



# MULTISECTORAL PLANNING FOR NUTRITION

## Mapping Stakeholders for Nutrition

The Scaling Up Nutrition (SUN) Movement promotes multisectoral, multi-stakeholder actions to end malnutrition. Part of the process for initiating the multisectoral planning process are *stakeholder mapping* and stakeholder consultation, as part of conducting a contextual analysis (as noted in Module 1 of the MQSUN+ toolkit on Multisectoral Planning for Nutrition). Stakeholder mapping outlines the actors, organisations, projects and/or programmes in a country that already, or have potential to, support nutrition. The stakeholder consultation process then validates findings and sets the stage for aligning nutrition priorities (see [MQSUN+ Stakeholder Consultation tool](#)).

It is important to understand who the current or potential nutrition stakeholders are and their priorities to get a broad picture of countries' nutrition landscapes and engage stakeholders early in the process of scaling up nutrition. It will also help ensure that important issues, such as gender and disability, are included in discussions from the outset.

The stakeholder mapping exercise generally happens prior to development of the multisectoral nutrition plan (MSNP)/common results framework (CRF) and thus helps to gain stakeholder involvement, engagement and input early on, which will improve buy-in throughout the planning and implementation process. The stakeholder consultation phase generally happens after the mapping exercise and can be used to both validate the findings from the mapping/contextual analysis and engage stakeholders in the multisectoral planning process. Examples of possible nutrition stakeholders are outlined in the [Box](#); however, the five sectors most commonly implementing nutrition-related activities are: health; education; water, sanitation and hygiene; social protection; and agriculture.

### 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.

## Box. Examples of possible nutrition stakeholders

### Government/public sector:

- Overarching multisectoral entities: planning and development, including the Scaling Up Nutrition Steering Committee and the Multistakeholder Platform for Nutrition, finance, local development or administration, etc.
- Sectoral representatives: ministries of health; water, sanitation and hygiene; agriculture; irrigation; livestock; fisheries; education; social affairs/protection; economic development; planning; local development; women's affairs; youth; labour; energy; information; culture; commerce and industry; disaster management; finance; statistics; etc.
- Local, subnational or district governments.

### Partners:

- United Nations (UN) agencies: United Nations Children's Fund, World Health Organization, World Food Programme, Food and Agriculture Organization, International Fund for Agricultural Development, United Nations Population Fund/UN Women, United Nations Development Programme, etc.
- Donors: US Agency for International Development, UK Department for International Development, European Union, GIZ [German Corporation for International Cooperation], World Bank, African Development Bank, Asian Development Bank, etc.
- International/national nongovernmental organisations: Save the Children International, FHI 360, Helen Keller International, etc.
- Civil society
- Private sector (business)
- Academia and research

## Purpose of the stakeholder mapping and matrix

The main purpose of this tool is to outline the process of mapping nutrition-related stakeholders in the country and identifying the potential involvement and interest of all partners, with a focus on nutrition. This will include information about which nutrition programmes they are currently implementing, as well as where and how they could be effectively engaged in nutrition-related country planning.

The outcome of the stakeholder mapping process should illuminate:

- Who the major and supporting actors/organisations are in implementation of nutrition activities and in governance bodies for nutrition, as well as those who should be engaged in multisectoral planning for nutrition going forward.
- The degrees of interest and knowledge in nutrition across stakeholders in order to identify advocacy, communication and/or capacity needs.
- The breadth of stakeholder nutrition-related programmes (**Table 1**) and an indication of committed funding and resource gaps.
- An analysis of the strengths of, opportunities for and challenges to multisectoral planning for nutrition with which multi-stakeholder platforms and governance bodies must work.

**Table 1. Examples of nutrition-specific and nutrition-sensitive programmes.**

Nutrition-specific	Nutrition-sensitive
<p>High-impact (or 'direct') nutrition actions targeting vulnerable groups, such as the First 1,000 Days (for pregnant and lactating women and children under 2 years old) and interventions for women of reproductive age, including adolescent girls.</p>	<p>Actions addressing the underlying (or 'indirect') determinants of malnutrition that should clearly identify a nutrition-related objective, outcome and/or action to be considered nutrition-sensitive (used most commonly in the sectors below).</p>
<p><u>Infants:</u></p> <ul style="list-style-type: none"> <li>• Early initiation of breastfeeding</li> <li>• Exclusive breastfeeding</li> <li>• Counselling and support for appropriate feeding of low-birthweight infants</li> </ul> <p><u>Children:</u></p> <ul style="list-style-type: none"> <li>• Continued breastfeeding</li> <li>• Complementary feeding</li> <li>• Multiple micronutrient powder supplementation</li> <li>• Vitamin A supplementation</li> <li>• Iron supplementation</li> <li>• Therapeutic zinc supplementation</li> <li>• Treatment of severe acute malnutrition</li> <li>• Prevention and treatment of moderate acute malnutrition</li> </ul> <p><u>Women of reproductive age:</u></p> <ul style="list-style-type: none"> <li>• Intermittent iron and folic acid supplementation</li> </ul> <p><u>Pregnant women:</u></p> <ul style="list-style-type: none"> <li>• Iron and folic acid supplementation</li> <li>• Vitamin A supplementation</li> <li>• Calcium supplementation</li> </ul> <p><u>All vulnerable persons:</u></p> <ul style="list-style-type: none"> <li>• Salt iodisation</li> <li>• Iron fortification of staples</li> <li>• Deworming</li> <li>• Promotion of handwashing with soap and hygiene behaviours</li> </ul>	<p><u>Health:</u></p> <ul style="list-style-type: none"> <li>• Integrated maternal and child health</li> <li>• Diarrhoeal treatment with oral rehydration solution/zinc</li> <li>• Growth monitoring and promotion</li> <li>• Immunisation</li> <li>• Reproductive health</li> <li>• Antenatal care</li> <li>• Overweight and obesity prevention</li> <li>• Infectious disease prevention and treatment</li> </ul> <p><u>Agriculture and food safety:</u></p> <ul style="list-style-type: none"> <li>• Dietary diversity</li> <li>• Food safety</li> <li>• Food fortification &amp; biofortification</li> <li>• Promotion of nutrition-rich vegetables/crops</li> <li>• Homestead food production</li> <li>• Animal husbandry</li> <li>• Livestock and fisheries</li> </ul> <p><u>Social protection:</u></p> <ul style="list-style-type: none"> <li>• Income-generating activities for women</li> <li>• Social safety nets</li> <li>• Nutrition care and support in emergencies</li> <li>• Welfare services targeting women and children</li> </ul> <p><u>Water, sanitation and hygiene (WASH):</u></p> <ul style="list-style-type: none"> <li>• WASH education and awareness raising</li> <li>• Safe drinking water</li> <li>• Essential hygiene actions</li> <li>• Improved sanitation</li> </ul> <p><u>Education</u></p> <ul style="list-style-type: none"> <li>• School feeding programmes</li> <li>• Nutrition curriculum in schools</li> <li>• Access to education</li> <li>• Literacy targeting women</li> </ul> <p><u>Enabling environment</u></p> <ul style="list-style-type: none"> <li>• Nutrition governance</li> <li>• Nutrition capacity building &amp; monitoring/evaluation</li> <li>• Early childhood development</li> <li>• Programmes targeting women/vulnerable children</li> </ul>

During this exercise, it is important to review national development plans, sectoral policies, strategies, programmes and interventions in order to analyse the opportunities for integration of nutrition centrally and across sectors. This analysis will assist in engaging all key actors for future national planning and in defining the overall nutrition framework, including the goals, objectives, indicators and set of interventions for each sector. It will further help the identified stakeholders understand their roles and responsibilities towards achieving the goal through enhancing multisectoral coordination and collaboration.

## The process for mapping stakeholders for nutrition

The steps and associated examples/tools (**Tables 1 and 2**) highlighted in this document should be adapted to each country context. The level of detail gathered will depend on the goal of the stakeholder mapping exercise and the amount of time available, as well as the degree of complexity of nutrition programming and number of implementing partners in each country. Findings from the stakeholder mapping exercise should culminate in an endorsed partners map, which may be a written report with a stakeholder matrix (**Table 2**) at its core. The mapping exercise should be validated with the identified stakeholders from each sector, such as through a joint consultation workshop. A joint consultation workshop could also serve to gather input from stakeholders about the MSNP/CRF priorities and plan.

### HUMANITARIAN RESPONSE

Stakeholder mapping should examine key approaches for contingency planning, preparedness and response and review in emergency contexts and whether and how nutrition is incorporated within them. Equally, review of sectoral documents should consider whether any provision is made for unexpected or potential emergencies. Where they exist, stakeholders from disaster-management agencies or those with a role in responding to emergencies should be engaged.

### GENDER

As gender roles and women's empowerment play a major role in the underlying drivers of nutrition, it is essential during this process to gain an understanding, through the stakeholder mapping, of the policy environment around gender and considerations of gender within strategic approaches and programming. Equally, it is vital to consult with stakeholders with gender expertise and engage them in stakeholder meetings from the start to provide opportunities for early and comprehensive consideration of gender in multisectoral nutrition planning.

## The methodology for mapping stakeholders for nutrition

The methodology involves three parts: (1) a desk review to identify the main nutrition stakeholders (this usually follows or may be part of a [contextual/situation analysis](#)); (2) information gathering to involve and hear directly from the key nutrition stakeholders; and (3) a stakeholder mapping report to consolidate all of the findings. This whole process may involve any combination of literature reviews, questionnaires/checklists, electronic communication (emails), face-to-face consultative meetings, focus group discussions and analyses of collected data.

It may be helpful to ask respondents to refer additional nutrition-related personnel or stakeholders to help expand the list of active stakeholders in the country and thus ensure a complete and accurate mapping exercise.

A breakdown of the methodology is as follows:

## Desk review

The first step is to collect information through a **desk review** of nutrition policies and programmes in various sectors—such as health; agriculture; water, sanitation and hygiene; education; and social protection—which support interventions that address underlying causes of malnutrition in the country. It is also important to identify whether a stakeholder mapping already exists to build on. Nutrition Cluster meetings or coordination meetings may prove a good place to start. Taking these actions will provide a picture of the nutrition landscape in the country and help identify stakeholders that can be consulted in the next steps. Initial identification of stakeholders may also be derived from or informed by a [contextual or situational analysis](#).

## Information gathering

Information from the desk review may be used to inform/adapt a **brief questionnaire** for all key stakeholders to gather information regarding their involvement in nutrition. This may include information regarding their focus areas, relevant policies, current programmes/interventions, geographical and target population coverage and perceived gaps (refer to next section for sample questions and topics to cover for insight on how to proceed with this). This questionnaire may be sent electronically so as to expedite collection, particularly when stakeholders are busy.

Individual sectoral discussions and **face-to-face meetings** can then be conducted with stakeholders that are essential to (or have a strong role in) nutrition programming in the country to elaborate on their roles, responsibilities and influence. This will fill gaps and further populate the stakeholder mapping matrix.

**Focus group discussions** with key stakeholders from various sectors may also help in obtaining more information regarding views on multisectoral interventions (cross-cutting) and integration of services between various ministries or partners that contribute to improving the nutrition situation in the country.

## Stakeholder mapping report

All of the information collected during the desk review and information gathering can be consolidated into a **stakeholder mapping report**, or document which will include the main findings; a matrix map of partners and their programmes (see [Table 2](#) for matrix template); core conclusions, such as priorities and challenges; and recommendations for strengthening multisectoral coordination and collaboration.

A **stakeholder consultation workshop** could be held to validate the findings from the stakeholder mapping report and gain endorsement from key stakeholders. Alternatively, the stakeholder mapping validation and endorsement could happen at the time when stakeholders are brought together for other steps in the multisectoral planning process (refer to Modules 2 and 3 in the MQSUN<sup>+</sup> toolkit and/or to the [MQSUN<sup>+</sup> Stakeholder Consultation](#) tool).

## Sample topics to cover for information gathering

The following are meant to be general guides that can be adapted to each country context and for each type of stakeholder. These topics may be used to develop electronic questionnaires, one-on-one interview guides, small-group discussion guides or focus group guides.

Information gathering for the stakeholder mapping exercise should try to answer the following key questions:

- Who is currently engaged in nutrition interventions/actions, and who should be engaged in planning and programming?
- What is their current and future role(s) in nutrition actions and/or programming, and at which level (e.g. national, subnational, district)?
- What is the degree of their involvement at nutrition policy, programming and operational levels?
- Do they or their organisations currently implement nutrition-related policies, strategies and/or programmes?
  - If yes, what types of programmes do they execute?
  - Do they follow existing national or other nutrition policies or strategies, and if so, which ones?
  - Where in the country do they operate, and who are the target beneficiaries?
  - What is the duration of each programme?
  - What is the source of funding?
- What are the strengths, opportunities and challenges in terms of stakeholder involvement, engagement and integration?

Given the level of detail, it may be helpful to send requests for documentation, as well as questions or topics, to the stakeholders in advance to give them a chance to prepare information and responses and an idea of what to expect. Not all topics will be appropriate for all stakeholders; questions can be tailored for each stakeholder's area of expertise.

There are two sections, one with a general set of topics for stakeholders from all agencies, particularly at the central level, and one with various sets of topics for representatives from key sectors (education; water, sanitation and hygiene [WASH]; health; agriculture; social protection). It is important to document which stakeholders have been engaged, their organisations or ministries, their roles and contact information.

Their roles and contact information should be gathered for the following areas:

- Organisation name:
- Organisation website (if any):
- Respondent name:
- Role/function in the organisation:
- Contact (email, phone):
- Date:

## General nutrition topics

### Nutrition activities

1. Nutrition programming and key nutrition-related activities from each organisation/agency, including a list of or documentation on:
  - Names of programmes/projects
  - Main actions/areas of intervention
  - Target group(s)
  - Geographic coverage
  - Timeline
  - Budget
  - Funding source
  - Cross-sectoral collaboration
  - Implementing partners
2. Main personnel working on nutrition at each organisation/agency or department:
  - Title
  - Level of authority
  - Qualifications
  - Roles and responsibilities
  - Technical expertise in nutrition

### Nutrition priorities and challenges

3. Key priorities for nutrition in the country to be addressed over the coming five years, according to each stakeholder.
4. Key challenges/bottlenecks that undermine these key priorities.
5. Recommendations for addressing nutrition needs/gaps.
6. National, international, organisational or other policies and/or strategies relevant to nutrition (i.e. multisectoral, nutrition-specific, nutrition-sensitive, etc.).
7. Perceived gaps to achieving nutrition policies/strategies, if any (e.g. geographical, funding or human resources issues).
8. Main challenges faced in nutrition programme implementation.
9. Ways to overcome those challenges.

### Nutrition governance

10. Current governance and coordination mechanisms for nutrition (e.g. high-level governance structures, humanitarian/development coordination, SUN multisectoral coordination, state-/province-/district-level governance and coordination platforms):
  - Meeting schedules
  - Effectiveness
  - Strengths
  - Weaknesses
  - Challenges

11. Existing mechanisms by which policy or strategy is translated at the subnational level.

## **Nutrition financing**

12. Government/donor funding allocated for nutrition (refer to any list of funded nutrition programmes, such as a nutrition budget analysis, Public Expenditure Review, Public Expenditure Tracking Surveys, etc.).

13. Monitoring of allocated funding for nutrition.

## **Monitoring and evaluation**

14. Indicators related to nutrition, monitored by each agency, and the way(s) each is tracked (e.g. health information system).

15. Responsibilities for collecting the data, ways the data are collated, frequency of data reporting and ways the data are used.

16. Mechanism for monitoring multisectoral nutrition programmes.

## **Nutrition policy**

17. Party or parties involved in writing any existing nutrition policy.

18. Successes and challenges with the existing nutrition policy.

## **Nutrition knowledge and capacity**

19. Key strengths in nutrition knowledge/capacity in the country (nutrition-specific and nutrition-sensitive interventions, government and nongovernment actors, national and subnational levels, etc.).

20. Key gaps in nutrition knowledge/capacity in the country.

## **Sector-specific topics**

### **Education**

1. Organisation of the Ministry of Education (departments, roles/responsibilities, national/subnational levels).
2. Ways information is communicated/disseminated within the ministry and with other ministries.
3. Those within the ministry responsible for nutrition activities.
4. Key issues relating to nutrition with which the education sector can assist.
5. Any nutrition-related policies, plans or legislation within the education sector, through government or partner institutions (e.g. school feeding programmes, adolescent nutrition, marketing/advertising to children), including dates and the related activities and targets.
6. Data on access to education:
  - Number of children attending primary/secondary school.
  - Number of children not attending school (coverage).



- Access by girls to primary/secondary education.
  - Average school-leaving age (girls/boys).
  - Number of primary/secondary/tertiary education institutions.
7. Initiatives to increase access to school and continued education.
  8. Any nutrition integration into the education curriculum (specific initiatives, types of lessons, topics included, frequency, content, target age groups for both primary/secondary).
  9. Programmes within education with a nutrition component that specifically target women/girls.
  10. Educational materials on nutrition (seek examples).
  11. School feeding initiatives in the country (target, coverage, types of activities, nutrition messaging).
  12. Gaps or challenges with nutrition-related education programmes and ways these can be addressed.
  13. Level of training and capacity in nutrition within the education sector at different levels (national/subnational).
  14. Key capacity-building activities and needs for nutrition in the education sector, at different levels (national/subnational).
  15. Ways that training is delivered (pre-service and in-service).

## **Water, sanitation and hygiene**

1. Overview of WASH ministry/sector organisations (departments, roles/responsibilities, national/subnational levels).
2. Ways information is communicated/disseminated within the ministry and with other ministries or WASH-related organisations.
3. Those within the ministry responsible for nutrition activities.
4. Key issues relating to nutrition with which the WASH sector can assist.
5. Any nutrition-related policies, plans or legislation within the WASH sector, through government or partner institutions (dates, related activities and targets).
6. Existing WASH initiatives or programmes that have nutrition-related goals/activities (e.g. increase in coverage of clean drinking water, provision of latrines, reduction of open defecation, improvement in household sanitary environment):
  - Implementing organisation.
  - Target populations (age, gender, location, geographic coverage).
  - Programmes targeting women and girls.
  - Ways the most vulnerable/marginalised are reached.
  - Coverage.
  - Agencies (national/subnational) that deliver and support these activities.
  - Successes.
  - Gaps, challenges or areas for improvement.

7. Types of activities WASH extension workers engage in.
8. Nutrition-related guidelines or tools available through the WASH sector (seek examples).
9. WASH extension workers:
  - How many.
  - Where.
  - How well they coordinate with others/other sectors (and with whom/what sectors).
  - Capacity in nutrition.
  - Level of training, how training is delivered and how often.
10. Key capacity needs for nutrition in the WASH sector, at different levels.

## Health

1. Brief overview of health infrastructure:
  - Access and utilisation.
  - Equity issues.
  - Gaps in access or coverage.
2. Nutrition services provided through the health sector:
  - Service delivery methods.
  - Nutrition integration within Integrated Management of Childhood Illness/maternal, newborn and child health and the ways integrated.
3. Level of training and capacity in nutrition at different health levels (national/subnational).
4. Capacity-building activities for nutrition in health.
5. Details about nutrition-specific programmes:
  - Infant and young child feeding programmes (e.g. exclusive breastfeeding, continued breastfeeding, complementary feeding, diversification, etc.).
  - Prevention and management of micronutrient deficiencies (anaemia, vitamin A, etc.).
  - Micronutrient fortification.
  - Integrated Management of Acute Malnutrition (treatment of moderate and acute malnutrition, blanket/targeted supplementary feeding, out-patient therapeutic programmes, etc.).
  - Improvement in nutrition for the elderly.
  - Obesity/overweight and noncommunicable diseases:
    - Existing legislation, regulations and guidelines.
    - Target groups (age, population, gender).
    - Numbers targeted and covered.
    - Geographical areas targeted and covered.
    - Protocols and guidelines.
    - Implementing structures (e.g. health centres, post-/antenatal care, etc.).
    - Supporting agencies.
    - Successes, challenges, future plans and scale-up.

## Agriculture

1. Overview of agriculture ministry/sector organisations (departments, roles/responsibilities, national/subnational levels).
2. Overview of current agricultural systems in the country:
  - Staple crops, micronutrient rich crops, additional cash crops by season.
  - Number of households per region engaged in agricultural activity.
  - Number of households that have access to plots of land/farmland.
  - Number of households with homestead gardens and/or livestock.
  - Number of families on the social protection list (by region).
  - Government centres for provision of seeds/fertilisers/pesticides.
  - Value chains, linking farmers to markets.
3. Current food security and access situation in the country:
  - Major sources of food in rural areas, household production, markets, etc.
  - Dietary diversity and minimum acceptable diet for each age group/gender.
  - Availability of foods in markets by season, region, population group.
  - Average costs of food staples.
  - Dietary diversity scores.
4. Current initiatives and programmes to improve food security and access to food:
  - Increase in consumption of diverse food groups, particularly for women and children (targeted/covered, geographic regions, iron-rich foods, vitamin A-rich foods, etc.).
  - Information, education and communication or behaviour change communication materials for malnutrition, undernutrition, overweight and obesity (obtain copies).
  - Programmes to address cultural food habits and beliefs.
5. Nutrition-related indicators that are tracked through the agriculture sector:
  - Those responsible for collecting, sharing and managing the data.
  - Frequency of tracking.
  - Measures of women's empowerment (e.g. income generation from agriculture).
  - Suggested additions, changes and/or improvements.
6. Current activities, programmes or projects to provide agricultural support and training to vulnerable families (e.g. income generation, homestead gardening, fisheries, small livestock, etc.):
  - Implementing organisation.
  - Target populations (age, gender, location, geographic coverage).
  - Programmes targeting women and girls.
  - Ways the most vulnerable/marginalised are reached.
  - Coverage.
  - Agencies (national/subnational) that deliver and support these activities.
  - Successes.
  - Gaps, challenges or areas for improvement.
  - Trainings (provided by whom, to whom).

7. Food security/access or agricultural programmes specifically targeting women:
  - Income-generation activities for women (e.g. training on marketing and sale of products, plus initiatives to provide tools, seeds, agricultural equipment, microloans, agribusiness, etc.).
  - Initiatives that work with women's groups (what types, what kind of coverage).
  - Food security strategies and policies supporting pregnant and lactating women.
8. Nutrition-related training programmes implemented through the agriculture sector (obtain copies of training materials):
  - Those responsible for implementation.
  - Frequency of training and which populations attend/are targeted.
  - Number of extension workers in the sector and coverage with trainings.
  - Existence of trainings for households.
9. Food fortification programmes or activities:
  - Implementing organisation.
  - Target populations (age, gender, location, geographic coverage).
  - Programmes targeting women and girls.
  - Ways the most vulnerable/marginalised are reached.
  - Coverage.
  - Agencies (national/subnational) that deliver and support these activities.
  - Successes.
  - Gaps, challenges or areas for improvement.
  - Policies that exist for food fortification.
10. Programmes for biofortification of crops:
  - Implementing organisation.
  - Target populations (age, gender, location, geographic coverage).
  - Programmes targeting women and girls.
  - Ways the most vulnerable/marginalised are reached.
  - Coverage.
  - Agencies (national/subnational) that deliver and support these activities .
  - Successes.
  - Gaps, challenges or areas for improvement.
  - Policies that exist for biofortification.
11. Programmes for supporting pre-harvest (e.g. seeds, fertilisers, pesticide use, irrigation services, etc.):
  - Implementing organisation.
  - Target populations (age, gender, location, geographic coverage).
  - Programmes targeting women and girls.
  - Ways the most vulnerable/marginalised are reached.
  - Coverage.
  - Agencies (national/subnational) that deliver and support these activities.
  - Successes.
  - Gaps, challenges or areas for improvement.
  - Policies that exist for supporting pre-harvest.

12. Initiatives for post-harvest handling and food storage mechanisms (food processing, pickling, drying, meat and dairy processing, preservation, canning, freeze-drying, vacuum packing, sterilisation, etc.):

- Implementing organisation.
- Target populations (age, gender, location, geographic coverage).
- Programmes targeting women and girls.
- Ways the most vulnerable/marginalised are reached.
- Coverage.
- Agencies (national/subnational) that deliver and support these activities.
- Successes.
- Gaps, challenges or areas for improvement.
- Policies that exist for supporting post-harvest.

13. Food safety programmes in the country:

- Existing laws and guidance for food safety (e.g. meat and meat products, dairy and dairy products, fruit and vegetables, grains, flour).
- Current guidance and quality standards for food products.
- Guidance and legislation of food labelling and packaging.
- Standards and quality assurance on imported food products.

## Social protection

1. Overview of social protection ministry/sector organisations (departments, roles/responsibilities, national/subnational levels).
2. Current social protection programmes, policies or strategies that are nutrition-related (e.g. may have nutrition objectives and/or indicators, such as stunting, wasting):
  - Implementing organisation.
  - Target populations (age, gender, location, geographic coverage).
  - Programmes targeting women and girls.
  - Ways the most vulnerable/marginalised are reached.
  - Coverage.
  - Agencies (national/subnational) that deliver and support these activities.
  - Successes.
  - Gaps, challenges or areas for improvement.
  - Policies or guidance existing for programmes.
3. Successes and challenges facing nutrition-related programmes implemented through the social protection sector.
4. Nutrition-related objectives or indicators tracked through the social protection sector (suggested additions, changes, improvements).
5. Number of families/households on the social protection list (linkages of vulnerable families who are on the social protection list with those who have access to nutrition services).
6. Programmes, policies or strategies that target vulnerable women, lactating and pregnant women, women with children under 59 months of age or orphans, such as:
  - Welfare services for women and for orphans and vulnerable children.

- Income-generating activities for women.
  - Social protection insurance/assistance for women and for orphans and vulnerable children.
  - Cash transfers/safety nets for women (conditional or unconditional).
  - Humanitarian or emergency relief for vulnerable persons.
  - Targets, coverage, implementers, policies, successes, challenges.
7. Programmes, policies or strategies targeting vulnerable families, such as:
- Food security, access to clean drinking water, sanitation, basic healthcare, education, vaccination campaigns, micronutrient supplementation campaigns, treatment of acute malnutrition or other nutrition-related programmes.
  - Targets, coverage, implementers, policies, successes, challenges.
8. Activities involving food baskets (boxes, shelves, etc.) for vulnerable families:
- Content of the food baskets, including caloric and nutrition content.
  - Implementing organisation.
  - Target populations (age, gender, location, geographic coverage).
9. Nutrition training or information materials used for capacity building of social workers (obtain copies of materials), such as promotion of breastfeeding, WASH actions, infant and young child feeding programmes, cultural food habits, dietary diversity, etc.:
- Nutrition training (what type, with whom and how often).
  - Those responsible for developing training materials.
  - Those responsible for implementation of training.
  - Number of social workers (disaggregated by region and district).
10. Suggestions for improving nutrition outcomes for vulnerable persons (women, children, orphans, etc.) through the social protection arena.



## About MQSUN+

MQSUN+ provides technical assistance (TA) and knowledge services to the UK Foreign, Commonwealth and Development Office (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.

## Acknowledgements

This resource was compiled by PATH under MQSUN+: Barbara Koloshuk, with input from Silvia Kauffman, Tamsin Walters, Carrie Hemminger, Amanda Coile and Monica Kothari. Special thanks to the MQSUN+ core team and consultant teams, the SUN countries we have partnered with and the SMS—all who have contributed to these key learnings and the successful TA we have provided to scaling up nutrition efforts. Cover photo credit: PATH, Evelyn Hockstein, 2012.

MQSUN+ cannot be held responsible for errors or any consequences arising from the use of information contained in this brief. This document was produced by MQSUN+ through support provided by UK aid and the UK Government; however, the views expressed herein do not necessarily reflect the UK Government's official policies.

