully recognized as having an important bearing on the nutrition status of mothers and children. In simple terms, "care" refers to childcare or the supervision of young children to ensure they are healthy and safe as well as the care of/support to women during pregnancy and lactation. More specifically, it encompasses behaviours such as breastfeeding and complementary feeding practices, food and personal hygiene, diagnosing illnesses, stimulating language and other cognitive capabilities, and providing emotional support. Care also refers to the support that the family or community provides to members of the family as well as to the behaviours within the household that determine the allocation of the food to members of the household. In addition, care includes the utilization of health services and water and sanitation systems to create a healthy micro-environment for family members.

Care is the outcome of complex processes in society. Ultimately, it depends on the availability, accessibility, and use of resources. Important causes of inadequate childcare include poor health of the mother and/or primary caregiver; lack of education and misconceptions about childcare of caregivers; lack of self-confidence of the mother; inadequate social support from community, family, and husband/other household members; excessive workload of the mother/caregiver; and mother’s/caregiver’s limited control of household resources.

Access to health services together with a healthy environment is the third necessary condition for good nutrition. Prenatal and post-natal care, immunization (particularly against measles), oral rehydration therapy, distribution of micronutrient supplements, de-worming, family planning, and health education are all important health services with great impact on nutrition. Access to water and safe faeces disposal are prerequisites for control of diarrhoea and other diseases influencing the nutrition status of children. Likewise, the achievement of the "health" condition depends on resources (availability, access and utilisation) in similar ways as to the achievement of the "food" and "care" conditions.

Basic causes
There are three main types of resources: human resources (people, their knowledge, skills, time and physical wellbeing); financial resources (assets, land, income, and so forth); and organizational resources (e.g. formal and non-formal institutions, extended families, and childcare organizations).

Resources are available at different levels of society and are controlled in many different ways. At the household level, men usually control many resources, which often constrains the fulfilment of the necessary conditions for adequate food, care, and health. The use of resources depends on the way a problem is understood as well as on the perceptions and priorities of those who control

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resources. Education plays a particularly important role in determining how resources are utilized to secure food, health, and care for children.

The availability and control of human, financial and organizational resources at different levels of society are the results of historical processes and cultural practices of a given society. These considerations refer to the basic causes of malnutrition and can be divided into four groups:

- **Ecological/technological** conditions of production, including the environment (soil and climate), the population-resource ratio, the level of technology used, and the levels of people's skills;
- **Social factors** of production, including ownership of the means of production, the division of labour, and power relationships;
- **Political** considerations (including state interventions), including policies on agriculture, education, employment, health, incomes, subsidies and prices as well as the legal system as a whole; and
- **Ideological** factors, including habits, beliefs, cultural preferences and other ideas that legitimize actions in society.

The development of and interaction between these different factors explain the existing availability and control of resources, which in turn, explain the degree of fulfilment of the three necessary conditions (food, health, and care) for good child nutrition.

It is important not to interpret this framework as a predictive model. The deliberate lack of distinct limits or boundaries leaves room for different models to be devised in different contexts. The framework also emphasizes the potential multi-sectoral nature of the problem. In doing so, it accommodates the various possible determinants and helps identify the most important determinants to a given context. It, furthermore, facilitates dialogue and cooperation among people of different professions (e.g. health, agriculture, WASH, education, etc.). It helps identify what dimensions should be assessed and how causal relationships should be explored/analysed. It also helps clarify the objectives of actions selected for implementation. The framework has proven easy to communicate, which is critical to training and social mobilization. Lastly, the initially formulated conceptual framework will evolve and become more focused as reassessment and further analysis take place. Gradually, a more concise local model may emerge.

The above narrative on the immediate, underlying and basic causes of malnutrition was adapted from Jonsson U. "Ethics and child nutrition." accessed from [http://archive.unu.edu/unupress/food/8F164e/8F164E03.htm](http://archive.unu.edu/unupress/food/8F164e/8F164E03.htm) on 12 December 2012.
Annex 2: Sample Terms of Reference for Multi-sectoral Coordination Mechanisms (Tanzania)

Key Objectives and Functions
The objective of the High-level Steering Committee on Nutrition is to ensure comprehensive and coordinated understanding and action in responding to nutrition challenges in Tanzania. It will serve as the inter-ministerial monitoring body of the National Nutrition Strategy (NNS) and the nutrition component of Tanzania Agriculture and Food Security Investment Plan (TAFSIP).

The principal functions of the Committee will include the following:

- Agree on the appropriate response on action being taken to address the nutrition challenges.
- Develop consensus with ministries and key external actors on a Framework for Action and the proposed way forward, including a set of key time-bound milestones for the NNS, TAFSIP nutrition component and related activities.
- Ensure the coordinated implementation of the NNP, TAFSIP nutrition component and related activities across all relevant line ministries and external partners.
- Monitor the implementation of key milestones for the NNS, TAFSIP nutrition component and related activities.
- Agree upon on the choice of strategies, policies or interventions that need to be taken to eliminate or reduce the impact of the underlying causes on food insecurity and malnutrition.
- Monitor public expenditure on nutrition to ensure that it impacts positively on National Development Plan, MKUKUTA, NNS and TAFSIP nutrition component objectives.

In order to facilitate the work of the High-level Steering Committee, TFNC will chair a Multi-sector technical Working Group on Nutrition. The Multi-sector Technical Working Group will provide the Steering Committee with substantive analysis and advice and prepare the Framework for Action and related documents.

Meetings and Reporting
The Steering Committee will meet every six months and additionally on an ad-hoc basis, as required. Each ministry and agency represented will report on progress towards the key milestones on nutrition, activities undertaken and results achieved, and activities planned for the next six months.

Secretariat
The Chair of the Steering Committee will form a small Secretariat to be in the Prime Minister’s Office. The secretariat will provide technical and logistical support to the Steering Committee.
Annex 3: Translating policies/strategies into plans

Overview
As previously discussed, REACH is not an implementing agency *per se*. Rather, it facilitates change management for how nutrition situations are analysed, policies formulated, and interventions/activities planned, budgeted and coordinated to promote person-centred programming. This support, in turn, helps nutrition actors focus on their core work, including implementation. The following approach was carried out during the REACH pilot engagement in Lao PDR to help translate policies and strategies into plans. This annex provides an illustrative example of how this approach was pursued, whereby bundles of complementary actions are identified based on defined criteria (e.g. target population, delivery channel, etc.) so as to facilitate increased efficiency and scale-up. Here, the underlying premise is to identify concrete programming arrangements that exploit synergies within and across sectors in an effort to increase nutritional impact. The analysis is a prime example of change management.

Inputs
The present analysis uses multiple inputs, including:

- Country priority actions identified through the Selection of Priority Actions exercise (See Section 4.3).
- Results of the Delivery Mechanism Analysis (See Section 4.6).
- Coverage estimates for the country priority interventions as calculated by the Coverage Assessment (See Section 4.7)
- REACH Programmatic approaches analytical templates (See REACH tools)

What is involved? An abbreviated “How to”
REACH articulates ‘programmatic approaches’ based on intervention interdependencies, common delivery channels and/or common target groups, expanding on the findings from the Delivery Mechanism Analysis (See Section 4.6) and Coverage Assessment (See Section 4.7). Facilitators prepare a series of analytical schemes that bundle interventions according to selected criteria for discussion with the technical coordination group. The idea is to agree upon interventions to bundle, taking into consideration both existing and newly identified delivery mechanisms. Facilitators are encouraged to consult the REACH Nutrition Action Guides (NAGs) as well as agency resource materials to gain a basic literacy of possible intervention responses across the multi-sectoral nutrition landscape and how they relate to the REACH outcomes. Facilitators may refer to this guide series to enrich discussions with country stakeholders and raise awareness about the possible A-Z nutrition actions, including their linkages.

REACH facilitators should train government focal points on these analysis techniques so that the exercise can be repeated at sub-national levels. The presence of a strong partner in regions and/or districts will facilitate these capacity development efforts at sub-national levels, further helping to identify suitable programmatic approaches. Furthermore, the presence of multi-sector coordination mechanisms at national, regional and district level is critical to support this type of exercise.

The outcomes of this analysis can offer valuable insight for planning exercises, including the formulation of multi-sectoral action plans and sectoral workplans. The outcomes may also be helpful inputs for project and programming design.
Table 1: Facilitation of Translating Policies and Strategies into Plans  
*Outlining the tasks and/or roles to guide the analysis to inform plans*

<table>
<thead>
<tr>
<th>Tasks and/or Roles</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance and stewardship</td>
<td>Support UN Nutrition Team and government by facilitating the analysis of intervention strategies (‘programmatic approaches’) for the selected priority actions, defining the objectives, expected results, outcomes and deadlines/timeline.</td>
</tr>
</tbody>
</table>
| Data collection                    | Prepare visual aids, analytical tables/matrixes and presentations to facilitate discussion with technical stakeholders.  
Document the process, decision points, discussions/meeting notes, etc. |
| Analysis                           | Facilitate the discussion to review and define improved programmatic approaches with the technical coordination group and other members of the nutrition community, as relevant. |
| Consensus-building                 | Lead technical coordination group to consensus on:  
• Decisions regarding programmatic approaches (e.g. agreed actions which can be scaled-up using new mechanisms and/or sectors such as agriculture, social protection, education, etc.) |
| Communications and advocacy        | Conduct bilateral meetings with sectoral focal points to discuss the implications of scaling-up nutrition priority actions, including through non-traditional sectors.  
Support government with the organization of workshops/forums/working sessions with the extended nutrition community, including sub-national level actors, to create buy-in on programmatic approaches and scale-up modalities.  
Support advocacy efforts for integrating programmatic approaches into national multi-sector action plans for nutrition and sectoral annual workplans. |
| Operationalisation                 | Build the analytical capacity for identifying bundles of priority actions and scale-up modalities for delivery mechanisms and sectors. Train government focal points so that this analysis can be replicated at sub-national levels.  
Backstop the review/identification of improved programmatic approaches at sub-national levels, as needed. |
| Knowledge-sharing                  | Liaise with other REACH facilitators and the REACH Secretariat to explore bundling schemes and programmatic approaches in other countries and share insight/materials with technical stakeholders in-country.  
Share knowledge such as the findings and/or outputs of the REACH stock-taking exercises (e.g. Nutrition Analysis, Selection of Priority Actions, Delivery Mechanism Analysis, Coverage Assessment, Indicator Dashboard, etc.) with parties involved in reviewing the bundling schemes/programmatic approaches of country priority actions.  
Document this country experience, being sure to capture key successes and challenges to help guide similar efforts in other countries. |

**Practical guidelines**  
The review of programmatic approaches is an intricate, multi-faceted exercise. The following series of data tables and excerpts from REACH Review of Programmatic Approaches in Lao PDR breakdowns the various steps involved in this analysis.
**Bundling actions by interdependencies of Action thematic areas/activities**

1. **Populate the Scale-up Matrix**
   - Specify the activity type of each priority action, using the coding system adopted in the Delivery Mechanism Assessment and Coverage Assessment ("E" for education activities; "S" if supplies are delivered through the activity; or "S+E" if the activity involves both an education component and the provision of supplies)
   - Portray the current status of coverage of each priority action, applying the same four-categories used in the Coverage Assessment (full coverage; >25% coverage; <25% coverage, no coverage)
   - Illustrate the targeted coverage of each priority action, using the following categorisation scheme: maintained activity/coverage; scaled-up activity; no activity; or new activity. The future year may be the end of the last year of the current Nutrition Policy, Action Plan, or other government deadlines. Alternately, the end of the REACH engagement may be the specified future year, if accepted by country stakeholders.
   - Mark the proposed scaling action, using dotted lines and number circles to denote the following: maintain programmes already at scale; scale-up successful and new programmes; and exploit synergies by adding actions to delivery mechanisms.

2. **Populate matrix of planned mechanism use by mechanism and action to reach full scale for the future target year**
   - Display country priority actions horizontally
   - List delivery mechanisms vertically
   - Specify the activity type of each priority action delivery by each mechanism, using the coding system described above ("E"); "S"; or "S+E")
Denote targeted coverage intensity changes from the current year to target year by coloured boxes for each cell differentiating maintained activity; scaled-up activity, new activity and not activities.

Full scale Harvey balls should be noted at the bottom of each column for each priority action, reflecting that they will be brought to scale by the target year.

**Figure 2: Excerpt from the Review of Programmatic Approaches in Lao PDR**

Matrix of future mechanism use, displaying delivery mechanisms on the Y axis, country priority actions on the x-axis, targeted coverage intensity changes from the current to target year for each cell.

**Envisioned channel use based on action planning analysis**

*Example Lao PDR – 2015 target*

3. **Prepare bundling template to identify improved programmatic approaches**
   - Use the above matrix to construct the bundling depiction
   - List the development sectors involved in implementing the country priority actions
   - Illustrate action bundles across delivery mechanisms by selected criteria (See Tables 2-4 for further information about specific criteria)
Table 2: Criteria for bundling priority actions to facilitate scale-up in Lao PDR
Understanding the mechanics of bundling the country priority actions

Strategy no.1 bundles a variety of behaviour change interventions which can be articulated in one package to be delivered to the same target group (pregnant and lactating women) through multiple existing or new channels

<table>
<thead>
<tr>
<th>Actions grouped:</th>
<th>• Breastfeeding (behaviour change promotion)</th>
<th>• Complementary feeding (behaviour change promotion)</th>
<th>• Handwashing (behaviour change promotion)</th>
</tr>
</thead>
</table>
| Scale-up mechanisms: | • **Current mechanisms:** Health facilities/community health workers  
  **Strategy:** Ensure that prenatal services include systematic "breastfeeding, complementary feeding and hand washing behaviour change messages".  
  **Other related activities:** Other behaviour change messages may be added according to the priorities of the context, such consumption of salt iodized; household water treatment, etc.  
  • **New channels:** Agriculture extension workers  
  **Strategy:** Train agriculture extension workers; disseminate communication material |
| Benefits: | • Harmonization: Communication messages are developed by delivery channels/sector to ensure consistency and coherence  
  • Cost reduction:  
    o Economies of scale to be gained when reproducing communication materials at large scale  
    o Cost savings through joint-trainings and shared trainers |

Strategy no.2 bundles actions which can be delivered by the same delivery mechanism because they have similar logistical arrangements

| Actions bundled: | • Vitamin A supplementation (behaviour change promotion/physical distribution)  
  • Deworming (behaviour change promotion/physical distribution)  
  • Distribution of ITN (behaviour change promotion/physical distribution)  
  • Behaviour change/nutrition education messages (behaviour change) |
promotion/physical distribution
- Vaccination campaigns (in coordination with MoH and vaccination programs)

| Scale-up mechanisms: | • **Current mechanisms**: mass campaign and media  
| | **Strategy**: Add new actions with similar logistic arrangements to the channel, such as Vitamin A, deworming, ITN, and communication messages.  
| | **Other related activities**: The communication side of any mass campaign will be supported by media, and other potential channels such as health facilities, community health workers and agriculture extension workers.  
| Benefits: | Share logistic costs and increase effectiveness  
| **Strategy no. 3 groups two actions with a high degree of interdependency**  
| Actions bundled: | • Treatment of moderate acute malnutrition of children <5 (treatment/behaviour change promotion)  
| | • Treatment of severe acute malnutrition of children <5 (treatment/behaviour change promotion)  
| Scale-up mechanisms: | • **Current mechanisms**: Health centres and hospitals  
| | **Strategy**: Reach scale; prioritize regions with high wasting levels.  
| | **Supporting activities identified**: "dietary diversification "message to be included as part of the behaviour change messages when delivering moderate/severe acute malnutrition treatment.  
| | • **New mechanisms**: Health posts and community health workers  
| | **Strategy**: Train health personnel and community health workers; provide supplies for diagnostic and treatment of MAM and SAM.  
| | **Supporting activities**: Child screening for child MAM/SAM can be conducted during Vitamin A campaign.  
| | Referrals can be monitored by community health workers  
| | Awareness of malnutrition and its consequences can be delivered by several channels (media, agriculture extension workers, farmer field schools, schools).  

**Bundling actions by delivery Mechanisms and/or sectors**  
1. Take the Scale-up Matrix of planned mechanism use to reach full scale for the future target year, before applying the bundling schemes used in the previous step or reconstruct this matrix, as per the below guidelines.  
   • Display country priority actions horizontally  
   • List delivery mechanisms vertically  
   • List the development sectors involved in implementing the country priority actions on left  
   • Specify the activity type of each priority actions delivery by each mechanisms, using the coding system described above ("E"; "S"; or "S+E")  
   • Denote targeted coverage intensity changes from the current year to target year by coloured boxes for each cell differentiating maintained activity; scaled-up activity, new activity and not activities  
   • Mark the proposed bundling packages across the delivery mechanism by applying a transparent grey box for the respective cells to be bundled.  
   • Number these bundling schemes accordingly.
Table 3. Criteria for bundling priority actions to facilitate scale-up in Lao PDR
Understanding the mechanics of bundling the country priority actions

<table>
<thead>
<tr>
<th>Strategy no.7 bundles all actions which may be delivered by the health facilities (health posts, health posts and hospitals).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actions bundled:</td>
</tr>
<tr>
<td>• Breastfeeding (behaviour change promotion)</td>
</tr>
<tr>
<td>• Complementary feeding (behaviour change promotion)</td>
</tr>
<tr>
<td>• Handwashing (behaviour change promotion)</td>
</tr>
<tr>
<td>• Household Water treatment (behaviour change promotion)</td>
</tr>
<tr>
<td>• Micronutrients (behaviour change promotion and physical distribution such as deworming and Vitamin A, importance of food fortification (iron, zinc, Vit A, etc.) (physical distribution and behaviour change promotion).</td>
</tr>
<tr>
<td>• Malaria prevention (physical distribution and behaviour change promotion)</td>
</tr>
<tr>
<td>• Therapeutic feeding treatment (treatment, referral, behaviour change promotion)</td>
</tr>
<tr>
<td>• Supplementary feeding treatment (treatment, referral, behaviour change promotion)</td>
</tr>
<tr>
<td>• Homestead food production (behaviour change promotion, referral)</td>
</tr>
<tr>
<td>• Safety nets/cash transfers (behaviour change promotion, referral)</td>
</tr>
<tr>
<td>Strategy</td>
</tr>
<tr>
<td>• Identify which actions can be delivered by all health facilities, only by heath post, only by centres and only by hospitals.</td>
</tr>
<tr>
<td>• Focus on reaching scale through capacity building, training (including refresher courses/training) and regular stock monitoring of supplies</td>
</tr>
<tr>
<td>Benefits:</td>
</tr>
<tr>
<td>A number of target beneficiary groups can be captured through this channel (lactating and pregnancy women, children &lt;5, children &lt;2).</td>
</tr>
<tr>
<td>Use of health sector to scale-up as many nutrition actions and nutrition packages as possible.</td>
</tr>
<tr>
<td>Integrate the identified programmatic strategies and activities into sectoral workplans.</td>
</tr>
<tr>
<td>Increase budget allocation for nutrition-related activities.</td>
</tr>
</tbody>
</table>
IDENTIFYING COMPREHENSIVE PROGRAMMATIC APPROACHES THROUGH LINKING INTERVENTION STRATEGIES

Here, an additional step of analysis seeks to identify and operationalise linkages between broad intervention strategies.

Table 4. Criteria for bundling intervention strategies to facilitate scale-up in Lao PDR

Understanding the mechanics of bundling intervention strategies

<table>
<thead>
<tr>
<th>Strategy no.6 bundles several strategies and actions targeting same beneficiary groups such as children &lt;5 under SAM treatment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategies to be linked:</td>
</tr>
<tr>
<td>Benefits:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Outputs

The review of Programmatic Approaches leads to the below outputs:

- A Scale-up Matrix formulated to guide action for scaling-up priority actions
- Agreement on actions which can be scaled using new mechanisms and/or sectors (agriculture, education, social protection). This approach may be particularly helpful for developing nutrition-sensitive programs.
- Programmatic approaches identified, which bundle actions with a view to increasing impact
- Implementation strategies drafted, which may be integrated in multi-sector action plans (See Section 5.5).