



MULTISECTORAL PLANNING FOR NUTRITION

Conducting a Contextual Analysis for Nutrition

What is this tool? A nutrition contextual analysis—as noted in Module 1 of the MQSUN+ toolkit on Multisectoral Planning for Nutrition—considers the key factors affecting nutrition in a country and how stakeholders are assessing and addressing those factors. It should consider not only nutritional status but also other related needs and expectations, so as to support setting [priorities](#) for a policy, strategy or plan. This tool is an outline for a contextual analysis and includes the main pieces: nutrition situational analysis, policy framework analysis and stakeholder analysis and mapping. It offers guidance on how to structure one of these contextual analyses and offers resources for obtaining key information.

How is this tool used? An individual or small group can use this tool as a guide in pursuing, collating and analysing contextual information important for nutrition in a country—likely through a desk review with some light stakeholder consultation, or perhaps a workshop to collate key information. Tools which can support collating such data points and prioritising them (e.g. through comparing them to public health thresholds) include the [Nutrition Program Design Assistant](#) and the World Health Organization’s [Nutrition Landscape Information System](#), which provides—as automated country profiles or downloadable data—information on nutritional status, health services, care practices, government commitments, capacity and meta indicators on topics such as human development. Should primary assessments of context be needed, the [Agriculture and Nutrition Context Assessment Tool Locator](#) by USAID-funded Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) offers resources.

MQSUN+ Toolkit on Multisectoral Planning for Nutrition

This tool is part of a larger MQSUN+ toolkit—[Multisectoral Planning for Nutrition](#). Divided into six modules, this toolkit provides guidance to countries to: initiate multisectoral planning (1), develop a multisectoral nutrition plan (2) and common results framework (3) and establish the appropriate financing (4), monitoring, evaluating and learning (5) and implementation (6) mechanisms for nutrition action at the country level. The guidance has been selected from what has been used and found to work well in different country contexts based on the MQSUN(+) experience. The toolkit can be used to gain an overview of multisectoral nutrition planning as a whole or to identify appropriate approaches and useful resources to support this country-led process at different stages.

It is important to discuss the contextual analysis with key informants who may provide information that is not available publicly or may share insights on available data, for example, if stakeholders have more confidence in one survey than another. The outline below can help present the nutrition contextual analysis information, which should be publicly shared, as a stand-alone document (perhaps as a tool to help ‘set the stage’ prior to development of a multisectoral nutrition plan or common results framework) or within a national multisectoral nutrition plan (perhaps as an introduction or an annex).

Outline of a contextual analysis

A contextual analysis has three main steps (nutrition situational analysis, policy framework analysis and stakeholder analysis and mapping), which may be simultaneous or iterative.

The material could be presented with the following sections: ‘**Overview of situation**’, with a very brief general ‘Introduction’ (numbered subheading ‘1’); ‘**Nutrition situational analysis**’, with a ‘Nutritional status’ subsection (numbered ‘2’), followed by an ‘Immediate, underlying and structural drivers’ of nutrition subsection (numbered ‘3’); ‘**Policy framework analysis**’, with a ‘Policy and programme context’ subsection (numbered ‘4’); ‘**Stakeholder mapping and analysis**’, with a ‘Governance structures and key stakeholders’ subsection (numbered ‘5’), followed by ‘Nutrition capacity’ (numbered ‘6’); and ‘**Conclusion**’, with a ‘Monitoring, Evaluation, Accountability and Learning (MEAL)’ (numbered ‘7’), followed by ‘Challenges, gaps, opportunities and ways forward’ (numbered ‘8’).¹ This list should be adapted if some of these are already covered by other existing documents or if greater detail is required in some sections.

Tables 1-7 detail the subsections for each section, the focus areas within each subsection and some possible sources of information for each.

Overview of situation

1. Introduction

An introduction of a few paragraphs can provide a basic understanding of national and subnational contexts. It might briefly highlight governance; geographic or socio-political issues; and the types of assessments available, plus highlights from those assessments. If the contextual analysis will serve as a stand-alone piece for communication during planning, it could briefly mention the purpose, audience, methods and intended use. If the contextual analysis is embedded within a larger multisectoral nutrition plan, those can be foregone.

Table 1. Components of an introduction.

Subject	Key points to address	Where to find information
Nutrition policy and governance context overview	<ul style="list-style-type: none"> Status re: the Scaling Up Nutrition (SUN) Movement (i.e. whether and when the country joined the SUN Movement) and status of its participation (e.g. how active the Civil Society Alliances or other SUN networks are). 	<ul style="list-style-type: none"> Country pages on the SUN website.

¹ In preparing this tool, the contextual analyses in several existing multisectoral nutrition action plans ([Afghanistan](#), [Yemen](#) and [Sudan](#)) were particularly helpful.

Subject	Key points to address	Where to find information
	<ul style="list-style-type: none"> • Status of key policies, plans or national programmes, including national multisectoral nutrition plans and other sectoral programmes that might consider nutrition (e.g. Comprehensive Africa Agriculture Development Programme). • Any important national champions or key ministries involved. 	
Economic, social, political and shocks overview	<ul style="list-style-type: none"> • Unique socio-political (e.g. competing governments), economic, geographic, demographic (e.g. key social groups or disparities), migrative or refugee situations; protracted conflicts; the humanitarian-development nexus; and shocks (climatological, epidemic, or similar), to give a sense of the background. 	<ul style="list-style-type: none"> • Human Development Reports. • Famine Early Warning Systems Network. • Situation reports collated on ReliefWeb. • US food assistance country summaries. • iMMAP's resources.
Assessment context and highlights of nutritional status	<ul style="list-style-type: none"> • Any reviews or surveys assessing nutrition-related topics (stakeholders may indicate which data sources are the most reliable). • Brief highlights of critical indicators (i.e. those which have crossed global 'public health significance' thresholds, such as for stunting, wasting, underweight, body mass index, micronutrient deficiencies). It is best to focus on such indicators (listed in the Nutrition Program Design Assistant and the Nutrition Landscape Information System and accompanying Interpretation Guide), as others may be distracting; de Onis et al. 2019 proposes revisions for stunting and wasting. 	<ul style="list-style-type: none"> • Demographic and Health Surveys. • Stakeholders, who may be able to provide Micronutrient Surveys and Standardized Monitoring and Assessment of Relief and Transitions (or 'National Nutrition') surveys. • MICS [Multiple Indicator Cluster Surveys]. • Integrated Food Security Phase Classification. • Comprehensive Food Security and Vulnerability Analysis.

Nutrition situational analysis

2. Nutritional status

Following the introduction, it is important to quickly move into presenting the nutritional status in the country. This is where it is critical to provide a good summary using graphics to draw attention to the main points. Nutrition outcomes should be disaggregated as appropriate by age, sex, location (e.g. rural/urban, province), race and ethnicity, disability, socioeconomic status, education level and refugee or displacement status. If there are notable regional variations, findings could be organised by sharing national-level and then regional-/district-/governate-level data.

Trends (where notable) should be presented to assess variation over time and contextualise the current situation. Reporting against thresholds or trends will support an understanding of which areas are improving, not moving, slipping backwards or needing further work. It can also be helpful for stakeholders to see the status against the [2025 World Health Assembly targets](#), which the [Global](#)

[Nutrition Report](#) offers through its Country Nutrition Profiles. Laying out this information clearly can help identify where stakeholders and programme implementers should focus resources and attention.

It will also be important to articulate any findings which may differ from common assumptions. For example, research is showing that in some instances male children may have worse nutrition outcomes than female children and that anaemia may not always be due to iron deficiency (which up-to-date biomarkers can help clarify). If information is available or notable, it should be included.

Table 2. Components of subsection on nutritional status.

Subsection	Key points to address	Where to find information
Nutritional status and mortality of children under 5 years old	<ul style="list-style-type: none"> • Mortality (an important outcome of malnutrition). • Stunting, wasting, vitamin A deficiency and anaemia (whether due to iron deficiency, inflammation—CRP and AGP biomarkers—or other, if known), disaggregated by sex and age (0–6, 6–23, 0–59 months old), if possible. 	<ul style="list-style-type: none"> • Demographic and Health Surveys, MICS [Multiple Indicator Cluster Surveys], Standardized Monitoring and Assessment of Relief and Transitions / National Nutrition surveys, Micronutrient Surveys. • Nutrition Landscape Information System.
Nutritional status of women of reproductive age (15–49 years old)	<ul style="list-style-type: none"> • Overweight/obesity, body mass index and anaemia, disaggregated by pregnant/nonpregnant, lactating/nonlactating status, if possible. 	
Nutritional status of adolescent girls and boys/men	<ul style="list-style-type: none"> • Overweight/obesity, body mass index and anaemia, disaggregated by sex, if possible. 	

3. Immediate, underlying and structural drivers

A summary of the immediate (diet and disease), underlying and structural or basic drivers of nutritional status often follows the nutritional status section. For a common understanding amongst stakeholders, a contextual analysis often includes the United Nations Children’s Fund’s nutrition framework ([Figure 1](#)) available in [UNICEF’s Approach for Scaling Up Nutrition](#) strategy². Disaggregation should be, if relevant, by age, sex, gender, race or ethnicity, disability, socioeconomic status, education level and refugee or displacement status. If there are notable regional variations, findings could be organised by sharing national-level and then regional-/provincial-/district-/governate-level data. Drivers of nutritional status should be presented considering the epidemiological, political, economic, sociocultural, geographic and other contexts.

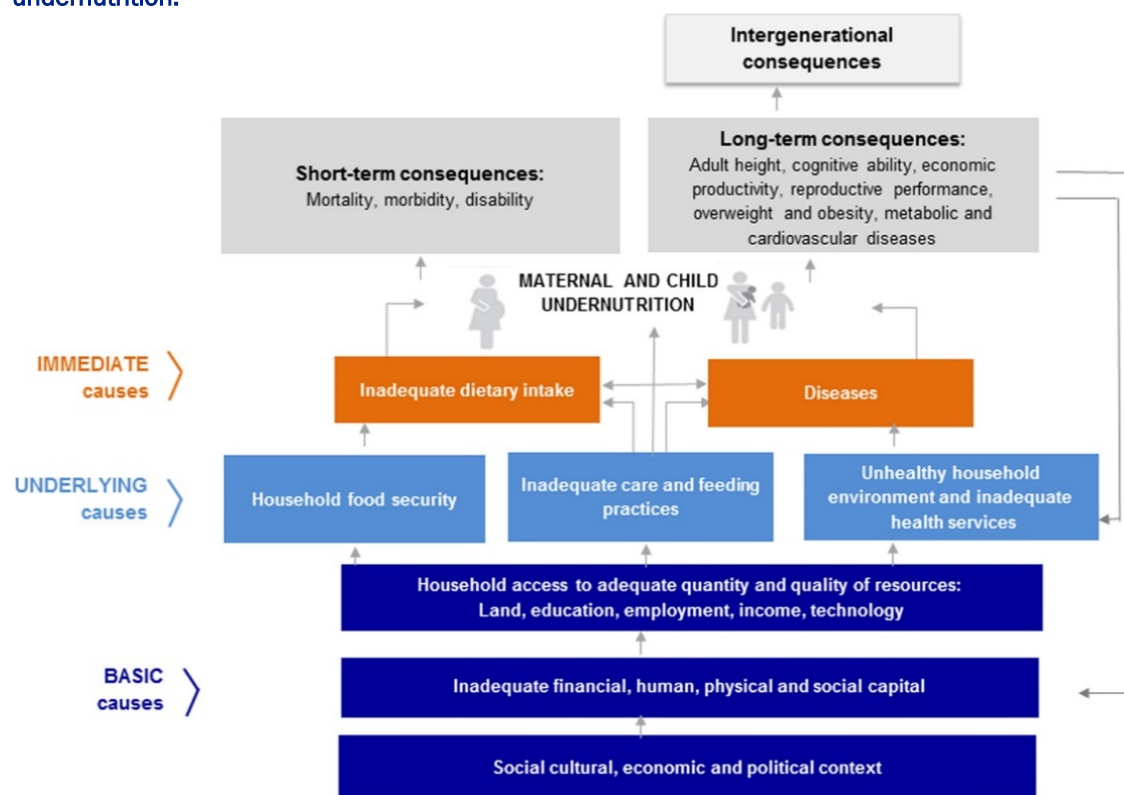
When it comes to structural or basic drivers, the participation and influence of other household and community actors, such as spouses, in-laws and community leaders, should be considered and presented, if available. For example, asking direct questions about ‘What We Do We Mean [sic] by Gender?’ can also be helpful³. As mentioned, if primary assessments are needed, the SPRING Agriculture and Nutrition Context Assessment Tool Locator offers resources. Further, the next section on policy and programming context might be useful, particularly the findings from the [Maximising the](#)

² UNICEF. *UNICEF’s Approach for Scaling Up Nutrition*. USA; 2015. Available at: https://www.unicef.org/nutrition/files/Unicef_Nutrition_Strategy.pdf

³ UK Aid Direct. *What Do We Mean by Gender?*. UK; 2016. Available at <https://www.ukaidirect.org/wp-content/uploads/2016/04/What-do-we-mean-by-gender.pdf>.

[Quality of Scaling Up Nutrition Plus \(MQSUN+\) Policy Mapping and Analysis Tool](#). Though it is also applicable to that section, for this section on structural and basic drivers, it can be useful to conduct a political economy analysis, looking at political and economic issues together, in order to consider the interests, incentives and institutions (formal or informal) which maintain power and wealth differences between groups and how this can hamper or enable the effectiveness of a multisectoral nutrition plan and progress on nutrition. Especially important in fragile contexts, this should be considered everywhere. There are several tools available, from the UK Foreign, Commonwealth and Development Office (formally Department for International Development [DFID]), Reich et al., Food and Agriculture Organization/FAO, World Bank and others)^{4,5,6,7}.

Figure 1. United Nations Children’s Fund (UNICEF) conceptual framework of the determinants of child undernutrition.



Source: UNICEF Programme Division 2015⁸.

⁴ DFID. *Political Economy Analysis How to Note. DFID Practice Paper*. London, UK: DFID; 2009. Available at <https://www.odi.org/sites/odi.org.uk/files/odi-assets/events-documents/3797.pdf>.

⁵ Reich MR, Balarajan Y. Political Economy Analysis for Nutrition Policy. *The Lancet Global Health*. 2014; 2(12): e681–e682. [https://doi.org/10.1016/S2214-109X\(14\)70350-X](https://doi.org/10.1016/S2214-109X(14)70350-X).

⁶ Food and Agriculture Organisation (FAO). *Strengthening Sector Policies for Better Food Security and Nutrition Results*. Rome, Italy: FAO; 2017. Available at <http://www.fao.org/3/i7212en/i7212EN.pdf>.

⁷ Reich MR, Balarajan Y. *Political Economy Analysis for Food and Nutrition Security*. Washington, DC, USA: The World Bank; 2012. Available at <http://documents1.worldbank.org/curated/en/327051468337182275/pdf/769210WP0Polit00Box374391B00PUBLIC0.pdf>.

⁸ United Nations Children’s Fund (UNICEF) Programme Division. *UNICEF’s Approach to Scaling Up Nutrition for Mothers and Their Children*. Discussion Paper. New York, New York, USA: UNICEF; 2015. Available at https://www.unicef.org/nutrition/files/Unicef_Nutrition_Strategy.pdf.

Table 3. Components of subsection on immediate, underlying and structural drivers.

Subsection	Key points to address	Where to find information
Immediate drivers		
Diet and health status	<ul style="list-style-type: none"> • Minimum dietary diversity for women. • Breastfeeding status (exclusively for first 6 months; continued to 1 and 2 years old). • Minimum acceptable diet for children 6–23 months old (composite of minimum dietary diversity/minimum meal frequency), further disaggregated by age, if possible. • Incidence (amongst children) of diarrhoea, malaria and other illnesses which influence nutrition. 	<ul style="list-style-type: none"> • Demographic and Health Surveys (DHS), MICS [Multiple Indicator Cluster Surveys], Standardized Monitoring and Assessment of Relief and Transitions (SMART) / National Nutrition surveys, Micronutrient Surveys. • Nutrition Landscape Information System.
Underlying drivers		
Food security	<ul style="list-style-type: none"> • Food availability (quantities produced—of high-quality, diverse and stable foods, considering losses—by own household and by others supplying the markets). • Food access (based on own production and on affordable products—both price and relative cost—in markets which are physically accessible within reasonable distance). • Assessment of whether the food is diverse, acceptable (in taste, convenience and safety—such as free from mycotoxins) and nutritious (e.g. fruits, vegetables, pulses and nuts; animal-sourced foods; micronutrient-enriched staples). • Food use (how food is allocated and used within the household, including intrahousehold food distribution and related issues driven by gender dynamics). 	<ul style="list-style-type: none"> • Famine Early Warning Systems Network. • Integrated Food Security Phase Classification. • Comprehensive Food Security and Vulnerability Analysis. • WFP Fill the Nutrient Gap reports. • Save the Children UK's Cost of the Diet method.
Care and feeding practices	<p>For infants:</p> <ul style="list-style-type: none"> • Optimal timing of umbilical cord clamping (at delivery). • Protection, promotion and support of breastfeeding (exclusively for first 6 months). • Infant and young child nutrition/feeding, including in emergencies. • Care of low birthweight and very low birthweight infants. • Assessment and management of wasting. • Prevention and control of micronutrient deficiencies in emergencies. • Nutritional care of infants whose mothers are carriers of hepatitis B. • See <i>specific conditions</i> below. 	<ul style="list-style-type: none"> • WHO's Essential Nutrition Actions. • DHS, MICS and SMART / National Nutrition surveys. • Coverage surveys, such as the Semi-Quantitative Evaluation of Access and Coverage (SQUEAC) / Simplified Lot Quality Assurance Sampling Evaluation of Access and

Subsection	Key points to address	Where to find information
	<p>For children under 5 years old:</p> <ul style="list-style-type: none"> • Appropriate complementary feeding (alongside continued breastfeeding to 1 year or beyond). • Growth monitoring assessment and promotion. • Assessment and management of wasting (e.g. number of male vs. female children measured, admitted for treatment, recovering). • Iron-containing micronutrient supplementation. • Vitamin A supplementation, including for children with measles. • Zinc supplementation in management of diarrhoea. • Iodine supplementation. • <i>See specific conditions below.</i> <p>For adolescents: iron-containing micronutrient supplementation.</p> <p>For women:</p> <ul style="list-style-type: none"> • Nutritional care during pregnancy and postpartum period (including lactation). • Iron-containing micronutrient supplementation. • Iodine supplementation. • Time use and energy expenditure. <p>For older persons: nutritional care for at-risk older persons.</p> <p>For individuals with <i>specific conditions</i>:</p> <ul style="list-style-type: none"> • Nutritional care for persons living with HIV, tuberculosis and other infectious diseases (such as COVID-19, H1N1, Ebola, viral haemorrhagic diseases, Zika). • Preventive chemotherapy/deworming for the control of soil-transmitted helminths. 	<p>Coverage (SLEAC) Technical Reference.</p> <ul style="list-style-type: none"> • Nongovernmental organisation (NGO) assessments and other assessments, even if they are project-area specific.
Household environment and health services	<ul style="list-style-type: none"> • Access to clean water and sanitation and hygiene behaviours. • Equitable access to, provision of (and by which level provider), use of and coverage of health services related to the items in the previous row (e.g. Are birth attendants delaying cord clamping as recommended? Is assessment appropriate? Are prevention services, including counselling, being given? Is treatment adequate and of high quality? Is referral adequate and effective?). 	<ul style="list-style-type: none"> • Joint Monitoring Programme on water, sanitation and hygiene data. • DHS, MICS and SMART / National Nutrition surveys, coverage surveys. • NGO and other assessments, even if they are project-area specific.

Subsection	Key points to address	Where to find information
Structural/basic drivers		
Household access to resources; financial, human, physical and social capital; social, cultural, economic, political and environmental determinants	<ul style="list-style-type: none"> • Socioeconomic and human development context (poverty levels; access to key resources, such as land, water and employment services; access to education and technology; historical and political trends and milestones; human rights; challenges/barriers and opportunities by group and geography). • Political economy (the convergence of political and economic concerns, in which underlying interests, incentives and institutions maintain power and wealth differences between groups and ways this can hamper or enable change). Especially important in fragile contexts, this should be considered everywhere. • Gender-based inequalities (e.g. cultural and societal gender norms, roles and relations) which may lead to differences in the following (which can also be reported if known): <ul style="list-style-type: none"> ○ Access to resources, including intrahousehold food allocation. ○ Participation in decision-making (including control over own/child’s health/diet, such as breastfeeding and ability to access healthcare). ○ Engagement and support from men and other household members—for example, whether men are participating in antenatal care visits or childcare. ○ Available time and mobility. ○ Proportion of women/men/girls/boys as programme beneficiaries. • Service or behaviour uptake barriers (e.g. perceptions of consequences, social norms, whether individuals believe they can do the behaviour, ability to pay, availability of and access to service, competency of the provider). • Modalities of allocating/prioritising services for key populations (e.g. displaced or refugee populations) in fragile and conflict-affected contexts. • Environmental context and climatic issues affecting nutrition, such as climate change, drought, flooding, climatic displacement. 	<ul style="list-style-type: none"> • Human Development Reports. • Presentation on Using the project-level Women’s Empowerment in Agriculture Index (pro-WEAI) for nutrition sensitive programming. • World Bank’s Maximizing the Impact of the World Bank Group in Fragile and Conflict-Affected Situations (2018).

Policy framework analysis

4. Policy and programming context

Next would come a summary of the existing level of nutrition-related policy and programming engagement, based on a thorough review of sectoral and multisectoral policies and programmes. The [MQSUN+ Policy Mapping and Analysis tool](#) might be helpful. Additionally, the [Scaling up Nutrition \(SUN\) toolkit on Multistakeholder Platforms for Nutrition](#) mentions the socio-political, economic and institutional factors which may impact those platforms (a topic for the next step) but is also useful for considering [where nutrition issues fit within national priorities](#). Likewise, though it focuses on stakeholder consultation (the next section), the [MQSUN+ Stakeholder Consultation tool](#) may be helpful even for this step, as stakeholder consultation is an excellent means of collecting information about the most useful policies and programmes to consider.

The analysis should try to identify what each sector's priorities are, to assess whether and how each sector is committing to or prioritising nutrition actions or objectives and to consider where improvements could be made. Comparing this analysis to the nutrition situation (nutritional status and indicators in underlying and structural factors) can help identify which policies/programmes seem to be working, where there are gaps that could be addressed in future policies and programmes, where coherence and coordination across sectors need attention and where advocacy may be needed to increase attention to nutrition. For example, if there is no policy or programme commitment to iron-folate for pregnant women, this could partly explain high levels of iron-deficiency anaemia. If a multisectoral nutrition plan (also known as a national nutrition plan) exists, a useful tool for analysis of that plan would be the SUN Movement's [Checklist on the Criteria and Characteristics of 'Good' National Nutrition Plans](#).

Table 4. Components of the subsection on policy and programming.

Subsection	Key points to address	Where to find information
Policies and programmes to tackle immediate drivers	<ul style="list-style-type: none"> • Policies or programmes to address, likely from Agriculture and Health sectors: dietary intake and disease. 	<ul style="list-style-type: none"> • National Nutrition; Health; Water, Sanitation and Hygiene (WASH); Social Protection; Food Security; Agriculture; Trade & Industry; or Social Protection policies or strategies, noting that for Nutrition these are usually multisectoral and include multiple ministries and partners. • Programmes and packages of Health or other sectors' services (at facility, community, and other levels). • Evaluations or progress reports.
Policies and programmes to address underlying drivers	<ul style="list-style-type: none"> • Policies or programmes to address, likely from Agriculture; Trade & Industry; Health; WASH; or Social Protection sectors (also potentially intersectoral): <ul style="list-style-type: none"> ○ Food security, as mentioned above (especially availability and access). ○ Positive care and feeding practices, to improve diets and reduce illness. ○ WASH practices, to reduce illness. ○ Use of health and related services (e.g. indoor spraying), to reduce illness. 	

Subsection	Key points to address	Where to find information
Policies and programmes to address structural (also called basic) drivers of nutrition (including gender)	<ul style="list-style-type: none"> • Policies or programmes to address, likely from Social Protection, Education, Trade and Industry, Labour (e.g. parental leave), or Health sectors: <ul style="list-style-type: none"> ○ Access to resources (e.g. food through a school meals programme or food or cash through a social protection programme). ○ Development of and access to (e.g. through education) financial, human, physical and social capital. ○ The right to adequate food (i.e. whether that right is recognised explicitly, implicitly, in state policy, in related international obligations or in other pertinent provisions). ○ The right to the highest attainable standard of health. • Policies or programmes to address the following (and whether the policies/plans/ programmes include sex-disaggregated data, discussion of the gender dimensions or evidence that gender stakeholders have been consulted regarding): <ul style="list-style-type: none"> ○ Unique needs and access of men, women, boys and girls and potential unintended consequences working to address these needs, given cultural and societal gender norms, roles and relations. ○ Agency over decisions or joint decision-making and skills building needed for men regarding nontraditional responsibilities (e.g. care). ○ Equitable access to agricultural input, income-generation opportunities, microfinancing and participation in programmes or decision-making bodies. 	<ul style="list-style-type: none"> • The above policies, strategies and programmes, which may also address the structural drivers. • National Development Frameworks or Strategies. • Food and Agriculture Organization’s The Right to Food around the Globe. • SUN Movement’s Checklist on Criteria and Characteristics of ‘Good’ National Nutrition Plans, which mentions rights to adequate food and a high standard of health. • National action plans for women or for gender approaches. • Scaling Up Nutrition’s Gender equality and empowerment of women and girls.

Stakeholder mapping and analysis

5. Governance structures and key stakeholders

A summary of the governance structure for nutrition security will support an understanding of how much an already existing system of nutrition governance can be relied upon to bring together stakeholders needed for developing and implementing a multisectoral nutrition plan. It will also lay out who is doing what, and where, and who has a role in nutrition to assess who has influence, who should be engaged and with whom there should be coordination. Good governance is needed to coordinate interventions, adequately invest in nutrition and set up accountability mechanisms⁹. Principles of engagement outlined in the SUN Movement Strategy and Roadmap 2016–2020 outline the ways of working between and within stakeholder groups. The [SUN Toolkit on Multistakeholder Platforms](#) offers considerations for analysing existing nutrition networks and coordination

⁹ FAO, World Health Organisation. *Governance and Accountability for Nutrition. Concept Note for Round Table 3*. Rome, Italy: Second International Conference on Nutrition; 2014. Report ICN2 2014/RT/3. Available at <http://www.fao.org/3/a/ml933e.pdf>.

mechanisms. The UN Network has a [Nutrition Stakeholder & Action Mapping tool](#). Further, the [MQSUN+ Stakeholder Mapping tool](#) would be helpful.

Table 5. Components of the subsection on governance structures and key stakeholders.

Subsection	Key points to address	Where to find information
Political governance structures for nutrition	<ul style="list-style-type: none"> • Political and institutional dynamics associated with nutrition commitment and capacity at various political and bureaucratic levels at which decisions are made and resources allocated. • Coherence of existing structures and coordination mechanisms for nutrition, including (1) multisectoral and sectoral plans (integration of nutrition as part of health; non-health-sector plans; national and subnational; development and humanitarian; functionality, coherence and linkages) and (2) horizontal and vertical structures, such as: <ul style="list-style-type: none"> ○ Scaling Up Nutrition (SUN) Focal Point, SUN multisectoral platform formation and civil society/private-sector engagement. ○ High-level engagement (e.g. Office of the Prime Minister or Planning Commission rather than Ministry of Health) and Food Security and Nutrition Steering/Coordination body (i.e. Does the lead ministry have jurisdiction over other ministries? How are decisions made and adopted?). ○ Inter-ministerial coordination committees and technical committees for nutrition and food security; Nutrition Working Groups, including composition and representation, as well as other developmental intersectoral coordination mechanisms (Sustainable Development Goals Coordination Forum; Development Partners Forum–Nutrition and related sectors; and subnational bodies); and, in fragile and conflict-affected contexts, the Cluster mechanisms. ○ Subnational-level coordination mechanism composition (i.e. how often it meets; how implementation, tracking, monitoring and evaluation and achievement of targets are coordinated; level of collaboration; any joint endeavours by such bodies; available support and resources; linkages to policymakers at the national level and to service providers at various levels). • Procedures for planning and approval for nutrition actions; the duration (annual or 5 years or so) of nutrition plans. 	<ul style="list-style-type: none"> • The SUN website lists the SUN Government Focal Points and the SUN Donor Conveners. • The SUN Business Network website lists its Country Networks. • The SUN Civil Society Network website lists the country Civil Society Alliances. • Global Nutrition Cluster and other relevant Clusters list countries where active. • All of these can be reported on, their web pages can be reviewed for these details, and they can be consulted.
Nutrition policymaking in fragile and conflict-affected contexts	<ul style="list-style-type: none"> • Understanding of governance in the context of development and humanitarian approaches in fragile and conflict-affected contexts, which requires a nuanced appreciation for how policies are formulated and implemented (e.g. through the Cluster mechanisms). • Conditions within such countries, which may be challenging yet still allow analyses of the governance situation through tailored approaches (such as those MQSUN+ has supported in countries like Yemen and Afghanistan). 	<ul style="list-style-type: none"> • Humanitarian Response Plans. • Recent reviews/webinar on Strengthening the humanitarian-development nexus for nutrition.

Subsection	Key points to address	Where to find information
Financial governance and financing	<ul style="list-style-type: none"> Public-sector financial governance and management structure, foreign aid governance structure for multisectoral nutrition budgets and responsible bodies and decision-makers in nutrition financing. Ways that nutrition supplies and services are presently budgeted and paid for (government budget, health insurance, out-of-pocket payments). Ways that budget is allocated by/to different ministries (e.g. Do steering/coordinating bodies inform or allocate budgets? How do subnational levels of government receive funds?). 	<ul style="list-style-type: none"> Public Expenditure Reviews. Annual budget and work programmes. Ministries of finance, sectoral ministries' Planning Departments.

6. Nutrition capacity

A summary of the nutrition-capacity context is important for understanding the human and physical capital available. This section should help identify what capacity exists versus needs to be developed to successfully implement the interventions outlined in multisectoral nutrition plans. It is recommended to look for any nutrition-capacity assessments already conducted. Otherwise or in addition, the [MQSUN+ Capacity Assessment tool](#) will be useful for this section. Some important areas to cover are the availability of funding; coordination systems (which likely will have come to light in the previous section but could be further considered); human resources and the health workforce capacity to deliver services and guidelines, and to deliver them well; supplies and technology; and nutrition monitoring and information systems (which will be further covered in the next section).

Table 6. Components of the subsection on nutrition capacity.

Subsection	Key points to address	Where to find information
Funding	<ul style="list-style-type: none"> On- and off-budget funding for the Essential Nutrition Actions and other nutrition-related interventions (for food security, food safety, related education and social protection activities, etc.). 	<ul style="list-style-type: none"> National budgets. Sectoral budgets. Donor programme budgets. SUN Movement nutrition investment database.
Health workforce and service delivery guidelines	<ul style="list-style-type: none"> Mechanisms for adequate staffing, including in hard-to-reach areas (e.g. allowances for remote postings and addressing of turnover with systematic and comprehensive nutrition in-service). Presence and extent of inclusion of nutrition in preservice curriculum; availability of appropriate job aids and guidelines for the Essential Nutrition Actions and other nutrition interventions. Means to ensure health workers understand and deliver appropriate nutrition interventions at each contact (e.g. iron-folate at antenatal clinics, severe acute and moderate acute malnutrition care as part of Integrated Management of Childhood Illness/Integrated Community Case Management). 	<ul style="list-style-type: none"> 'Nutrition Capacity Development: A Practice Framework' article. Action Against Hunger's Health System Strengthening: From Diagnosis To Planning Guide. Health Systems 20/20's The Health System Assessment Approach: A How-To Manual.

Subsection	Key points to address	Where to find information
	<ul style="list-style-type: none"> • Functioning of supportive supervision and mentoring of staff on nutrition issues (e.g. observation of case management). • Maximisation of health worker efficiency due to opportunity to provide multiple services at once. • Colocation of services, coordinated messages and increased motivation amongst health personnel with supportive supervision. • Case-finding and referral mechanisms. • Involvement, accountability and ownership of community. 	
Supplies and technology	<ul style="list-style-type: none"> • Inclusion of nutrition commodities in essential drugs list. • Capacity for nutrition supply chain management. • Identification/resolution of bottlenecks (e.g. ensuring facilities are well equipped). • Effective logistics for medicines; social marketing and global public goods; promotion of in-country drug manufacturers; appropriate equipment and maintenance. 	<ul style="list-style-type: none"> • Guidebook: Strengthening district management capacity for planning, implementation and monitoring for results with equity. • A Process Guide and Toolkit for Strengthening Public Health Supply Chains through Capacity Development.

Conclusion

7. Monitoring, evaluation and learning

A summary of the context for monitoring, evaluation and learning gives an understanding of the 'what' the environment needs to be for measuring accountability and progress and how learnings are recorded, adopted and disseminated for improved outcomes through defined feedback channels.

Table 7. Components of the subsection on monitoring, evaluation and learning.

Subsection	Key points to address	Where to find information
Health and other nutrition information systems	<ul style="list-style-type: none"> • National and subnational information systems for the indicators that would be included in the national multisectoral nutrition plan. • Learning and policy adjustments— institutional/organisational learning, data management, analysis, management decision and adjustments. • Accountability mechanisms (reporting and monitoring, information flow to policy level, tracking of political and financial commitments, transparency, beneficiary feedback mechanism, redress). • Ways learning is recorded and disseminated (minutes outlining decisions and action points, lessons learnt, best practices, operations research). 	<ul style="list-style-type: none"> • Documents on government approach to assessing progress and target achievements. • SUN Movement Annual Progress Reports; 2020 Global Nutrition Report. • World Health Organization Cluster performance

Subsection	Key points to address	Where to find information
	<ul style="list-style-type: none"> • Ensuring of specification of nutrition outcomes at the beginning. • Efforts towards including nutrition indicators in information systems. • Strengthening of monitoring and data capacity at all levels (e.g. support for use of technology for collecting data, performance monitoring, supply chain management and use of data for action). • Mechanisms for accountability and transparency at all levels. • Effective, decentralised continuity of care with information flow across it; goal compatibility, support and involvement of health actors; robust data and operational systems (using information technology) for intelligible and transparent collecting, tracking and reporting; data for decision-making and identification of underserved population. 	<p>monitoring reports (monitors the coordination performance, not implementation or target achievements).</p> <ul style="list-style-type: none"> • DHIS. • Grievance Redress Mechanisms. • National Information Platforms for Nutrition (NIPN). • Nutrition Landscape Information System.

8. Challenges, gaps, opportunities and ways forward

Whilst the contextual analysis is a stand-alone piece that is not followed by other sections drawing on this material, this section should give a brief synopsis so that it is clear what the contextual analysis is recommending as the next steps. Summarise the major nutrition issues that were identified, key gaps and bottlenecks to the nutrition response, key strengths of the policy and programming environment and opportunities for improvements to the nutrition response moving forward. This information can then be used to inform forthcoming multisectoral nutrition planning efforts.

About MQSUN+

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

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