



Resource Mobilisation for Scaling Up Nutrition

Advocacy Tools and Resources for Country Action

A growing number of countries have joined the Scaling Up Nutrition (SUN) Movement and its vision for a world free from malnutrition in all its forms, as outlined in the SUN Movement Strategy and Roadmap (2016–2020). As part of this vision, many countries in the SUN Movement have developed, adopted and costed a multisectoral nutrition plan (MSNP). A critical component for the success of MSNPs is securing the required resources to implement activities at the proposed scale and coverage to achieve the set targets. Resource mobilisation (RM) for nutrition refers to the process of raising and leveraging financial and nonfinancial resources, domestic public funding and funding from external partners to support implementation of the interventions and activities detailed in the MSNP. RM is a long-term and collaborative process. Common steps in the RM process are highlighted in [Figure 1](#).

Advocacy plays a role in the entire RM process, to raise awareness, get buy-in, build coalitions, generate accountability and, eventually, create a favourable environment for policy and practice change. But, when taking the process for effective RM as a starting point, advocacy tactics would be particularly efficient at the point of engaging with resource partners—to influence policy, practice or behaviour change—and at the point of communicating results, to foster trust and accountability from these partners. **This guidance note highlights the key advocacy and communications steps in this process and outlines corresponding tools and resources to support countries in undertaking advocacy for RM.** The included tools and resources are primarily taken from existing advocacy or RM materials from other sectors and, where necessary, are adapted for the context of nutrition.

Applying this guidance note to resource mobilisation advocacy efforts

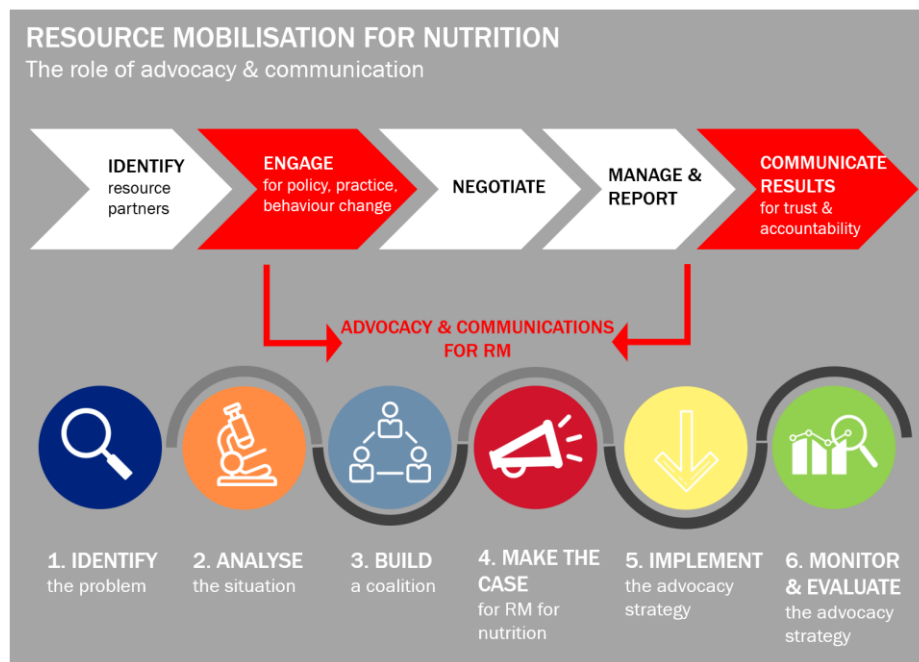
This guidance note was developed to support SUN country advocacy efforts in mobilising resources for their MSNPs. It is intended to support SUN Focal Points, country multi-stakeholder platforms (MSPs) and technical assistance partners in this process.

What it includes: The guidance note highlights six key steps to facilitate effective RM advocacy efforts ([Figure 1](#)), slightly adapted from the process described in the Roll Back Malaria's *Advocacy for Resource Mobilization (ARM) for Malaria Guide*.¹ Each step is briefly described and linked to suggested tools and resources supporting the implementation of that corresponding step.

Abbreviations

CSN	Civil Society Network
CSO	civil society organisation
FANTA	Food and Nutrition Technical Assistance
FAO	Food and Agriculture Organization
GNC	Global Nutrition Cluster
M&E	monitoring and evaluation
MSNP	multisectoral nutrition plan
MQSUN+	Maximising the Quality of Scaling Up Nutrition Plus
MSP	multi-stakeholder platform
NGO	nongovernmental organisation
OCHA	[UN] Office for the Coordination of Humanitarian Affairs
RM	resource mobilisation
RT	roundtable
SBN	SUN Business Network
SDG	Sustainable Development Goal
SDN	SUN Donor Network
UNICEF	United Nations Children's Fund
UNN	United Nations Network
USAID	US Agency for International Development
WFP	World Food Programme

Figure 1. Where advocacy fits in the resource mobilisation (RM) process for nutrition.



Source:ⁱ Adapted from: (1) Taylor K. *A Guide to Resource Mobilization: Promoting Partnership with FAO*. Rome: Food and Agriculture Organization; 2012: 28. <http://www.fao.org/3/i26999e/i26999e00.pdf>. (2) Munteanu A, Bertram K. *Advocacy for Resource Mobilization (ARM) for Malaria Guide*. Geneva: Roll Back Malaria Partnership; 2015: 12. https://endmalaria.org/sites/default/files/ARMGuide_Final_May_2015.pdf#page=13.

ⁱ A guidance document published by Development Connectⁱ proposed steps very similar to these.²¹

Advocacy can be used throughout the RM process, especially in those cases where the country has already developed an advocacy strategy for nutrition and is now focusing on RM. However, as noted previously, two specific points in the process (Figure 1's red arrows) stand out for advocacy activities.

The suggested tools are broken down into three broad categories:



Guidance



Tables and templates



Lists and tips

This document is not meant to be prescriptive but rather provides supportive guidance and tools that countries can consult and use based on their individual needs and contexts and where they are within the RM process.

Preparing to use this guidance note: When it comes to planning for these steps, the amount of time and specific preparations will vary based on what is already in place in-country and the individual context. However, the following can serve as an approximation:

- **Step 1 (identify the problem)** and **Step 2 (analyse the situation)** can largely be done during a brainstorming session and be completed over 1 to 2 weeks.
- **Step 3 (build a coalition)** is continuous and likely to evolve as the advocacy for RM strategy is implemented.
- **Step 4 (make the case for RM for nutrition)** depends on the starting point: if there is already a nutrition advocacy strategy in place, then revising it to include RM specific audiences and messages and developing the related activities would take 1 to 2 months. If there is no such strategy, then co-developing an advocacy strategy for RM for nutrition with key stakeholders and ensuring their buy-in could easily take six months. This is also an opportunity to review and expand actual engagements.
- **Step 5 (implement the advocacy strategy)** and **Step 6 (monitor and evaluate the advocacy strategy)** relate to the implementation of the advocacy strategy—typically performed over a two-year period or in alignment with the MSNP's intended scale of implementation.

Who should be involved: Advocacy for RM requires the involvement of a wide range of stakeholders to enlarge the base of support for the advocacy and to address it from various angles: champions at the top level of government and in nutrition-related sectors to indicate that nutrition is a national priority; members of parliament to influence the budgetary process; traditional and nontraditional donors and development partners to foster better alignment of external funding; and the private sector. The media and civil society organisations (CSOs) also play a key role in advocacy through raising the visibility of nutrition as an issue, mobilising communities and holding decision makers accountable for their commitment to nutrition. The four SUN networks—SUN Business Network (SBN), SUN Civil Society Network (SUN CSN), SUN Donor Network (SDN) and UN Network (UNN)—should be engaged for their ability to access, convene and influence their respective groups in support of a multisectoral approach to nutrition.

1. IDENTIFY THE PROBLEM

The first step is to decide why an advocacy strategy is needed and what it seeks to resolve. This will determine the scope of the RM advocacy strategy—policy and practice to change and priority interventions to lead to that change. Importantly, it will also ensure that the strategy implementation remains focused on addressing that one problem.

Identifying the problem is a first step in any advocacy strategy: if you have already developed an overall advocacy strategy in support of the national nutrition plan, then pinpointing your specific asks in terms of RM should be part of this broader strategy—maybe as an additional objective. If you do not have a nutrition advocacy strategy in place, then the tools within this guidance note provide a starting point for an RM advocacy strategy which can then be developed into a broader nutrition advocacy strategy.

Key takeaway for RM advocacy for nutrition

Targeted RM advocacy requires a dedicated effort at certain points in time, but it works in conjunction with a broader advocacy approach. Identifying the problem that the RM advocacy is seeking to address provides an opportunity to look at the broad nutrition picture—the trends of issues at hand in-country, the advocacy needs and approach for supporting nutrition actions, and the specific RM advocacy needs—and see how they fit together.

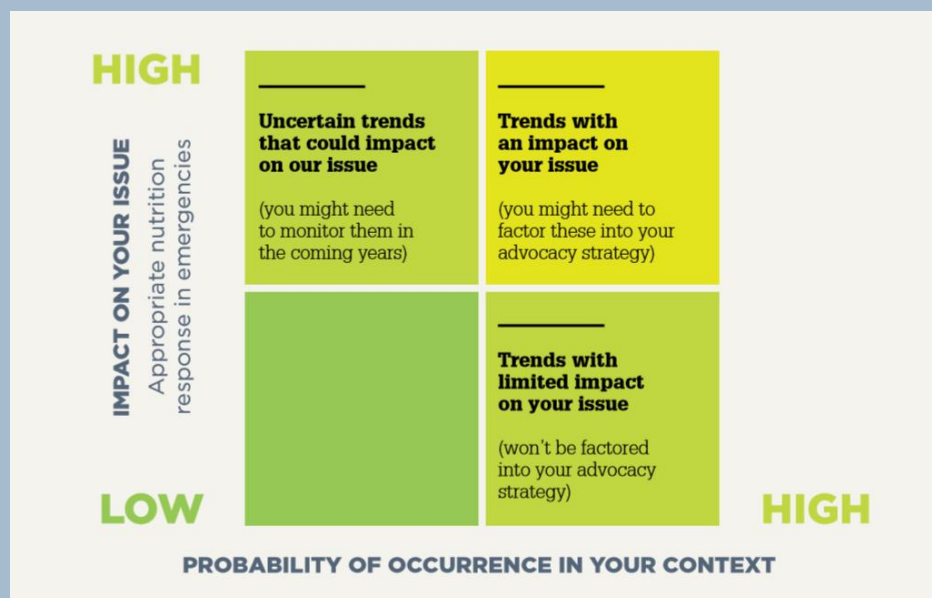
This requires analysing the current problem, narrowing it down and agreeing on the strategic ‘asks’. The resources below suggest questions to ask yourself to map the environment in which your advocacy will be taking place, as well as the causes and potential solutions to an issue. They are from nutrition-related sectors and can be applied to the multisectoral context of nutrition.



The **Nutrition Cluster Advocacy Toolkit**² from the Global Nutrition Cluster (GNC) suggests a brainstorming session to identify the issue. The **Trends Window tool** ([Box 1](#)) helps to map out political, social and economic trends that might have an impact on your issue(s) and need to be taken into consideration in your advocacy strategy. It is a very useful tool that is adaptable for nutrition. For example, trends to factor into your advocacy strategy may include the presence of functional and active MSPs for nutrition in the country; the lack of commitment by some government authorities or partners to a multisectoral approach; or competing priorities that may influence political decisions or priorities, such as the COVID-19 pandemic or challenges imposed by climate change.

Box 1. The Trends Window.

1. On a flipchart, draw the 'Trends Window' as shown below.
2. In a group, brainstorm on the existing and potential trends that are relevant to your context and priorities (e.g. nutrition in emergencies not on the government or donor agenda; Nutrition Cluster not activated due to inadequate analysis of the nutrition situation; limited funding for infant and young child feeding in emergencies; emergency preparedness not costed and adequately funded in the national nutrition plans). [These should include the key points of a risk assessment to be conducted as part of the MSNP.]
3. Write each trend in a separate card (or Post-it) and then place the trends in one of the four quadrants according to your perception of their potential impact on the Nutrition Cluster priorities and the probability of occurrence.
4. The trends in the upper-right quadrant (in the grey in the diagram below) are the most likely to impact on your issues. You will need to factor them in your strategy.
5. The trends in the upper-left quadrant could have an impact on your issues, and you might need to monitor them. The trends in the two lower quadrants will not be factored into your advocacy strategy.



Source: Gonzales E. *Nutrition Cluster Advocacy Toolkit*. Geneva: Global Nutrition Cluster; 2020: 12.
<https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2020-04/Nutrition-Cluster-toolkit-low-res.pdf>.

Many partners—including the United Nations Children's Fund (UNICEF), the Roll Back Malaria initiative and the Food and Agriculture Organization—suggest using problem and solution trees to help advocates visualise the immediate, underlying and root causes of the issue, potential solutions and ways they can effect change.



The **Problem/Solution Tree tool (Annex 1)** explains how to draw problem and solution trees based on a UNICEF³ example on HIV/AIDS and includes an example from the Roll Back Malaria initiative¹ that focuses on the financial gaps in malaria control programmes. The underlying causes of the financing gaps and the recommended actions, in particular, can be used to consider and define the key barriers to fully financing the MSNP and determine how best to address the identified problems. For example, if one problem is competing donor priorities and a decline of funding for nutrition, one solution could be to explore and advocate for innovative financing options.



FAO's [Agreeing on Causes of Malnutrition for Joint Action](#) guidelines⁴ are designed to analyse the food and nutrition security situation. It provides guidance on developing a multisectoral nutrition problem and solution tree supporting multisectoral nutrition planning. It allows advocates to zone into sectoral responsibility to define the key problems in and solutions for addressing malnutrition through their sectors' contributions.



2. ANALYSE THE SITUATION

The advocacy situation analysis will set the stage for developing the messages and activities in the advocacy strategy for RM. It gathers and builds on evidence around the nutrition situation and its impact on the socio-economic development of the country. It should also detail the challenges, gaps, existing commitments, funding status, financing mechanisms, key stakeholders and potential

resource partners. A comprehensive understanding of the current status for nutrition RM, backed by reliable data, makes it possible to develop an evidence-based RM advocacy strategy and lends it credibility.

Key takeaway for RM advocacy for nutrition

The situation analysis is an opportunity to leverage a multisectoral approach for nutrition, based on prioritised actions. This part of the advocacy strategy will detail what each sector contributes to nutrition, what it loses to poor nutrition and what it stands to gain with increased, sustained investments in nutrition. It helps create a compelling narrative for domestic and external funders by pinpointing how specific funding helps fill a gap and what impact it may have.

Gather the evidence for resource mobilisation

Advocacy is evidence-based, and having access to key facts and data about the nutritional status of the population, the impact of nutrition on the human capital, the economic cost, the impact on development and the funding status of the national MSNP is the starting point of messaging and persuasion.

Some of this type of evidence—different forms and the magnitude of malnutrition and its impact on the population, the role of the different sectors and the activities and interventions they have committed to—will already have been incorporated in the MSNP.



If costing and a financial gap analysis have been conducted in the country, the information they provide on funding commitments and remaining gaps to fund the national MSNP will also be very useful at this stage. If the MSNP is costed but a financial gap assessment has not yet been conducted, the [Financial Gap Assessment Tool](#) developed by Maximising the Quality of Scaling Up Nutrition Plus (MQSUN+)⁵ can support the completion of this helpful analysis.

In addition:



Annex 2 offers a list with **Sources of Data and Information** that provides evidence to inform advocacy for RM for nutrition.



Annex 3, a **Matrix Assessing Financing for Nutrition**, aims to generate information on a country's financing situation for nutrition. The matrix has been developed using a model provided by UNICEF³ and WaterAid⁶ for assessing the evidence of the funding status in the water and sanitation sector. The matrix includes guiding questions to get a full picture of both the amount of

financing available and commitments over time and the effectiveness of the financing, with a focus on domestic resources, scale and impact over time. The included questions would require further refinement and modifications to assess the national situation for nutrition financing under the given context.

Map the stakeholders

This step aims to understand who the key stakeholders are for RM—including allies, peer organisations and influential people/organisations—and identify which ones will be targeted in the RM advocacy strategy. Examples of stakeholder mapping are available, like Kenya’s 2016 [Donor Support to the Nutrition Sector in Kenya: Mapping Report](#) or the UNN’s [Nutrition Stakeholder & Action Mapping](#) reports.

Whilst it may not always be possible to conduct a thorough mapping focused on RM, it is nevertheless possible to connect with key informants to brainstorm and identify main allies and targets in broad categories, such as decision makers, members of the MSP, members of the SUN networks (the SDN, SUN CSN, SBN and UNN), bilateral and multilateral donors, UN partners and other important nutrition stakeholders who might not have been included in any network.

A mapping of ‘champions’ who can be involved to advocate for nutrition might also be considered. If a broader stakeholder mapping has been done as part of the MSNP development process, this can be leveraged to inform RM-specific stakeholder mapping. Besides political leaders—MPs, political party leaders, mayors—high-profile artists, athletes, religious and traditional leaders and business leaders can serve as nutrition champions, raising awareness on the need to increase funds for nutrition, mobilising the media, exercising influence and affecting the actions of specific segments of the RM advocacy strategy. In Guinea and Kenya, the First Ladies were Ambassadors for Nutrition, a role assumed by princesses in both Thailand and Bhutan.

It might also be advisable to include a section on mapping domestic funding opportunities, existing funds, funded programmes or policies and strategies that can be leveraged for supporting nutrition. Understanding the landscape of resources and funding partners—their funding cycles, mechanisms and approaches, as well as their current priorities and interests—is key to developing an effective RM advocacy strategy. These will change in every context/country. Examples of stakeholder and donor/resource mappings usually present the actual engagement and investment status. There is little information available on assessing, analysing and presenting donors’ prime interests and priorities, funding mechanisms and/or approaches as opportunities to align with and leverage resources for upcoming funding cycles. In order to analyse future funding potentials, it is important to schedule bilateral donor meetings to collate such information. The results will help to tailor approaches to specific donors by aligning their priorities and opportunities with the MSNP’s priority needs.



The **Country-Specific Stakeholder Mapping tool** ([Annex 4](#)), adapted from an advocacy guide on RM for malaria,¹ lists broad categories of stakeholders to consider for a nutrition RM advocacy strategy (national decision makers from all relevant sectors for a multisectoral approach, the private sector, donors, etc.), the type of funding decisions they can make and examples of specific actors in each category. As a useful example, in 2016, Côte d’Ivoire conducted a thorough mapping of nutrition stakeholders and actions, publishing the results, [Cartographie des Intervenants et des Interventions en Nutrition](#), in 2018. [Burkina Faso](#) completed a similar exercise in 2015.



Annex 5 provides an overview of the **Main Funding Mechanisms for Nutrition** and the types of nutrition programming they are most likely to support, as well as some global initiatives for funding nutrition and information on how they operate.

Draft the advocacy situation analysis

The advocacy situation analysis pulls together all the key evidence and information that has been gathered to prepare for the advocacy strategy. It gives a broad overview of the trends, evidence, key players and asks and forms the foundation of the advocacy strategy.



An example **Nutrition Advocacy Assessment**, adapted from Roll Back Malaria's¹ advocacy for RM, provides a detailed list of the guiding questions for the analysis (**Annex 6**).



3. BUILD A COALITION

Understand the benefits

In this step, you are seeking to forge a strategic coalition for nutrition RM advocacy to increase its influence, align the requests and approach multisectoral stakeholders and resource partners—through the existing MSP, SUN networks and their members—with a cohesive plan, rather than piecemeal asks.

This requires identifying stakeholders and external partners that can add value and impact to your strategy (in terms of influence, outreach, access or knowledge) and provide different entry points to advocate for nutrition commitments (see **Box 2** for a summary of partnership benefits).

Key takeaway for RM advocacy for nutrition

An effective RM advocacy strategy would actively engage CSOs and the media for their capacity to mobilise communities to, first, demand funding of nutrition actions and, second, hold decision makers accountable for their commitment to funding nutrition. It would also involve leveraging private sector partners to increase investments in and support innovation for nutrition. At this stage countries may also start thinking about how they could integrate new actors that could be relevant to nutrition (especially nontraditional donors).

Box 2. Benefits of coalition partnerships.

Partnerships are essential to build a coalition. In this regard, the benefits of partnerships include:

- **Resource sharing:** partners attract financial and technical resources by influencing the decisions of politicians, donors and the private sector, as well as seeking opportunities to leverage innovative financing mechanisms.
- **Multisectoral alignment:** partners amplify efforts across the sectors relevant to nutrition.
- **Local priorities, global goals:** partners help align local priorities with global goals and trends, and vice versa.
- **Knowledge:** partners can facilitate the exchange of knowledge and expertise around nutrition advocacy.



Box 3 highlights **Tips on How to Form a Partnership for Advocacy** from UNICEF's *Advocacy Toolkit*.

Box 3. Tips on how to form a partnership for advocacy.

- Partnerships should be tactical and strategic. Although a broad range of strategies are available, choices must be made as to which tactics and/or partners can exert the maximum pressure on decision makers. Decision makers rarely respond to only one direction of pressure and will therefore need to be the focus of a number of tactics.
- Partnerships need to focus on the common space among partners for messaging and agreement, in spite of likely differing mandates and operational procedures, in order to leverage power and affect change for populations.
- Partners should be involved in all aspects of advocacy. Often, the best partners are ones which have been engaged right from the beginning, during the situation analysis, as they share the responsibility for identifying the problem and the development of solutions to address the problem.
- Partnerships will bring risk if they fail, it is therefore critical [to assess and acknowledge those risks]. By being risk-aware, the challenge of how to anticipate and reduce risks can be surmounted [without becoming] so risk averse that creatively responsible initiatives are not taken.
- Consideration of organizational style and culture can help working relationships and collaboration.
- Some partners will be active partners in advocacy work. Others need to be 'cultivated' before they become active partners and true resources. How these partnerships are approached must be planned strategically.
- [Opportunities for] cultivating partnerships with non-traditional actors, such as trade unions [should also be explored]. These relationships can often open new avenues and channels for advocacy.

Source: Cohen D, Bhandari Karkara N, Stewart D, et al. 7.2 Tips on establishing partnerships for advocacy. In: *Advocacy Toolkit: A Guide to Influencing Decisions That Improve Children's Lives*. New York, NY: UNICEF; 2010: 98.
https://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf#page=122.

Engage national/regional and global networks or platforms

National, regional and global networks, initiatives and platforms that are pooling resources and knowledge and amplifying messages can support your advocacy work for nutrition RM. The platforms will often look for common messages / shared issues to focus on that are relevant to their members and may only be involved in one aspect of your advocacy strategy.

Where there is an active MSP, the different SUN networks should be included as part of this coalition. The SDN and UNN may be leveraged to support the coordinated engagement of external development partners. In addition, the UNN may, in some cases, be able to support preparations for RM (such as through stakeholder mapping); the SUN CSN can both advocate for governments to prioritise nutrition and keep track of nutrition funding to hold government accountable. Similarly, the SBN could also be part of a coalition for RM for nutrition—for its capacity to help leverage private sector investment and innovations for nutrition. This would, however, depend on the country context and the policy of private sector involvement.



Annex 7 lists **Networks and Initiatives Supporting Advocacy** relevant to RM for nutrition at the regional and global levels. Some of these may already be active SUN partners in-country, whereas others may pose opportunities for additional engagement.

Engage civil society organisations

CSOs play a double role in advocacy: they put pressure on decision makers to deliver on commitment or initiate change, and they foster transparency, which helps to hold decision makers accountable for their commitments to nutrition. In addition, CSOs often use advocacy routinely as part of their work and, when organised into networks or coalitions, can cascade campaign points to their members. Consultations with the SUN CSN highlighted the role that the network can play both in advocating directly and lobbying for increased resources for nutrition and in bringing donor partners, financial facility partners and implementing partners to the table in an RM event (see [Box 4](#) for an example from Kenya).

Engage the media

The media set the public agenda and, therefore, influence decision makers. Not only can the media share your advocacy messages for nutrition RM, but they can help change behaviours on nutrition at the community level and hold decision makers accountable for their commitment to funding the national MSNP. Cultivating the media, though, and making your issue heard above the noise is time-consuming. It requires you to invest efforts in developing specific media materials and the capacity of a group of journalists when it comes to nutrition and nutrition financing.



Box 5 provides **Tips to Develop and Sustain Media Relationships**—adapted from the experience of advocacy for RM for malaria control.

Box 4. Building a coalition at the subnational level in Kenya.

In Kenya in 2016, partners joined forces specifically to support the development of a Kenya Nutrition Action Plan, followed by preparations for and facilitation of the County Nutrition Action Plans (CNAPs). A coalition of partners supporting SUN, in particular the SUN Civil Society Alliance (CSA), was supporting advocacy activities, bringing also key legislators and government policy and decision makers together to understand the importance of financing nutrition interventions. The advocacy efforts also aimed to cultivate ownership over the CNAPs and get coordinated political and financial commitment for their implementation (e.g. [Makueni County launched its CNAP in 2019](#)).

This was the first time that partners were systematically advocating for establishment of specific nutrition budget lines and allocations at the county level, quantifying a baseline figure for each county and developing tools to monitor funding and use of funds. This is being used to also evaluate changes against efforts, such as advocacy efforts and events.

As a result of the SUN CSA partner efforts, *seven counties have developed their CNAPs*, out of which four have been launched. And all of those four counties have committed to increasing government resources for nutrition-specific and nutrition-sensitive programmes.

Source: Consultations conducted as part of MQSUN+'s desk review, Support to the SUN Movement Secretariat for Conceptualising and Piloting Resource Mobilisation (TOR 089), June 2020, unpublished, with extracts from 'Annex 4. Case study: Mobilising resources for subnational nutrition actions in Kenya'.

Box 5. Tips to develop and sustain media relationships.

- **Develop a media list** of who writes about nutrition or related matters—such as health, education, water and sanitation, agriculture and fishery or poverty, development, gender and human rights.
- **Conduct press briefings** between the media and nutrition experts to present new points, raise awareness and formulate requests.
- **Develop a press kit** with basic information about nutrition, a list of resources, key messages, gaps and contact persons.
- **Look for photo opportunities**—in field trips, for example. Send photographs to the media immediately after the field trip, with detailed caption providing context.
- **Identify human interest stories:** think about how your work impacts ordinary people and tell the story from their perspectives.
- **Be selective and creative:** only share with the media content that is newsworthy and not updates on internal processes or discussions; think about unusual ways to tell a story about nutrition financing.
- **Train journalists:** organise workshops or informal meetings with journalists to explain the issue.

Source: Adapted from: Munteanu A, Bertram K. *Advocacy for Resource Mobilization (ARM) for Malaria Guide*. Geneva: Roll Back Malaria Partnership; 2015: 62.
https://endmalaria.org/sites/default/files/ARMGuide_Final_May_2015.pdf#page=63.

Engage the private sector

Malnutrition is bad for business: it increases employees' absenteeism, reduces productivity and hampers business development.ⁱⁱ Private companies can be both a target audience for nutrition RM advocacy and a partner for policy and practice change. Although the SBN has so far not organised any specific RM event,ⁱⁱⁱ it could be a key partner in brokering partnerships between businesses and all other sectors for nutrition investment in support of MSNPs.

In some countries, private companies from specific industries (telecoms, mining sector, food processing) have expressed an interest and are already involved in the development and implementation of the national MSNP. Private companies' reach—through their geographic coverage and access to advertising—is a strong asset for a nutrition RM strategy.



Box 6 provides questions to answer when **Considering a Partnership with a Private Company**.

ⁱⁱ Which was also confirmed by the following: <https://www.chathamhouse.org/sites/default/files/07-08-business-case-investment-nutrition-wellesley-et-al.pdf>.

ⁱⁱⁱ From online meeting with the SBN, 23 April 2020, as part of MQSUN+'s *Support to the SUN Movement Secretariat for Conceptualising and Piloting Resource Mobilisation (TOR 089): Desk Review*, June 2020, unpublished.

Box 6. Questions on engaging the private sector.

1. How will a partnership with the company benefit [populations] and help reach the programme goal?
2. How might a partnership with the company harm [populations] or detract from the programme goal?
3. What are the company's goals, especially [for nutrition]?
4. How does the partnership contribute to these goals?
5. What are the company's sustainable development goals?
6. What, if any, [nutrition] activities does the company carry out alone or with other partners?
7. Where has the company already invested aside from its core business?
8. How does the company's core business or expertise relate to [your] programme and what it seeks to achieve?
9. What benefits might the company derive from the partnership in the short, medium or long term?
10. Can the company work with the policy/regulatory environment in which [your] programme operates?
11. Can [your] programme accommodate the demands of the company's structure, legal obligations and culture?

Source: Munteanu A, Bertram K. *Advocacy for Resource Mobilization (ARM) for Malaria Guide*. Geneva: Roll Back Malaria Partnership; 2015: 44. https://endmalaria.org/sites/default/files/ARMGuide_Final_May_2015.pdf#page=45.



4. MAKE THE CASE FOR NUTRITION

Informed by the assessments, analysis and gathering of evidence previously conducted, this step involves developing a nutrition RM advocacy strategy—detailing the advocacy priorities, key target audiences, messages and opportunities.

Key takeaway for RM advocacy for nutrition

Funding the MSNP is too broad a task for an advocacy objective and should be narrowed down to specific prioritised activities that can be addressed through advocacy. For example, the RM advocacy could focus on increasing domestic funding for nutrition or changing the way nutrition-related interventions are budgeted, or on increasing private sector investments or securing multiyear donor funding for the MSNP.

Choose the advocacy priorities

The situation analysis may have revealed an array of issues related to nutrition financing, but for the advocacy strategy to be just that, strategic, it is important to select one to three priority issues that can realistically be addressed by the coalition of advocates—and within each's time, funding and capacity limits. For example, issues could include increasing domestic funding for the national nutrition plan or advocating for a budget line for nutrition in all ministries relevant to the multisectoral approach to nutrition. Often, reaching these objectives will require a larger advocacy

strategy for nutrition to create the right environment for RM in the first place. This could include fostering a group of champions amongst members of parliament—who will then have a say on the national budget—or raising the awareness of the media to help hold decision makers accountable. Burkina Faso's [parliamentarian network for nutrition](#) provides a good example—for instance, the network succeeded in creating a budget line for nutrition in the Ministry of Health budget.⁷

Using the situation analysis as a starting point, guiding questions can help you determine what to prioritise in your advocacy strategy:



The [Checklist for Prioritising Nutrition Issues](#) from the GNC's *Nutrition Cluster Advocacy Toolkit*² works with the Trends Window (**Box 1**) to assess issues and their importance for RM for nutrition. See the adapted example provided in **Box 7**.

Box 7. Example checklist for prioritising issues for nutrition resource mobilisation advocacy.

- To help select advocacy priorities, rank potential advocacy issues identified through the Trends Window exercise against the criteria below.
- As a group, brainstorm how each issue meets the different criterion and mark them accordingly.
 - 3** - always or almost always meets the criteria
 - 2** - often meets the criteria
 - 1** - rarely or never meets the criteria
- A good policy advocacy issue is one that meets most of the criteria in the matrix below and therefore scores a higher total.

Issue 1 <i>Example: Include dedicated budget line for nutrition-related activities in all relevant sectoral ministries (health, agriculture, fishery, water and irrigation, livestock, education, gender, development, etc.).</i>	Issue 2 <i>Example: Obtain multiyear funding commitments from donors against specific programmes or projects in the multisectoral nutrition plan (MSNP).</i>	Issue 3 <i>Example: Engage the private sector to invest in nutrition-related activities listed in the MSNP.</i>	Criteria for prioritising issues
			Will the issue...
3	3	3	01 Be consistent with the goals of the national multisectoral nutrition strategy?
3	3	2	02 Require the engagement of multiple sectors?
3	3	2	03 Be supported by sound evidence?
3	3	3	04 Result in important gains for nutrition?
2	2	2	05 Be achievable? (external opportunities vs availability of resources)
3	2	2	06 Help build alliances with other groups?
3	2	2	07 Build/strengthen local leadership?
20	18	16	TOTAL

Source: Adapted from: Gonzales E. *Nutrition Cluster Advocacy Toolkit*. Geneva: Global Nutrition Cluster; 2020: 13.
<https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2020-04/Nutrition-Cluster-toolkit-low-res.pdf#page=7>.

Identify and prioritise target audiences

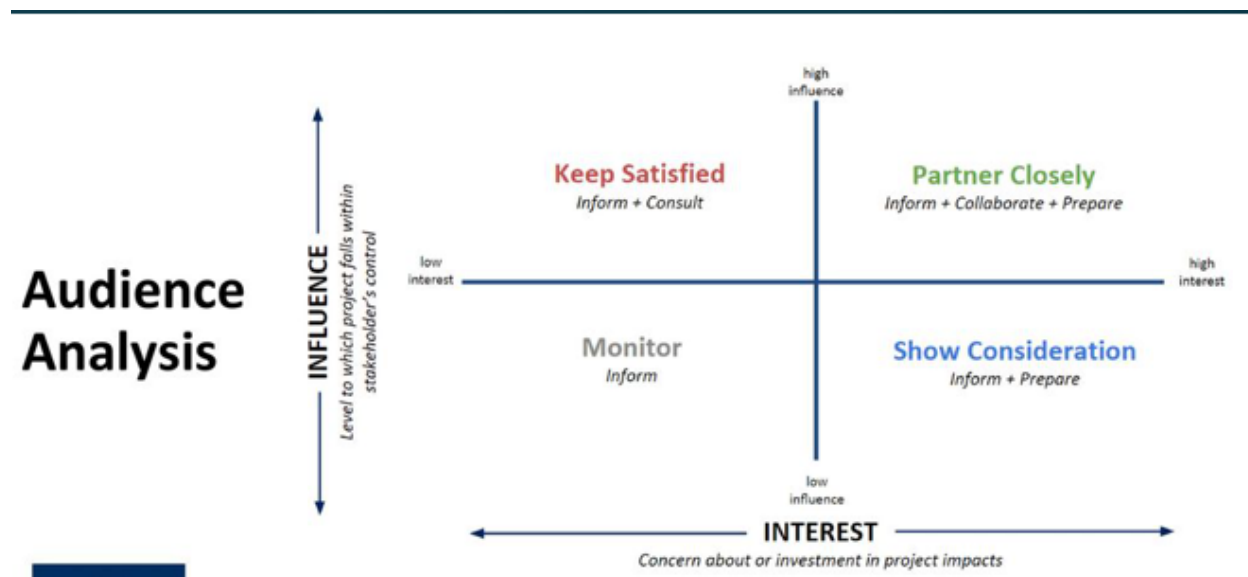
Using the stakeholder mapping as a starting point, you can now zoom in and determine which amongst these stakeholders will be your target audiences, in line with your advocacy priorities.

Placing your target audiences on an interest/influence axis helps you visualise what engagement level is required for different audiences.



The **Audience Analysis Tool** (Figure 2) suggests four categories of target audiences that, based on their level of interest and influence, you should monitor, show consideration to, keep satisfied or partner with closely. **Table 1** provides a sample of this categorisation done as part of the advocacy strategy that supported the implementation of the 2020 Yemen Multi-sectoral Nutrition Action Plan. The Yemen team narrowed down a list of over 25 audiences to three broad categories across all sectors for their nutrition advocacy strategy: policymakers and decision makers at the central and decentralised levels; development and humanitarian partners and donors, as well as the private sector, to support the capacity building that is required to implement the plan and align efforts and funding for its support; and CSOs, nongovernmental organisations, media networks and community networks.

Figure 2. Model for audience analysis.



Source: Adapted from: Imperial College London. *Stakeholder management*. Imperial College London; London, UK: 2017. <https://www.imperial.ac.uk/media/imperial-college/administration-and-support-services/staff-development/public/impex/Stakeholder-management-24jun17.pdf>.

Table 1. Sample Target Audience Prioritisation from Yemen.

INFLUENCE	Keep Satisfied	Partner Closely
	<ul style="list-style-type: none"> • Policy and decision makers at the central and governorate levels; • Local communities and households; • Media outlets; • Human rights organisations; • Governors and members of local councils at the governorates and districts' levels; and • Ministries of Finance, Local Administration and Civil Servants. 	<ul style="list-style-type: none"> • Directorates and technical programmes at central and peripheral levels (governorates and districts) representing the executive branch of the GOY; • Donors; • UN; • [International] NGOs; • Local NGOs; • Education sector (ministry and schools); • Decision makers in hospitals and health facilities; • Agricultural Research and Extension Authority; • Fish/Agriculture/WASH Unions and associations; • Health and nutrition clusters; • Community initiatives (e.g. community-based nutrition); • Academia; • Business and private sector; and • SUN Yemen Secretariat.
	Monitor	Show Consideration
	<ul style="list-style-type: none"> • CSOs; • Ministry of Information and Media outlets; • OCHA and nutrition cluster members; • Humanitarian and international cooperation authorities; • Academia and research institutions; • SUN Steering Committee; and • SUN Yemen Secretariat. 	<ul style="list-style-type: none"> • Families / households / Farmers / Elderly / Women / Caregivers; • Students / schools' staff; • Hospitals and Health Centres' staff; • Veterinarians; • Community leaders and religious scholars; • Business and private sector.
INTEREST		

Source: Government of the Republic of Yemen. Advocacy Strategy in Support of Yemen's Multisectoral Strategic Nutrition Plan, 2020. https://mqsunplus.path.org/wp-content/uploads/2020/08/Yemen-MSNAP-Advocacy-Strategy-FINAL_29April2020.pdf.

Abbreviations: CSO, civil society organisation; GOY, Government of Yemen; NGO, nongovernmental organisation; OCHA, Office for the Coordination of Humanitarian Affairs; SUN, Scaling Up Nutrition; UN, United Nations; WASH, water, sanitation and hygiene.

Develop advocacy messages

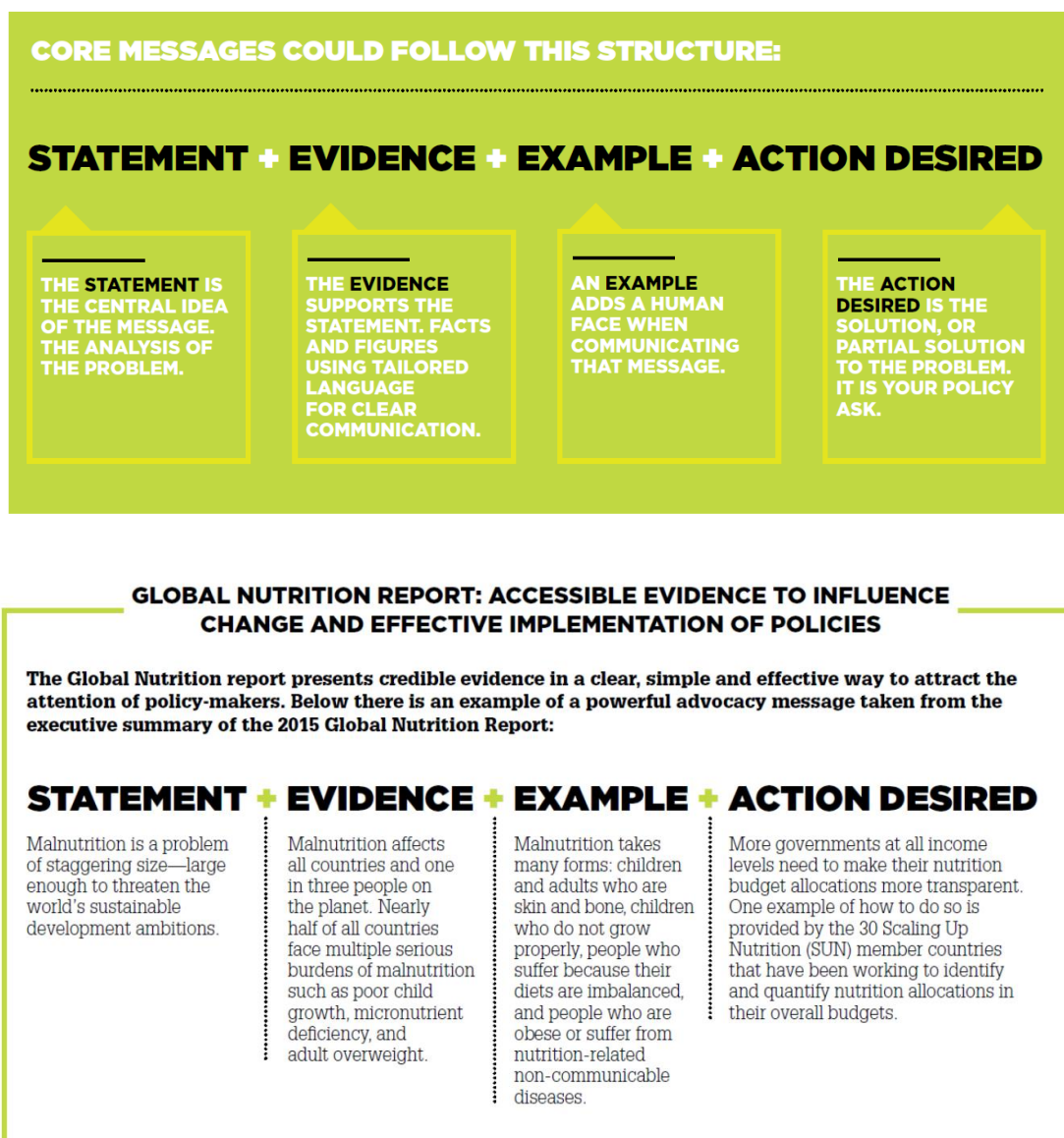
Use the advocacy message formula

Advocacy messages are rooted in evidence, provide a narrative to interpret the facts/data and formulate a clear request to the audience. Compelling advocacy messages communicate the problem, the solution, its impact and a call to action. They are simple, concise and repeated across a variety of channels.



The 'Formula' for Compelling Advocacy Messages is summarised in the GNC's *Nutrition Cluster Advocacy Toolkit*² (Figure 3).

Figure 3. The formula for compelling advocacy messages.



Source: Gonzales E. *Nutrition Cluster Advocacy Toolkit*. Geneva: Global Nutrition Cluster; 2020: 22–23.
<https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2020-04/Nutrition-Cluster-toolkit-low-res.pdf#page=12>.

Figure 3 also provides an example of a nutrition RM advocacy message built on that structure, from the Global Nutrition Report, cited in GNC’s *Nutrition Cluster Advocacy Toolkit*:²

When using this formula, keep in mind the specifics of each target audience to craft messages that resonate with them: What motivates them to act? What prevents them from acting? What benefits will they get from action? Who influences them?

Address different entry points for resource mobilisation for nutrition

When developing your messages, think about a multilayered messaging platform, with your top line or priority message, which you will be using as the main tagline for your communication, and a series of secondary messages, which zoom in on more specific issues. In particular, think of addressing different entry points for RM mobilisation, using national data, such as:

- The economic cost of malnutrition, with the impact on the gross domestic product.
- The loss of lives.
- The impact on the human capital—in terms of work productivity and school attendance.
- The development impact, with nutrition affecting progress towards all Sustainable Development Goals.
- The return on investment when nutrition is prioritised.
- The benefits of a multisectoral approach to development and the existing commitments towards that approach.

Frame your messages

Together, your messages form a narrative as to why resource partners should finance the national MSNP. Framing your messages sets the tone of your communication and ensures your points are delivered in the way they were intended. Framing shapes your story for the audience. There is an array of frames from which you can choose for RM for nutrition. It could be a negative frame (e.g. the cost of malnutrition, the loss of lives, the impact on human capital and on development) or a positive one, with an emphasis on the potential that adequate nutrition unlocks for children, women and their communities; the increase in school attendance and productivity; improvements in health; and the return on investment, etc.



For Tips on Messaging Frames, see [Box 8](#).

Box 8. Tips for framing messages: Example from media advocacy.

- Frame it so that it **connects with societal issues and themes**—not only what’s “hot” right now, but enduring themes such as community, equality and compassion.
- Frame it so it takes into account **existing assumptions and experiences**—your message [is not] being sent to blank slates. Consider the various lenses through which your audience will interpret your message, as well as the lenses through which your media contacts will likely view the story.
- Do not deny **people’s experiences or knowledge**—it is a turn-off to the viewer/listener, who is put on the defensive or feels patronised or ignored.
- Connect with the **opposition’s themes and goals**—[do not] just preach to the choir: if you want to reach them, you need to understand them, so check your own assumptions.
- Frame to **mobilise the community**: they collectively define both the problem *and* the solution.
- Frame it so it connects, rather than separates, **various communities**—this approach requires more footwork, but radically increases your reach.
- [Do not] undermine long-term goals—keep your framing **consistent with your overall mission**.

Source: Saulnier K. Media advocacy: developing and framing your message [blog post]. *TSNE MissionWorks*. 13 Feb 2014. <https://www.tsne.org/blog/media-advocacy-developing-and-framing-your-message>.

Test the messages

Testing messages with their intended audience and fine-tuning them as necessary serves two purposes: determining whether the messages do indeed have the capacity to affect changes—raise awareness and sound a call to action for nutrition RM—and avoiding alienating audiences with messages that are tone-deaf, insensitive or downright offensive to those audiences. For example, a series of messages targeting government leaders could be emphasising the human cost of poor nutrition when that administration is in an election year and may want to instead highlight how a change in nutrition funding could bolster development. Or messages for champions may portray a current, dire nutritional situation when the stakeholders they are likely to influence may be more likely to respond to aspirational messages. Testing messages does not need to be a long process. A series of focus groups with volunteers who represent your audiences are likely to point out inaccuracies or problematic phrasing. To collect feedback from a larger population, you could also test your messages via online surveys.

Partners should review their messages and provide feedback on their observations with regard to the messages' appropriateness (they meet the objectives and priorities well and address the main issues), accuracy, technical and political correctness, clarity and effectiveness.

Identify advocacy moments/opportunities

Resource partners set their priorities each financing cycle, and advocating for these resources will require targeting the right people early enough in the process. National budgets are determined through the budgetary cycle, which has a different calendar from the regional/subnational budgetary process or external partners' planning cycle. Report launches or legislation that is being passed are events to watch for in advocacy work. In addition, national, regional or global events or awareness days can be an opportunity to draw attention to nutrition funding.

To make the most of these opportunities, create a calendar with key advocacy moments marked for when you are most likely to access, engage and influence resource partners and consider organising an RM event for the MSNP, as part of your advocacy activities. See section 5, 'Implement the advocacy strategy' (p. 19), for more information on RM events.

Draft or expand your advocacy strategy

If you already have developed an advocacy strategy to support the implementation of the national nutrition plan, you now have additional elements, with nutrition RM objective and activities, to include within this broader strategy. Increasing funding for nutrition will, in any case, require that other advocacy activities take place—to raise awareness and interest, get buy-in and commitment, create a favourable environment for nutrition and foster accountability—and your RM strategy will fit into this broader effort.

If you are just starting on advocacy for nutrition, and for RM for nutrition, you now have a logical framework linking your advocacy objectives and priorities to the most relevant audiences and tested messages designed for those audiences. The advocacy strategy pulls all this into one document that makes it easy to visualise the logic and ensure that every step serves the overall objective of the RM strategy. Different formats exist to organise that information, such as the following:



The [Nutrition Advocacy Plan template](#)⁸ from the FANTA III Project's *Manual for Country-Level Nutrition Advocacy Using Profiles and Nutrition Costing* presents a detailed template for compiling all this information, from problem formulation to materials developed in support of advocacy activities.



Figure 4 provides a visual with **Guiding Questions for Advocacy Mapping** to develop a simplified version of an advocacy strategy—from PATH⁹—that is also relevant for nutrition RM advocacy.

Figure 4. Questions for mapping your advocacy strategy.



Source: PATH. *Map Your Advocacy Impact Strategy* [infographic]. Seattle: PATH; 2018.
https://path.azureedge.net/media/documents/APP_10-part_info_o86rDSm.pdf.



5. IMPLEMENT THE ADVOCACY STRATEGY

With prioritised issues, target audiences, a message platform and a clear sense of the key advocacy opportunities, you are in a position to start implementing your advocacy for nutrition RM strategy. This will require you to develop an activity plan and specific materials for each audience/topic.

Develop an advocacy activity plan (to implement the advocacy strategy)

The advocacy activity plan is intended to operationalise the nutrition RM advocacy strategy. It is organised along the objectives listed in the advocacy strategy, targets the key audiences and mentions materials, means of verification and timelines.



Several templates exist, including an **Implementation Plan Matrix (Figure 5)**—organised along the strategy objectives—from the FANTA III Project *Manual for Country-Level Nutrition Advocacy Using Profiles and Nutrition Costing*. For example, to help secure multiyear donor funding aligned with the priorities of the MSNP, activities could include a donor roundtable (RT); to raise awareness for the need for increased public sector funding for the MSNP, dialogues with members of the parliamentary planning and budgetary committee, as well as local councils and committees, could be organised to request specific allocations for nutrition, as per the priorities set for the MSNP.

Key takeaway for RM advocacy for nutrition

For RM advocacy, the timing of activities is particularly important: A good grasp of donor funding cycles, financing mechanisms and the budgetary procedure, as well as the key stakeholders involved in these processes, should inform the development of the RM advocacy activity plan.

Figure 5. Sample Implementation Plan Matrix.

Target Group: [separate sections for media, policymakers, politicians, CSOs, and different behavior change communication audiences]						
Activity	Materials	Timeline	Proposed Responsible Organizations	Possible Supporting Organizations	Indicators	Means of Verification

Target Group: [separate sections for media, policymakers, politicians, CSOs, and different behavior change communication audiences]						
Activity	Materials	Timeline	Proposed Responsible Organizations	Possible Supporting Organizations	Indicators	Means of Verification

Source: Sethuraman K, Kovach T, Oot, L, Sommerfelt AE, Ross J. *Manual for Country-Level Nutrition Advocacy Using PROFILES and Nutrition Costing*. Washington, DC; FHI 360/Food and Nutrition Technical Assistance III Project (FANTA): 2018: 208.

https://www.fantaproject.org/sites/default/files/resources/Nutrition-Advocacy-PROFILES-Manual-Apr2018_0.pdf#page=211.

Abbreviation: CSO, civil society organisation.

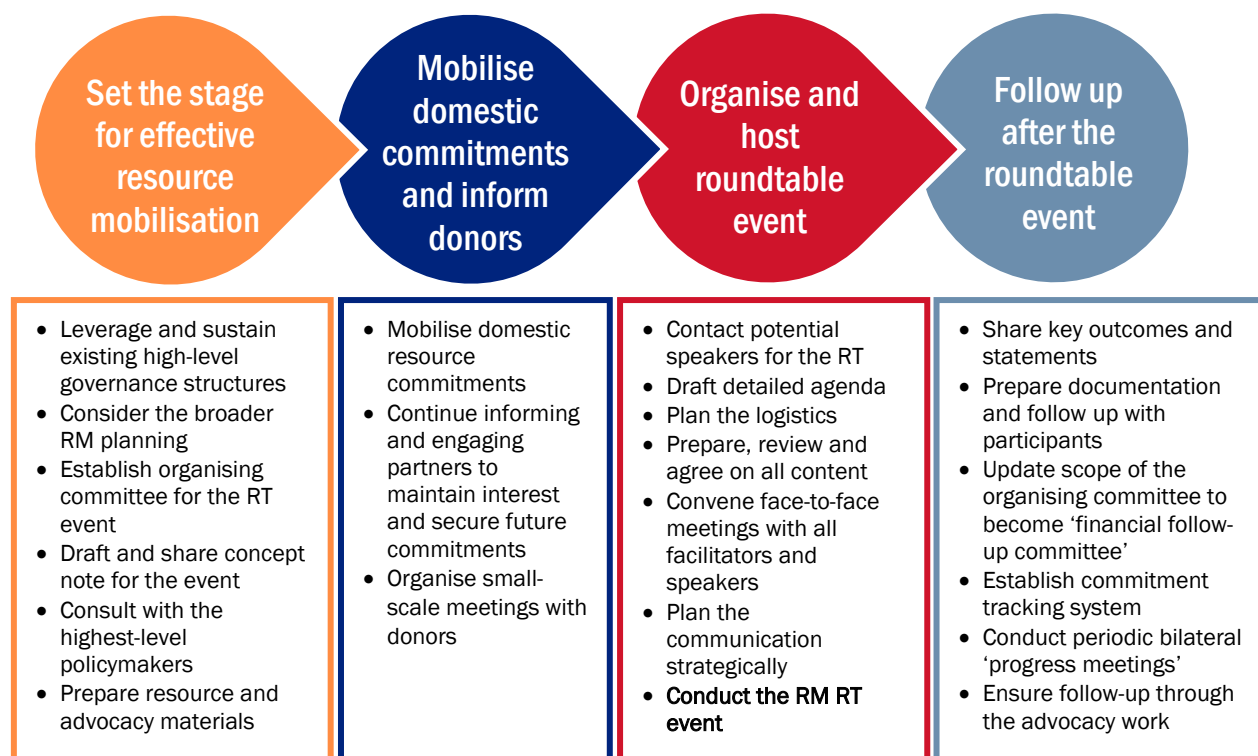


The [Advocacy Activities guidance](#) from the GNC's *Nutrition Cluster Advocacy Toolkit*² organises advocacy activities per tactics—expertise and research, lobbying, media and public mobilisation.



An RM event would be one of the possible activities in the advocacy activity plan. The [Guidance on Organising an RT for a Multisectoral Nutrition Plan](#),¹⁰ developed by MQSUN+, is intended for SUN country Focal Points and members of country MSPs who are planning an RM event or RT for nutrition. It presents the steps to prepare and hold such an event, from setting the stage to follow-up, which are summarised in **Figure 6**.

Figure 6. Steps for preparing a roundtable (RT) event for resource mobilisation (RM).



Box 10 provides learnings from the Côte d'Ivoire RT on advocacy for RM for nutrition.

Box 10. Some lessons learnt from the Côte d'Ivoire roundtable on advocacy for nutrition resource mobilisation

National leadership at the highest level is essential to support RM: For a multisectoral approach to nutrition, the visible engagement of the head of state or prime minister is important. Her/his participation in the RM RT will transcend the sectors that contribute to nutrition and signal a new, collaborative way of working.

The national MSNP is the basis for RM: it must be coherent, strategic and costed.

Stakeholder engagement should start early. Securing financial commitments for the implementation of the national nutrition plan takes a lot of time; therefore, stakeholder engagement should start as early as possible, preferably at the time of plan development.

The nutrition plan must be part of the broader national development plan... : Only by making nutrition part of the overall national development policies and strategies will it garner the required visibility, attention and political buy-in. It is also a condition for nutrition to be part of the national investment for development rather than being side-tracked.

... but broken down into distinct projects that funders can engage with, relate to and see through to the end. This is not about changing the activities in the MSNP but rather about packaging the activities in ways that are attractive and relatable to various sources of funding. The 20 project sheets that were prepared ahead of the RM RT were key as advocacy materials.

Domestic public funding is key to attracting other sources of funding: Knowing that the government is committed to the national nutrition plan and knowing the amount it will allocate to funding it are both critical determinants in mobilising resources. Domestic pledges build trust and demonstrate that the government is prioritising nutrition.

Gathering the intelligence pays off: Preparing materials and arguments with the costs of malnutrition, the impact it has on the gross domestic product and the details of what the government is willing to fund to combat it will simplify the RM process.

Mapping the potential sources of funding helps in being strategic with the RM approach: An extensive mapping of funding sources would include public funding, the private sector (with clarity of which companies are desirable funding partners and which should be on board to change their approach to nutrition, such as breast-milk substitute companies) and development partners, with an interest in all sectors related to nutrition.

Develop your advocacy materials

Using the intelligence you have gathered about your audiences and the messages that you have crafted, put together materials that speak to each audience about why mobilising resources for nutrition is urgent and what role they can play in it. These materials are intended as part of your advocacy activity plan, to support your objectives or a specific activity (e.g. building awareness on RM, supporting champions, organising an RM event, etc.).



The **Material Planning Tool (Annex 8)** checks at every step of material development the content relevance against what is known for that particular audience and provides illustrative examples of material raising decision makers' awareness of nutrition and calling for nutrition-specific policies.

The country samples below show the format and arguments used for nutrition RM towards different groups of stakeholders.



The [Ethiopia Nutrition Advocacy Plan](#) (2013),¹¹ which includes donors as a target audience, comes with distinct calls for RM targeted at development partners,¹² Government officials¹³ and the private sector.¹⁴ See all related FANTA [Ethiopia resources](#).



The [Zambia Nutrition Advocacy Plan 2017–2020](#),¹⁵ together with a series of advocacy briefs relevant to RM and targeting cooperating partners,¹⁶ the government sectors,¹⁷ the Office of the President and the Vice-President,¹⁸ parliament and the Ministry of Finance,¹⁸ and the private sector.¹⁹ See all the related [Zambia resources](#).



[Côte d'Ivoire's 20 project sheets](#),²⁰ prepared ahead of a 2016 RM RT, break down the national MSNP into distinct projects attractive to specific resource partners.



6. MONITOR AND EVALUATE THE ADVOCACY STRATEGY

Monitoring and evaluation (M&E) of the nutrition RM advocacy strategy and related action plan can be done in two parts: assessment of progress in implementing the advocacy strategy against the advocacy action plan and assessment of progress towards the expected change defined in the advocacy strategy.

Given that the nutrition RM advocacy strategy aims for changes in policy and practices, which are long processes, monitoring will consider the *impact of advocacy*—with indicators of policy change, or whether the expected changes have indeed taken place—and review *progress*, with indicators on the significant steps towards the expected change.



This can be done using the [Advocacy Impact Reporting tool](#), developed by the GNC's *Nutrition Cluster Advocacy Toolkit*² (**Figure 7**).

Figure 7. Indicators to support monitoring and evaluation of advocacy.

Results		Indicators
Policy/practice change	(As per Advocacy Results in the Nutrition Cluster Advocacy Strategic Framework 2016-2019)	New policy proposal developed; policies formally established; positive policies protected; negative policy proposals blocked; funding levels increased/sustained for policies and programmes; policies implemented in accordance with requirements.
Significant steps towards policy/practice change	Partnerships or alliances	Policy agenda alignment with partners; representation of Nutrition Cluster issues in appropriate platforms at global and national levels (e.g. SUN Movement; Global Nutrition Report).
	Advocacy champions	Key individuals/influencers who adopt and support a Nutrition Cluster issue or position.
	Political will	Citations of Cluster positions/messages by decision-makers in policy debates; government officials/key stakeholders publicly supporting the advocacy effort.
	Strengthened Nutrition Cluster advocacy capacities	Advocacy plans developed/updated as part of Cluster planning processes; financial and human resources dedicated to advocacy.

Source: Gonzales E. *Nutrition Cluster Advocacy Toolkit*. Geneva: Global Nutrition Cluster; 2020: 34.
<https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2020-04/Nutrition-Cluster-toolkit-low-res.pdf#page=18>.

The RM advocacy strategy's M&E should be well embedded in and inform the overall M&E of the national nutrition plan, providing information not only on the progress in changing policies and practices but also with regard to the RM advocacy strategy's achievements in mobilising financial resources. This could include regular updates to decision makers and information on the status of the implementation of advocacy actions, in addition to the monitoring of financial commitments as an intended outcome of the advocacy efforts. Shaping the M&E to monitor and track allocations and disbursements would be important to contribute to and to strengthen the plan's accountability mechanisms.

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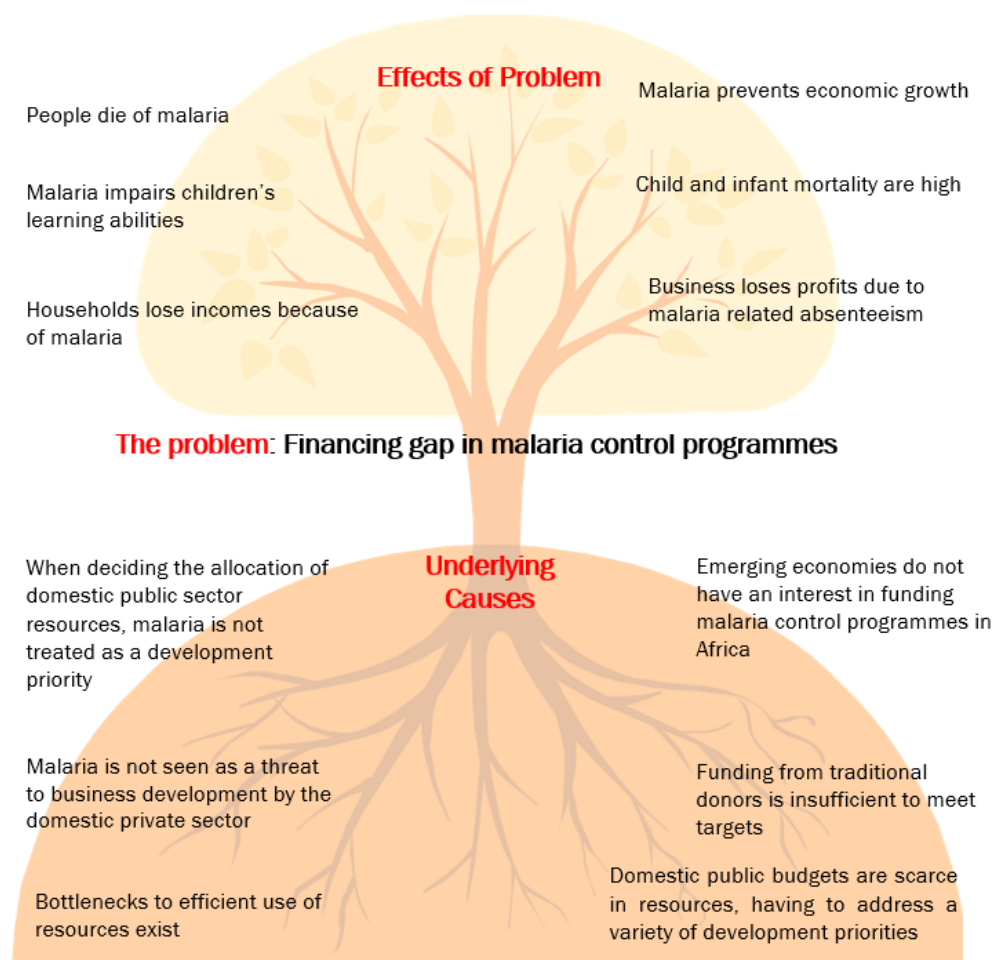
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Annex 1. Problem and Solution Tree tool

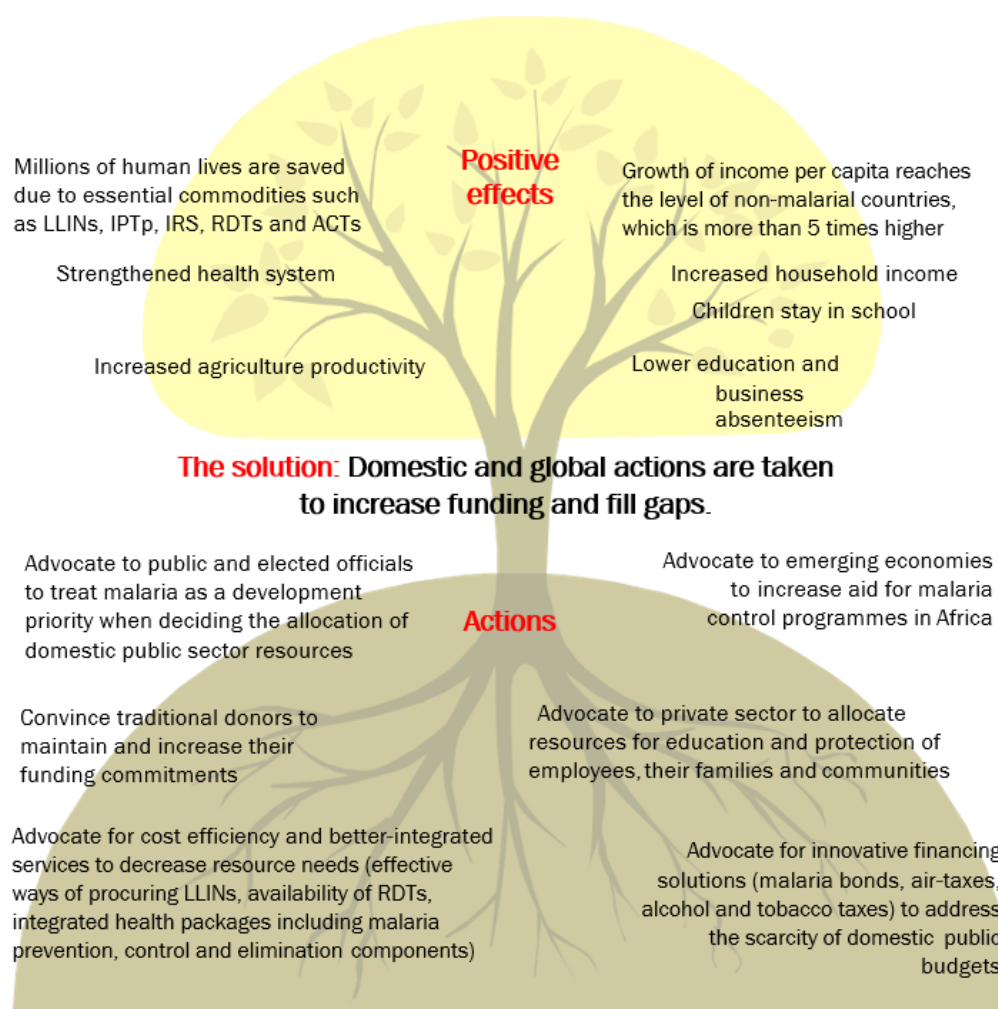
To create a problem tree:

1. Begin by drawing a flow chart, as shown below, by placing the main issue in the centre.
2. Brainstorm to determine a list of causes and consequences or effects; list consequences above the central issue and causes below it.
3. List as many causes of the problem you can think of. Draw arrows from the causes to the central issue. While listing each cause, brainstorm on the 'cause' of the 'cause'. Link all of these by arrows to show their connection.
4. Next, write the effects, or the consequences of the problem, above the central issue box. Draw an arrow from the central problem to the effect. For each effect, ask what further effect it could have.
5. Identify the most vulnerable and excluded, and consider how they are affected by the issue.
6. After the brainstorming is complete, look at the causes again and highlight those that could be changed or improved with the help of influential people or institutions through advocacy.



Now turn the problem tree into a solutions tree:

One way to identify solutions is to reverse the causes and consequences of the issue. In the example below, if the cause is 'when deciding the allocation of domestic public sector resources, malaria is not treated as a development priority', then a possible solution will be to 'advocate to public and elected officials to treat malaria as a development priority when deciding the allocation of domestic public sector resources'.



Sources: Instructions are adapted for the illustrative example on malaria financing gaps and taken from: Cohen D, Bhandari Karkara N, Stewart D, et al. *Advocacy Toolkit: A Guide to Influencing Decisions That Improve Children's Lives*. New York, NY: UNICEF; 2010: 19. https://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf. Figures are taken from: Munteanu A, Bertram K. *Advocacy for Resource Mobilization (ARM) for Malaria Guide*. Geneva: Roll Back Malaria Partnership; 2015: 19–20. https://endmalaria.org/sites/default/files/ARMGuide_Final_May_2015.pdf.

Annex 2. List of resources to inform advocacy for resource mobilisation messages

Type of data	Source	Description	Link
Under-5 nutrition status data	UNICEF/WHO/World Bank (WB): Joint child malnutrition estimate	Estimate that provides regular key updates on child stunting, wasting, severe wasting and overweight; new update 2020.	https://www.who.int/nutgrowthdb/estimate/en/
	Related tools: 1-WHO Global Database on Child Growth and Malnutrition	Common database warehouse, interactive tool that enables users to search by country, surveys, sex or type of residence on prevalence estimates for the five main indicators (severe wasting, wasting, overweight, stunting and underweight) and all cut-offs for each of the anthropometric indexes (weight-for-height, height-for-age, weight-for-age and BMI-for age).	https://www.who.int/nutgrowthdb/database/en/
	2-UNICEF malnutrition	Interactive tool (Excel) that uses UNICEF/WHO.WB joint child malnutrition estimates; provides links to maternal nutrition, IYCF, micronutrient deficiencies, low birth weight and malnutrition; and presents the trends and achievements of the WHA, globally, by region or country.	https://data.unicef.org/topic/nutrition/malnutrition/
	3-UNICEF child nutrition	Tool that is similar to above, including maternal nutrition, IYCF, micronutrient deficiencies, birth weight.	https://data.unicef.org/topic/nutrition/child-nutrition/
	WHO Global database on the Implementation of Nutrition Action	Database that provides information on all nutrition actions and programmes by country.	https://extranet.who.int/nutrition/gina/en/programmes/summary
	WHO global targets tracking tool	Tracking tool that was developed by WHO, UNICEF and European Commission that aims to help countries set their six global nutrition targets and monitor progress.	https://www.who.int/nutrition/trackingtool/en/
	WHO Global Nutrition Monitoring Framework	Framework that helps countries monitor progress towards the Global Nutrition Targets for improving maternal, infant and young child nutrition by measuring outcomes, processes and policies.	https://apps.who.int/nutrition/landscape/global-monitoring-framework

Type of data	Source	Description	Link
	WHO global data bank on IYCF	Data bank that presents IYCF data based on all conducted surveys, by country.	https://www.who.int/nutrition/databases/infantfeeding/countries/en/
Child and adolescent nutrition status data	NCD Risk Factor Collaboration	Visualisation of situation, trends and projections of BMI, weight and height, as well as blood pressure, cholesterol and diabetes; presentation of global maps and country profiles where information is available.	http://ncdrisc.org/country-profile.html
Nutrition determinants data / nutrition indicators	FAOSTAT 2018	Food and agriculture data that covers over 245 countries and territories and all FAO regional groupings from 1961 to the most recent year available.	http://www.fao.org/faostat/en/#home
	UNESCO Institute for Statistics 2018	Data for the Sustainable Development Goals.	http://uis.unesco.org/
	WHO/UNICEF Joint Monitoring Programme	Regular reports on drinking water and sanitation coverage to facilitate sector planning and management, to support countries in their efforts to improve their monitoring systems and provide information for advocacy.	https://www.unwater.org/publication_categories/whounicef-joint-monitoring-programme-for-water-supply-sanitation-hygiene-imp/
Mortality and loss of health indicators	WHO Global Health Estimates	Comprehensive and comparable assessment of mortality and loss of health due to diseases and injuries for all regions of the world.	https://www.who.int/healthinfo/global_burden_disease/en/
Economics and demography data	World Bank	Health Nutrition and Population Statistics database that provides key health, nutrition and population statistics gathered from a variety of international and national sources.	https://datacatalog.worldbank.org/dataset/health-nutrition-and-population-statistics
	IMF World Economic Outlook Database (country data)	Macroeconomic data series that presents IMF staff analysis and projections of economic developments at the global and country levels.	https://www.imf.org/external/pubs/ft/weo/2019/02/weodata/index.aspx
	UN Inter-agency Group for Child Mortality Estimation 2018.	Highlights of substantial progress since 1990 in child mortality reduction.	https://www.un.org/en/development/desa/population/publications/mortality/child-mortality-report-2018.asp
	UN Population Division of the Department of Economic and Social Affairs 2019	Macroeconomic data series from the statistical appendix of the World Population Prospects.	https://population.un.org/wpp/

Type of data	Source	Description	Link
	WFP Report: The cost of double burden of malnutrition	Social and economic impact summary of available data on effects and economic consequences of malnutrition (pp. 12–18).	https://documents.wfp.org/stellent/groups/public/documents/communications/wfp291993.pdf?_ga=2.71091728.1660602107.1591095598-1362513576.1567070315
	Technical brief on the cost of malnutrition (summary of data)	Technical brief that presents a new conceptual framework that shows the link between malnutrition and economic costs through mortality, morbidity, impaired physical growth and impaired cognitive function.	https://www.ennonline.net/fex/58/technic/briefcostofmalnutrition
	WFP Studies on the Cost of diet	Studies on the cost of theoretical, simulated diet (food basket) which satisfies all nutritional requirements of a modelled family at the minimal possible cost, based on the availability, price, and nutrient content of local foods.	https://www.wfp.org/publications?text=cost+of+diet
Nutrition policy data, programmes and tracking	Global Nutrition Policy Review 2016–2017	Analysis of nutrition-related policy environment, coordination mechanisms, available capacities and actions being taken in the WHO Member States.	https://www.who.int/publications-detail/9789241514873
	WHO Nutrition Landscape Information System (NLIS)	Information system that presents current states of indicators contributing to a comprehensive view of nutrition for health and development in countries.	https://apps.who.int/nutrition/landscape/nlis
	Results for development tracking aid for nutrition targets	Estimates of the costs to scale up nutrition-specific interventions and track the global nutrition goals.	https://r4d.org/resources/tracking-aid-wha-nutrition-targets-global-spending-roadmap-better-data/
	Global Nutrition Report nutrition for growth commitment tracking survey	Data about financial, policy and programme commitments for nutrition made by governments, donors, businesses, CSOs and UN organisations.	https://globalnutritionreport.org/resources/nutrition-growth-commitment-tracking/
Research findings	Lancet publications	Peer-reviewed general medical journal	https://www.thelancet.com/action/doSearch?searchType=quick&searchText=nutrition&searchScope=fullSite&occurrences=all&code=lancet-site
	eLife publications	Peer-reviewed open access scientific journal for biomedical and life sciences	https://elifesciences.org/?gclid=CjwKCAjwL2BRA_EiwAacX32VDA4463BslGgKUTp9U-OzEme4dC59uyGMNDBQvH6f3hJvxFemWJExoCJ90QAvD_BwE

Type of data	Source	Description	Link
	Nature publications	Academic journals, magazines, online databases and services in science and medicine	https://www.nature.com/
Surveys from international organisations	UNICEF: Multiple Indicator Cluster Surveys (MICS) 2016	International household survey to collect and analyse data in order to fill data gaps to monitor the situation of children and women	https://mics.unicef.org/surveys
	USAID: Demographic and Health Surveys	Survey programme that collects, analyses and disseminates accurate and representative data on population, health, HIV and nutrition in over 90 countries	https://dhsprogram.com/
National surveys and data collection	DHIS2	Country dashboards, charts, data entry, etc.	https://www.dhis2.org/data-management
	UNICEF 2016: <i>Nutrition Surveys and SMART Technology in Sub-Saharan Africa</i> methodology report	Analytical report presenting results of different types of SMART surveys (national, regional and small-scale) in different countries in sub-Saharan Africa	https://www.unicef.org/esa/media/2046/file/UNICEF-AAH-2016-SMART-Analytical-Report-Sub-Saharan-Africa.pdf
	<i>Nutrition in the WHO African Region</i>	Report summarising national surveys in some African countries	https://reliefweb.int/sites/reliefweb.int/files/resources/Nutrition%20in%20the%20WHO%20African%20Region%202017_0.pdf
Additional country information and datasets	SUN UN Network (UNN)	<p>UN Nutrition Inventory, which compares stunting levels to existing UN nutrition-related support</p> <p>Multi-sectoral Nutrition Overview</p> <p>Nutrition Stakeholder & Action Mapping</p> <p>Policy and Plan Overview, which highlights how nutrition is reflected in related national policies/strategies</p> <p>Nutrition Capacity Assessment, which unpacks the three dimensions of the UN Network's Nutrition Capacity Assessment tool</p>	<p>All available at:</p> <p>https://www.unnetworkforsun.org/unn-analytics</p>
	Additional UNICEF datasets	Datasets on various topics	https://data.unicef.org/resources/resource-type/datasets/page/3/

Type of data	Source	Description	Link
	WHO e-library of Evidence for Nutrition Actions	Library of nutrition actions	https://www.who.int/elena/en/
	WHO Vitamin and Mineral Nutrition Information System	Data on micronutrient deficiency	https://www.who.int/vmnis/en/
	WHO Global Health Observatory	Set of summary statistics for each member state and a high-level overview of countries' health indicators	https://apps.who.int/gho/data/node.country
Resource material	United Nations Office for the Coordination of Humanitarian Affairs	Resources and reports	https://www.unocha.org/themes/evaluations-and-reviews/reports
	Global Nutrition Cluster resources	Resources	https://www.nutritioncluster.net/resources
	<i>The State of Food Security and Nutrition in the World</i>	Annually updated report editions featuring special topics	http://www.fao.org/state-of-food-security-nutrition
Country nutrition profiles	Scaling Up Nutrition country profiles	Key information on nutrition indicators for children under 5 years old, adolescents and adults and institutional transformations conducted in countries	https://scalingupnutrition.org/sun-countries/about-sun-countries/
	Global Nutrition Report country profiles	Profiles that capture the burden of malnutrition at global, regional, subregional and country levels	https://globalnutritionreport.org/resources/nutrition-profiles/
	UNICEF country profiles	Country data on demographics, nutritional status, IYCF, micronutrients, essential nutrition interventions, maternal nutrition health, WASH, disparities in nutrition	https://data.unicef.org/resources/nutrition-country-profiles/
	World Bank nutrition country profiles	Profiles with extent, costs and causes of, as well as potential solutions to, malnutrition	https://www.worldbank.org/en/topic/health/publication/nutrition-country-profiles
	NCD risk factor collaboration country profile	Country data on BMI, blood pressure, cholesterol, diabetes, height and projections to the future	http://ncdrisc.org/country-profile.html
	Institute of Health Metrics and Evaluation country profiles from	Estimation for each of 195 countries on population and fertility, mortality, causes of death, years lived with disability, disability-adjusted life years and risk factors	http://www.healthdata.org/results/country-profiles

Type of data	Source	Description	Link
	Global Burden of Disease findings		
	FAOSTAT 2018	Data on demographics, inputs, hunger and food insecurity, food availability, food access, food utilisation, land, economic and political stability, production, emissions	http://www.fao.org/faostat/en/#country
	REACH country profiles	REACH country updates	https://www.reachpartnership.org/reach-countries?sessionid=CB21DA5D7B08E953FAC83192C6BBC643
	Countdown to 2030 country profiles	Evidence to enable an assessment of a country's progress in improving reproductive, maternal, newborn, and child health and achieving MDGs 4 and 5	https://www.countdown2030.org/2015/country-profiles
	SPRING country profiles	SPRING country updates and news	https://www.spring-nutrition.org/countries
	International Fund for Agricultural Development (IFAD)	Information on total project costs and IFAD financing for agricultural development	https://www.ifad.org/en/web/operations/regions
	IMF country profiles	Country news and data on GDP growth	https://www.imf.org/en/Countries
	MQSUN+ country reports	MQSUN+ country projects and programmes	https://mqsunplus.path.org/resource/country-reports/
Guidance for country-level advocacy	FANTA III country-level nutrition advocacy	Guiding documents to prepare advocacy for resource mobilisation. (provides manual, steps, technical briefs, etc.)	https://www.fantaproject.org/focus-areas/country-level-nutrition-advocacy

Abbreviations: BMI, Body Mass Index; CSO, civil society organisation; DHIS, District Health Information System; FANTA, Food and Nutrition Technical Assistance; GDP, gross domestic product; IMF, International Monetary Fund; IYCF, infant and young child feeding; MQSUN+, Maximising the Quality of Scaling Up Nutrition Plus; MDG, Millennium Development Goal; NCD, noncommunicable disease; REACH, Renewed Efforts Against Child Hunger and Undernutrition; SMART, Standardized Monitoring and Assessment of Relief and Transitions; SPRING, Strengthening Partnerships, Results, and Innovations in Nutrition Globally; UNESCO, United Nations Educational, Scientific and Cultural Organization; UNICEF, United Nations Children's Fund; USAID, US Agency for International Development; WASH, water, sanitation and hygiene; WFP, World Food Programme; WHA, World Health Assembly; WHO, World Health Organization.

Annex 3. Matrix assessing financing for nutrition

The assessment matrix aims to determine the quantity and effectiveness of domestic financing in support of nutrition. The matrix has been developed based on the methodology developed by UNICEF³ using a template adapted from WaterAid.⁶

Topic assessment question	Sub-topic assessment question	Source of information	Responsible body	Methodology
Quantity of nutrition financing				
What are the historical trends and actual status in nutrition financing from domestic sources (national revenues)?	How much was allocated by national government to nutrition (preferably in the last 5 years, or over the last budget cycle)?	Sectors work and budget plans	Person(s)	Literature review Review of budget plans and expenditure reviews
	What are the different budget lines and budget items (cost items) included in the budgets?	National budgets as above Informants from Ministry of Finance (Budget office) or sectoral Planning Officers	Person(s) Ministry of Finance and Focal Person of the different line ministries	Complementary information by key informant interviews (also email interviews where possible)
	What of the budgets allocated to Nutrition was actually disbursed over the past budget cycle?	Expenditure reports from different ministries implementing nutrition interventions	Informants from finance/ budget and/or Nutrition Office or Unit at the different ministries	Note-taking or transcribing of recorded interviews
	What is the pattern of national allocations to nutrition in different sectors (analysis, synthesis, summary)?	Analysis of data gathered Informants from finance/ budget and/or nutrition offices of different sectors	Scaling Up Nutrition Focal Person for budget analysis or advocacy	Data collection, compilation and comparisons, analysis and synthesis of information
What is the current level of total financing for nutrition (through the different sectors, domestic and external sources)? What do donor fund?	Apart from government (national revenues), what other donors finance nutrition through on-budget support (check data available over the last budget cycle)?	National and ministry budget plans and reports / donor reports Source: Ministry of Finance, Focal Points at sectoral Nutrition Units, donor representatives / Focal Points for nutrition	Planning and budget officers	Review of available plans and reports Additional information through complementary key informant interviews
	In what form is donor financing provided? Grants or concessional loans or technical cooperation?	Reports from Nutrition Units at the different line ministries, Ministry of Finance and donors (budget reports) Other independent sources of financing information, such as reports from academic research	Ministry and donor focal persons.	Review of reports, complemented by key informant interviews with donors

Topic assessment question	Sub-topic assessment question	Source of information	Responsible body	Methodology
Effectiveness of nutrition financing				
How do financial allocations to the sector flow from allocations and disbursement and expenditure? (Once the budget is allocated, how is that finance disbursed, and how is the expenditure reported on?)	What is the decision-making process, and who are the agencies/ individuals involved in agreeing allocations, disbursements and actual expenditure on national budget allocations?	Reports and available literature Informants from different sections of government: finance, budget/ planning for nutrition, local government or utility	Person(s)	Case study on the basis of one year's performance
	What is the decision-making process, and who are the agencies/ individuals involved in agreeing allocations, disbursements and actual expenditure on external aid to nutrition through different sectors?	Reports and available literature Informants in donor community and Nutrition Departments and Units of different ministries	Person(s)	Case study of one donor's performance on one nutrition project, preferably a multisectoral project Perhaps assessment of one year of project implementation Analysis of flow
	What blockages in the flow of resources exist and at what level?	Reports and literature available and information to be gathered through key informants Information available within government and donors, or through academia and others involved in nutrition	Person(s)	Literature review Analysis of data gathered as part of a case study Interviews
	What are the different perceptions on how to unblock the bottlenecks?	Reports and literature or any information available from the government (finance, national and local governments, Nutrition Departments and Units), donor community, academia or any other source	Person(s)	Literature review Informant interviews Research or academic reports, literature review Possibly surveys
What is the pattern of nutrition spending from different sectors? What is the sustainability of service provision in	How do service providers and policymakers define service sustainability in urban/rural and nutritionally vulnerable locations or in a development and humanitarian context?	Information Policy papers and strategies of government, donors	Person(s)	Literature review/ analysis Possible survey of informants

Topic assessment question	Sub-topic assessment question	Source of information	Responsible body	Methodology
nutritionally vulnerable locations?	How much is being spent from national budgets and aid to address service sustainability in nutritionally vulnerable locations (priority implementation areas, priority target groups)? (focused on technical, management sustainability of service)	Budget data Evaluation reports Project reports Information from national and local government's nutrition departments and units Research or other academic papers	Person(s)	Literature review Interviews
	What needs to change to ensure sustainability is addressed in sector spending?	Evaluation reports Research reports Additional information through interviews	Person(s)	Literature Key informant interviews

Source: (1) Adapted from: Cohen D, Bhandari Karkara N, Stewart D, et al. *Advocacy Toolkit: A Guide to Influencing Decisions That Improve Children's Lives*. New York, NY: UNICEF; 2010: 21–22. https://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf#page=37. (2) Template adapted from: Calaguas B, Matthews D, Mohammed AN, et al. *The Advocacy Sourcebook*. London: WaterAid; 2007: 90–91. https://www.joinforwater.ngo/sites/default/files/library_assets/W_PRA_E4_advocacy_sourcebook.pdf#page=92.

Annex 4. Country-specific stakeholder mapping

Nutrition Stakeholder Category	Description	Examples	Who plays or will play the key role in your country?
Decision makers in relevant sectors involved in the MSNP	Decide on how much money should be allocated for nutrition-related interventions in each sector and in overall national budget; drive the implementation of the MSNP	Heads of state; ministers of finance; ministers of health; ministers of agriculture, livestock and fishery, ministers of education, minister of water and irrigation, ministers of development, parliamentarians, law makers	
Private Sector	Decides on whether and how much to invest in nutrition interventions, contributing financially or in-kind (e.g. services); has the ability to launch large media and consumer campaigns; stands to gain from better productivity, less absenteeism that would result from better nutrition	Extraction industry, finance/banking, media, telecom, food/beverage industry, agro-industry A key channel is the SUN Business Network	
Donors	May already allocate funding (or TA) for areas related to nutrition in various national plans and programmes but can also take up specific areas of the national MSNP; need to have visibility as to the impact of funding and ways it contributes to the country's overall development strategy; can use RM for the MSNP as an opportunity to improve donor-funding alignment; have a strong impact on a governments' developmental decisions and portfolio	Multilateral donors or funders such as Africa Development Bank, Asia Development Bank, EU, Islamic Development Bank, World Bank Group Bilateral donors or funders (e.g. USAID, DFID, LuxAid, Irish Aid, BMZ, Government of Canada, JICA) Foundations: Bill & Melinda Gates Foundation, Farm AID, Power of Nutrition, Children's Investment Fund Foundation, the UBS Optimus Foundation A key channel is the SUN Donor Network	
UN agencies, funds and programmes	Provide technical assistance, strategic and analytic support, implementation; support advocacy and sensitisation with the potential of a wide reach-out and influence on governments (including heads of state, prime ministers, parliamentarians, law makers, also ministers of sectoral ministries)	FAO, WFP, UNICEF, WHO, UNDP, UN Women, UNIDO A key channel is the SUN UN Network	

Nutrition Stakeholder Category	Description	Examples	Who plays or will play the key role in your country?
Implementers / civil society entities	Take concrete steps in implementing change and making it sustainable	Implementing partners; civil society and faith-based organisations; NGOs / international NGOs A key channel is the SUN Civil Society Network	
Champions	Have access to and/or influence key decision makers; are well-known and respected	Private sector leaders; celebrities, First Ladies, ambassadors, politicians, religious leaders, chefs, traditional and political community leaders, etc.	
Experts	Can produce evidence that the issue is relevant for the decision makers	Research institutions, universities, etc.	
Others	What other coalitions or organisations exist in-country, regionally or globally, that can support your country in advocating for RM for nutrition in your country?		

Source: Adapted from the Malaria Stakeholders tool template from: Munteanu A, Bertram K. *Advocacy for Resource Mobilization (ARM) for Malaria Guide*. Geneva: Roll Back Malaria Partnership; 2015:21–22.

https://endmalaria.org/sites/default/files/ARMGuide_Final_May_2015.pdf#page=23.

Abbreviations: BMZ, Federal Ministry for Economic Cooperation and Development [Germany]; DFID, UK Department for International Development; EU, European Union; FAO, Food and Agriculture Organization; JICA, Japan International Cooperation Agency; MSNP, multisectoral nutrition programme; NGO, nongovernmental organisation; RM, resource mobilisation; SUN, Scaling Up Nutrition; TA, technical assistance; UN, United Nations; UNDP, United Nations Development Programme; UNICEF, United Nations Children's Fund; UNIDO, United Nations Industrial Development Organization; USAID, US Agency for International Development; WFP, World Food Programme; WHO, World Health Organization.

Annex 5. Main funding mechanisms for nutrition

The main objective of the resource mobilisation efforts and events are to trigger funding to fill the financing gaps in the national multisectoral nutrition plans and allow a scale up of interventions to meet the nutritional objectives and targets within the given time. The funding mechanisms can be divided between domestic sources and external sources (e.g. multilateral and bilateral funders).

Domestic sources

Domestic sources of financing include governments, subnational governments and, sometimes, the private sector. National governments provide funding for nutrition activities through the national treasury systems, the ministries of finance and relevant line ministries, including the ministries of health, agriculture, livestock, social protection, water and sanitation and various others, as relevant. Ministries of health often finance nutrition-specific activities through their line-item budgets relevant to nutrition. Numerous governments, particularly where decentralised in devolved structures (e.g. Kenya) may also allocate some of their funding to finance nutrition activities. Domestic private sector entities include local businesses and charitable organisations that provide funding for nutrition activities in their communities.

Governments generate revenue from taxation and this mechanism can take a variety of forms, such as income taxes, value-added tax, excises and import taxes. As a result, many governments also try to generate revenue through placing taxes on luxury items such as tobacco or alcohol products, tourism or carbon (e.g. driving in congested areas). Improving the tax base will improve resources for health and nutrition.

As part of the preparation for resource mobilisation, organisers should analyse and understand country budget cycles—that is to say, a cycle usually takes place over one year with ministries of finance coordinating the process for other ministries (formulation, enactment, execution and audit).^{iv} The process involves negotiating between the different actors, knowing the status of past budget executions and evaluating information on audits conducted by government auditor generals. Ministries of finance and supporting institutions/ministries commonly conduct performance reviews, and the reports provide insights and support the new commitments. In the case of results-based financing mechanisms, an independent agency verifies the performance of each project or programme and its target achievements.

External sources

Multilateral donors or funders who commonly finance nutrition activities—including the [African Development Bank Group](#), [Asian Development Bank](#), [European Development Fund](#), [Islamic Development Bank](#) and [World Bank Group](#)—are amongst the most prominent donors supporting nutrition. In particular, the European Union, as well as the World Bank Group, are shifting towards results-based financing, focusing on countries where adequate fiduciary capacity appears to be in place. This type of financing often challenges the public sector's financial management capacities, not only in terms of mobilising internal funds to advance releases and track finances, but also because of the need to demonstrate target achievements. Hence, particular activities to focus on in the future include gathering and evaluating information on this funding experience and supporting

^{iv} Aurore G, Kaboré J, Szabo S, Ndiaye S. *Nutrition Budget Advocacy: Handbook for Civil Society*. Paris: Action Against Hunger; 2017. https://www.actioncontrelafaim.org/wp-content/uploads/2018/01/exe_2_bdef_handbook_nba.pdf.

the improvement of the public sector management capacity, which could help to access additional financing.

Bilateral donors or funders (government to government) include, for example, the [US Agency for International Development \(USAID\)](#), [Foreign, Commonwealth & Development Office](#), [LuxDev](#), [Irish Aid](#), [German Federal Ministry for Economic Cooperation and Development](#), [Government of Canada](#), [Japan International Cooperation Agency](#) or [German Corporation for International Cooperation](#). These bilateral sources of financing often support projects or programmes or provide technical assistance. It should be noted that often bilateral funders channel their funding through multilateral agencies such as the United Nations Children's Fund [UNICEF] and the World Health Organization [WHO], or through their own implementing partners, nongovernmental organisations (NGOs) and sometimes consultancy firms (e.g. German Corporation for International Cooperation, the European Union, USAID or German Federal Ministry for Economic Cooperation and Development).

UN agencies—mainly the [Food and Agriculture Organization](#), [World Food Programme](#), [WHO](#) and [UNICEF](#)—are key resource providers, mainly through technical assistance or 'off-budget' support rather than through the public sector's financial and treasury system. For some core functions they also provide financial support through special bank accounts managed by the account holder dedicated to particular programme purposes or against an annual work plan agreement.

International partners, both NGOs (nonprofit) and for-profit organisations, implement more directly but also provide funding or contributions to nutrition programmes and projects. This includes NGOs such as [Action Against Hunger](#), [Oxfam International](#), [Save the Children Int.](#), [Concern Worldwide](#) and charitable organisations such as [Catholic Relief Services](#), [World Vision](#), etc. For-profit organisations that have private-public partnerships are numerous and include entities such as transnational food companies (e.g. the [Nestlé for Healthier Kids](#)).^v

Foundations are nonprofit corporations or charitable trusts that provide grants to recipients for science, education, health or culture. Some examples of ones that provide significant support to nutrition projects are the [Bill & Melinda Gates Foundation](#), [Farm AID](#), the [Power of Nutrition](#), the [Children's Investment Fund Foundation](#) or the [UBS Optimus Foundation](#).

Innovative financing for nutrition

Several new [innovative financing mechanisms](#) supporting funding for nutrition have been developed, the most important examples being the [World Bank Global Financing Facility \(GFF\)](#), nutrition impact bonds, the [Power for Nutrition](#), [UNITLIFE](#) and the [Global Agriculture & Food Security Program \(GAFSP\)](#).

GFF is a multidonor, multi-stakeholder partnership to raise funds from capital markets for countries for reproductive, maternal, newborn, child and adolescent health and nutrition. The innovative approach moves away from the traditional external donor funding and acts as a catalyst where relatively small external investment is multiplied by countries' own commitments.^{vi} An example is in Burkina Faso, where the GFF is complementing domestic resources by providing a US\$20 million grant to improve reproductive, maternal, newborn, child and adolescent health and nutrition

^v Drewnowski A, Caballero B, Das JK, et al.. Novel public-private partnerships to address the double burden of malnutrition. *Nutrition Reviews*. 2018;76(11): 805–821. <https://dx.doi.org/10.1093%2Fnutrit%2Fnuy035>.

^{vi} Global Financing Facility. Global Financing Facility: Frequently asked questions. Global Financing Facility; Washington, DC: 2016. https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF%20FAQ.pdf.

interventions.^{vii} GFF has one indicator in its results framework pertaining to nutrition: the number of women and children who have received basic nutrition services.

Nutrition impact bonds are [development impact bonds](#) funds providing results-based financing for nutrition interventions. They pool financing from different funders and work with a Development Impact Bond manager in designing and implementing results-based financing. The aim is to introduce a sustainable approach through building and ensuring the public sector's capacity for sustainable and impactful management of resources, achieving results at scale.

The [Power of Nutrition](#) is an independent charitable foundation that facilitating partnerships aiming to leverage new funding, mainly from private sector partners. The partner organisations include the World Bank and UNICEF, together with the Children's Investment Fund Foundation, UBS Optimus Foundation and like-minded investors.^{viii}

[UNITLIFE](#) is a multipartner trust fund managed by UN Women and UN Capital Development Fund and established to fight chronic malnutrition. It aims to leverage innovative financing solutions to reduce stunting through building capacities to address immediate effects of stunting, with a strong focus on empowering women and building women's organisations and capacities, as well as access to resources.^{ix}

[Global Agriculture and Food Security Program \(GAFSP\)](#) is a multilateral programme which was created to assist in the implementation of pledges made by the G20 in 2009 and which aims to boost agricultural productivity and income to reduce hunger and malnutrition in low-income countries.^x

Source: MQSUN+, Levin A. *Resource Mobilisation for Nutrition Desk Review*, unpublished, 2020.

^{vii} The World Bank website. Health Services Reinforcement Project page. <https://www.worldbank.org/en/projects-operations/project-detail/P164696#key-details>. Accessed 5 June 2020.

^{viii} The Power of Nutrition website. <https://www.powerofnutrition.org/>. Accessed 5 June 2020.

^{ix} Multi-Partner trust Fund Office, Fact Sheet (<http://mptf.undp.org/factsheet/fund/UTL00>).

^x GAFSP website. <https://www.gafspfund.org/>. Accessed 5 June 2020.

Annex 6. Assessment for advocacy for nutrition resource mobilisation

Impact of poor nutrition	
What is the economic impact of poor nutrition in your country (if available)? (Review data to determine if an economic analysis has been done in your country.)	
What is the impact of poor nutrition on human capital in your country (if available)?	
Is there any available data linking the current nutrition status in your country and your country's progress towards meeting the Sustainable Development Goals and the World Health Organization's Global Targets 2025 for nutrition?	
Multisectoral approaches	
How does nutrition affect other sectors (e.g. agriculture; education; health; water, sanitation and hygiene) in your country? Do any studies on nutritional impact of these areas exist in your country (sources could include World Bank, academia and universities, implementing partners or global nutrition stakeholders)?	
What opportunities exist for increasing multisectoral approaches?	
Domestic allocation to nutrition	
What percentage of your country's budget is spent on nutrition? Are there any dedicated budget lines for nutrition? By how much has this increased (or decreased) in the past five years?	
What is the contribution of each related sector to nutrition (health; education; gender; water, sanitation and hygiene; agriculture and fishery; development)?	
What innovative financing mechanisms might be feasible for your country to adopt (e.g. pledge guarantee, matching grants, discretionary taxes) to increase funding for nutrition?	
How have members of parliament (MPs) championed nutrition, if at all?	
Is there a nutrition caucus or committee in parliament? Is there an alliance of MPs for nutrition? Are they advocating for increased funding? (Why or why not?)	
What are the primary challenges your country faces in allocating sufficient funding for nutrition?	

Traditional donors	
Who are the main donors, and what are their contributions?	
Has funding increased/decreased in the past five years? Why?	
How does the economic status of the country impact potential funding for nutrition-related interventions?	
What opportunities exist to increase funding from current donors or to add new donors (e.g. multisectoral approaches to reach donors, or government ministries that do not normally fund nutrition)?	
Development bank financing (World Bank, African Development Bank, etc.)	
Which development banks, if any, provide funding for nutrition (e.g. financial, in-kind, technical assistance)? What are their financing modalities?	
What challenges exist in your country that impact donor funding?	
Private sector partners	
Which businesses or companies contribute to nutrition in your country? What do they contribute? How much do they contribute?	
When and how often do they contribute (e.g. at specific events, throughout the year)? In which areas of the country?	
Which are the most powerful / wealthiest companies in your country, and what causes interest them?	
What types of expertise or in-kind support would you like to leverage from companies in your country (e.g. financial management, delivery services, media)?	
How feasible is it to engage the private sector in the national multisectoral nutrition plan? Which stakeholders would need to be involved?	
Do any private sector coalitions exist in your country? How do they contribute to nutrition?	
What are the challenges you have faced in trying to engage the private sector to contribute to nutrition? What did you ask them to do?	

What data, if any, exist on how nutrition affects private sector companies in your country (e.g. returns on investment)?	
How can companies, universities, civil society, research organisations and others support a programme to collect data?	
Gaps and resource mobilisation efforts	
What are your current and projected funding gaps for nutrition in the next three years?	
What have been your primary funding challenges over the past five years?	
What actions have nutrition stakeholders taken in your country to mobilise resources for nutrition?	
What are the primary challenges you face in mobilising resources for nutrition?	
What assets does your country have that strengthen advocacy for resource mobilisation (e.g. active civil society, champions)?	
What types of outside support do you need for your resource mobilisation efforts?	

Source: Adapted from the Malaria Advocacy Assessment tool template from: Munteanu A, Bertram K. *Advocacy for Resource Mobilization (ARM) for Malaria Guide*. Geneva: Roll Back Malaria Partnership; 2015: 86–90.
https://endmalaria.org/sites/default/files/ARMGuide_Final_May_2015.pdf#page=87.

Annex 7. List of advocacy networks and initiatives

Type of network	List of networks	Link
Scaling Up Nutrition (SUN) and SUN networks	SUN Business Network (SBN)	SBN: https://sunbusinessnetwork.org/
	UN Network (UNN), incl., in particular: <ul style="list-style-type: none"> – FAO (Food and Agriculture Organization) – WFP (World Food Programme) – WHO (World Health Organization) – UNICEF (United Nations Children's Fund) 	UNN: https://www.unnetworkforsun.org/ <ul style="list-style-type: none"> – FAO: http://www.fao.org/home/en/ – WFP: https://www.wfp.org/ – WHO: https://www.who.int/ – UNICEF: https://www.unicef.org/
	CSN (Civil Society Network) and its partners, incl. <ul style="list-style-type: none"> – Nutrition International – Save the Children 	CSN: http://www.suncivilsociety.com/ <ul style="list-style-type: none"> – Nutrition International: https://www.nutritionintl.org/ – Save the Children: https://www.savethechildren.net/
	SUN Donor Network (SDN) members, in particular: <ul style="list-style-type: none"> – UK Department for International Development (DFID) – World Bank 	SDN: https://scalingupnutrition.org/sun-supporters/sun-donor-network/ <ul style="list-style-type: none"> – DFID: https://www.gov.uk/government/organisations/department-for-international-development – World Bank: https://www.worldbank.org/
	List of SUN advocacy events in different countries	SUN: https://scalingupnutrition.org/news/tag/advocacy/
Other global networks	UN Standing Committee on Nutrition (UNSCN)	UNSCN: https://www.unscn.org/en/
	UN REACH (Renewed Efforts Against Child Hunger and Undernutrition)	UN REACH: https://www.reachpartnership.org/
	Global Nutrition Cluster (GNC)	GNC: https://www.nutritioncluster.net/
	Emergency Nutrition Network (ENN)	ENN: https://www.enonline.net/
Institutes and platforms	Sustainable Development Goal 2 (SDG2) Advocacy Hub	SDG2 Advocacy Hub: http://sdg2advocacyhub.org/
	Copenhagen Consensus Center and the Post-2015 Consensus	Copenhagen Post-2015 Consensus: https://www.copenhagenconsensus.com/post-2015-consensus/nutrition
	International Food Policy Research Institute (IFPRI)	IFPRI: https://www.ifpri.org/ Nutrition topic page: https://www.ifpri.org/topic/nutrition
	The CGIAR Research Program on Agriculture for Nutrition and Health (A4NH)	A4NH: https://www.ifpri.org/donor/cgiar-research-program-agriculture-nutrition-and-health-a4nh-led-ifpri
	Global Panel on Agriculture and Food Systems for Nutrition (GLOPAN)	GLOPAN: https://www.glopan.org/
	UNSCN Agriculture–Nutrition Community of Practice (Ag2Nut COP)	Ag2Nut COP: https://www.unscn.org/en/forums/discussion-groups/ag2nut

Initiatives and projects	Food and Nutrition Technical Assistance Project (FANTA III), USAID funded and based, and tools	FANTA III: https://www.fantaproject.org/ Tools: https://www.fantaproject.org/tools
	1,000 Days and the International Coalition for Advocacy on Nutrition	1,000 days: https://thousanddays.org/ – International Coalition for Advocacy on Nutrition: https://thousanddays.org/updates/the-international-coalition-for-advocacy-on-nutrition/
	SPRING (USAID)	SPRING: https://www.spring-nutrition.org/
	USAID Advancing Nutrition	Advancing Nutrition: https://www.advancingnutrition.org/
	Alive & Thrive (IYCF advocacy)	Alive and thrive: https://www.aliveandthrive.org/
	Results for Development (R4D)	R4D: https://r4d.org/
	Policy, Advocacy, and Communication Enhanced (PACE) for Population and Reproductive Health / USAID	– PACE: https://thepaceproject.org/ – USAID: https://www.usaid.gov/global-health/health-areas/family-planning
	Reproductive, maternal, newborn, child and adolescent health and nutrition services from Global Financing Facility (GFF)	GFF: https://www.globalfinancingfacility.org/gff%E2%80%99s-contribution-domestic-resource-mobilization-health-and-nutrition

Abbreviations: IYCF, infant and young child feeding; SPRING, Strengthening Partnerships, Results, and Innovations in Nutrition Globally; UN, United Nations; USAID, US Agency for International Development.

Annex 8. Material planning tool template

	Illustrative Examples
1. Audience	
Who is the target of this material?	Policymakers and parliamentarians
2. Desired Changes	
What do you want the audience to change—perceptions, knowledge, feelings, topics of discussion, skills, or actions—after experiencing your communication?	<ul style="list-style-type: none"> • Draft and enact a policy on the fortification of micronutrients, including vitamin A, iron, and zinc • Enact a policy on code of marketing for breast milk substitutes • Draft and enact a policy on maternity protection, including the extension of maternity leave for 6 months and the provision of paternity leave • Increase resource allocation for nutrition programs
3. Obstacles and Barriers	
<ul style="list-style-type: none"> • Why are people not doing what they should be doing? (Would they change their behaviour if they had more knowledge? Or is something else missing that prevents them from changing?) • Select <u>one</u> key barrier. 	Inadequate awareness of the magnitude of the nutrition problem and the investment needed for nutrition
4. Advocacy Intent	
How will the advocacy communication address the key barrier?	By the end of 2016, policymakers and parliamentarians will have a greater understanding of the benefits of improving nutrition, which will result in a greater allocation of resources and increased commitment to policies that improve nutrition.
5. Message Brief	
Includes instructions for the design and development of the messages (by writers, designers, and producers)	

<p>a. The key promise is the most compelling benefit of taking the desired action. The key promise should:</p> <ul style="list-style-type: none"> • Represent a subjective experience in your audience's mind • Promise a reward in the (near) future • Be truthful and relevant to your audience 	<p>Investment in nutrition and commitment to policies that improve nutrition will result in a healthier and better educated constituency, leading to economic productivity gains for the country.</p>
<p>b. The support statement convinces the audience they will actually experience the benefit. It should provide reasons why the key promise outweighs the key constraint (barriers). The support statement often becomes the message.</p>	<p>Commitment to policies that promote micronutrient food fortification, restrict marketing of breast milk substitutes, and provide an enabling environment for women to exclusively breastfeed will decrease chronic malnutrition in the country and save the lives of mothers and children.</p>
<p>c. A call to action should tell your audience what you want them to do or where to go to use the new product.</p>	<p>Invest in programs, enforce existing laws, and enact policies that improve nutrition.</p>
<h2>6. Key Content</h2>	
<p>Outline the material's content and include sources of information for each section</p>	
<p>Nutrition situation</p>	<ul style="list-style-type: none"> • Prevalence of stunting, wasting, and micronutrient deficiencies [Source: Demographic and Health Survey (DHS)] • Malnutrition's impact on health, education, and economic development [Source: PROFILES and Cost of Hunger in Africa (COHA)]
<p>Policies to provide an enabling environment for nutrition</p>	<ul style="list-style-type: none"> • Micronutrient food fortification policy and benefits • Code of marketing for breast milk substitutes policy and benefits • Maternity protection (maternity leave and paternity leave) policy and benefits
<p>Proven solutions to improve nutrition [Source: Scaling Up Nutrition (SUN)]</p>	<ul style="list-style-type: none"> • Interventions focused on prevention of malnutrition
<p>Benefit to the country (Source: PROFILES and COHA)</p>	<ul style="list-style-type: none"> • Improved health • Improved education • Economic productivity gains

Call to action	<ul style="list-style-type: none"> • Enact policies and enforce existing laws on food fortification, code of marketing for breast milk substitutes, and maternity protection • Invest more resources in the prevention of malnutrition
7. How It Fits the Mix and Creative Considerations	
<ul style="list-style-type: none"> • How does this material or activity relate to other materials or activities you are creating? • What else might be important to keep in mind when creating, producing, or distributing this communication product? • Will the material be presented in more than one language? What is the literacy level of your audience? Is there anything particular regarding style, layout, or visuals? What logos need to be used? How will the material be branded? 	<p>The fact sheet will be used in one-on-one meetings and during advocacy workshops with policymakers and parliamentarians. It will be used in conjunction with a multi-media presentation. The language for the fact sheet will be English and the literacy level is high for the target audience. The material will be branded with the government and partner logos.</p>

Source: Sethuraman K, Kovach T, Oot, L, Sommerfelt AE, Ross J. *Manual for Country-Level Nutrition Advocacy Using PROFILES and Nutrition Costing*. Washington, DC; FHI 360/Food and Nutrition Technical Assistance III Project (FANTA): 2018: 288–289. https://www.fantaproject.org/sites/default/files/resources/Nutrition-Advocacy-PROFILES-Manual-Apr2018_0.pdf#page=291.

About MQSUN+

MQSUN+ provides technical assistance and knowledge services to the UK Government's Foreign, Commonwealth and Development Office (FCDO) and the Scaling Up Nutrition Movement Secretariat (SMS) in support of pro-poor programmes in nutrition. MQSUN+ services are resourced by a consortium of five nongovernmental organisations leading in the field of nutrition.

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