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# MODULE 6: Preparing for Inception and Implementation

This module is structured around the four key steps and considerations detailed below and is accompanied by featured tools and additional resources:

- 6.1 Planning for Operationalisation
- 6.2 Creating a Capacity-Development Strategy for Nutrition
- 6.3 Developing an Advocacy Strategy for Nutrition
- 6.4 Mobilising Resources for Nutrition

## Overview

At the stage where a country has a multisectoral nutrition plan (MSNP) / common results framework (CRF) in place and is ready to begin plan implementation, there are several start-up actions that might need to be undertaken prior to rollout of activities during the inception phase, depending on the country context and what is already in place.

Depending on the structure of the MSNP/CRF and level of decentralisation in the country, subnational plans may also need to be developed based on the overarching national plan to clearly prioritise and guide action at the subnational level. The checklist below can be used to assist identification of what the most important steps will be for the inception period in any particular country, depending on what is already in place and what is feasible and necessary for the country to conduct (those activities in bold are given more reflection in this module, given the level of Maximising the Quality of Scaling Up Nutrition Plus, or MQSUN<sup>+</sup>, experience in those areas):

- > **Planning for operationalisation (Section 6.1)**, including establishing/strengthening governance structures and decentralised or subnational planning.
- > **Developing a capacity-development strategy (Section 6.2).**
- > **Planning for advocacy (Section 6.3).**
- > **Mobilising domestic and international resources (Section 6.4).**
- > Establishing a financial-management and tracking system (refer to [Module 4](#)).
- > Developing/strengthening a monitoring, evaluation and learning system (refer to [Module 5](#)).
- > Integrating MSNP principles and actions into sectoral planning documents.
- > Engaging in multisectoral social and behaviour change communication planning.
- > Ensuring that implementation guidelines and protocols are fit for the purpose.<sup>1</sup>
- > Ensuring that necessary regulations are in place, such as those for food safety and fortification.



PATH/Willow Gerber



**Module 1:**  
Setting the Stage  
for Multisectoral  
Nutrition  
Planning



**Module 2:**  
Developing a  
Multisectoral  
Nutrition Plan



**Module 3:**  
Developing a  
Common Results  
Framework



**Module 4:**  
Costing and  
Financing for  
Nutrition



**Module 5:**  
Monitoring,  
Evaluation and  
Learning for  
Nutrition



**Module 6:**  
Preparing for  
Inception and  
Implementation

<sup>1</sup> This may include such things as protocols for Community and Integrated Management of Acute Malnutrition or social protection guidelines with clarified criteria, such as targeting, entitlements, implementation modalities, frequency, monitoring and criteria to phase out.

In the process of preparing to implement an MSNP, it is critically important to take account for four key cross-cutting considerations: advocacy, gender, capacity building and the humanitarian response situation. Details on the relevance of these considerations for this step in the process are detailed below.

## ADVOCACY

Conducting advocacy is a critical piece of bringing an MSNP to inception. An advocacy strategy and associated action plan is important for the inception phase because it will help to raise awareness about the importance of the national MSNP and actions and help to change policy, priorities and decision-making practices to support the goals of the MSNP. Refer to **Section 6.3** for more information about advocacy in the inception phase.

## GENDER

The implementation phase of the MSNP/CRF is an opportunity to review the integration of [gender considerations](#) in the national plan and ensure that gender equity is a priority for operational planning. This may be particularly important when translating or developing plans for the subnational level, where most implementation of nutrition actions will occur. Important consideration should be given to ensuring that governance structures include representation of women, particularly in decision-making roles. Capacity-building actions should also include active participation of men and women and measures to more broadly integrate gender discussions.

## CAPACITY BUILDING

The implementation phase is an opportunity to formalise capacity-building efforts outlined in the MSNP into a clear capacity-development strategy. This should highlight leadership, training and capacity-development efforts at the national, subnational and community levels. Capacity-building efforts should also broadly integrate gender discussions to address gaps in knowledge and action around gender-related needs and actively include women in capacity improvement. Refer to **Section 6.2** for more information about capacity building in the inception phase.

## HUMANITARIAN RESPONSE

Humanitarian actors, such as emergency clusters, United Nations (UN) agencies or other sectoral actors, should be involved prior to and during implementation planning to ensure alignment of their respective plans, timelines and work streams with the MSNP and CRF and to ensure that implementation and actions on the ground are cohesive. Monitoring, analysing, advocating for and financing multiyear context-specific implementation plans that include contingencies for emergencies that have been drafted and agreed by all partners will help to achieve shared targets, improve efficiency, maintain accountability and ultimately [bridge the humanitarian and development divide](#).



## 6.1 Planning for Operationalisation

An implementation plan can be prepared to provide a supporting narrative to the MSNP/CRF or, in the absence of a CRF, to furnish a matrix and accompanying narrative to detail implementation modalities, including timeline, coverage and responsibilities. This should be aligned very closely with the monitoring, evaluation (M&E) and learning (MEL) framework (and possibly the [indicator matrix](#)) if one already exists (refer to [Module 5](#)). However, the implementation plan should flesh out additional details on workflow and sequencing, including targeting mechanisms and procedures for each sector and intervention area. It might also include details on how to prioritise activities, particularly in the context of budget shortfalls.

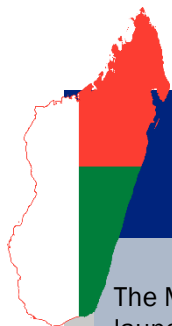
The implementation narrative should document how the MSNP/CRF will be put in place, starting from initial activities through to scale up over the plan period. It will explain how sectors will work together to coordinate and implement at the national, subnational and community levels, and it may further elaborate the key activities of the plan that each sector is responsible for delivering (see [country case study for Madagascar](#)). Essentially, the work plans and budget plans for each sector and partner are highly detailed in the implementation plan.

In some contexts, implementation planning may be done as part of the subnational planning process (see [Section 6.1.1](#)) or as part of sectoral planning. As mentioned in earlier modules, sectoral planning for nutrition happens mainly through the ministries of health, education, agriculture, social protection and water, sanitation and hygiene.

A multisectoral workshop—bringing together programme/operational management cadres from across sectors and stakeholders that implement nutrition-related actions (government; civil society organisations, or CSOs; UN/donor; private sector; and academia)—is a good option for elaborating and fine-tuning the details of the implementation plan. Such a workshop could follow the MSNP launch—which often consists of the validation/endorsement workshop for the MSNP/CRF—and focuses on operational planning to agree on steps for MSNP implementation. The process would then need to be continued through sectoral or subject-matter working groups to progress on the operational and implementation details. Quarterly multisectoral progress meetings could follow for representatives of programme and operational management cadres to report on progress of plan implementation and discuss any suggested changes to implementation details.



**MQSUN+'s [Stakeholder Consultation tool](#)** provides guidance for the purpose of consulting with stakeholders in preparation for the development of a MSNP/CRF—including a sample agenda and examples of nutrition stakeholders. This guidance can be adapted for the purpose of bringing sectoral representatives together for operational planning.



## COUNTRY CASE STUDY

### Developing an implementation plan in Madagascar

The Madagascar National Action Plan for Nutrition 2017-2021 was officially validated and launched on 11 May 2017 by His Excellency the President of the Republic. Following this launch, the national plan was supplemented by a number of documents to aid in execution of nutrition actions in the country, including an implementation plan, a national M&E plan and a costing exercise. The implementation plan is an operational tool that is used to facilitate the management and employment of the Action Plan on the ground by multisectoral nutrition actors for greater efficiency and impact.

As a first step in developing the implementation plan, the country's strategic choices and priorities were identified through meetings with key stakeholders at the central and regional levels and through a national workshop with participants from all sectors to review priorities and implementation timelines. As a second step, the plan was drafted with the finalised priorities and activities per year, including realistic targets for achieving them. Cross-cutting themes are highlighted throughout and considered a prerequisite for success: multisectoral activity packages, intervention coverage, gender considerations and sectoral coordination and synergy. The drafted plan was reviewed by the Nutrition Monitoring Committee. As a final step, the plan was completed after collection of input from members of the expanded nutrition committee at the central and regional levels and after completion of the plan budget, considering the action priorities. The final implementation plan was validated and endorsed by the Nutrition Monitoring Committee and Technical Working Group.

The implementation plan details the process for achieving the activities set out in the Action Plan by defining a hierarchy of responsibilities specific to each entity and to the packages of interventions to be implemented, all with a view on synergy and coordination. The implementation table details all elements of the activities and sub-activities within each strategic objective, based on the nutrition logframe, and the evolution of monitoring indicators over the duration of the Action Plan. These indicators serve as criteria for adapting implementation in each region according to its context. The plan includes an estimate of the level of effort required to achieve the aims set out in each strategic objective and the allocation of these efforts per year until the end of the plan in 2021. Finally, it acts as a guide for planning the schedule of interventions while ensuring the consistency of activities according to priorities and defining the monitoring elements at the central and regional levels.

#### 6.1.1 Establishing or strengthening governance structures

Governance structures include the sectoral and multisectoral groups or platforms that are responsible for governing decisions about the nutrition-planning and implementation process. Some of these structures may have been established earlier in the multisectoral nutrition-planning process—for example, multi-stakeholder platforms (MSPs) are often established early in the MSNP and CRF development process.

The title and function of governance structures may look different in each country but often include an MSP, sectoral groups, M&E platforms and advocacy groups, to name a few. If the required platforms or networks in a country have not been completely formalised, this stage of implementation offers an opportunity to ensure they are functional, budgeted and adequately

staffed. This might involve such things as developing or updating a terms of reference (TOR), recruiting membership and ensuring recurrent domestic funding is budgeted for staff.

Many Scaling Up Nutrition (SUN) countries have an MSP for overseeing nutrition decision-making and implementation but may also have national SUN networks, such as the Civil Society Network (CSN), SUN Business Network (SBN), SUN Donor Network (SDN) and UN Network (and may consider introducing a SUN Academia and Research Network). Similar to other governance structures, TORs for national SUN networks and MSPs may need to be established or adapted for the implementation phase of work and can be an important step for ensuring accountability.

## EXAMPLES OF SUN NETWORKS

- > The [Civil Society Network](#) encourages the formation of civil society alliances and represents over 3,000 organisations locally, nationally and internationally, spanning multiple sectors and backgrounds.
- > The [SUN Business Network](#) is the only dedicated global platform for business and nutrition that engages and supports business to act, invest and innovate in responsible and sustainable actions and operations to improve nutrition. The group provides a neutral platform to broker partnerships/collaborations between business and all actors on nutrition at the national, regional and global levels.
- > The [SUN Donor Network](#) provides a space where donors at global and country levels can work together and in collaboration with other SUN Movement stakeholders to promote high-level political commitment for nutrition, evidence-based policies and actions, more and better financing, aligned implementation, monitoring of progress and impact and the sharing of lessons learnt.
- > The [UN Network for SUN](#) elevates the nutrition dialogue through its senior leadership and helps to leverage the collective strengths of UN agencies to foster innovations, find efficiencies and enhance complementarity across agencies and with government and SUN networks.
- > The [Academia Network](#) is a new initiative being launched in some SUN countries that aims to elevate the role of academia in driving the evidence base, strengthen national research capacity, prioritise implementation science and research based on needs identified by SUN countries and leverage their voices to advocate for and position nutrition.

Source: SUN. Scaling Up Nutrition Movement Strategy: SUN 3.0 2021-2025. Geneva; SUN Movement Secretariat; 2020. [https://scalingupnutrition.org/wp-content/uploads/2020/07/SUN-Strategy3\\_draft\\_MAIN-DOCUMENT\\_ENG.pdf](https://scalingupnutrition.org/wp-content/uploads/2020/07/SUN-Strategy3_draft_MAIN-DOCUMENT_ENG.pdf)

Several activities that contribute to the establishment and/or strengthening of national governance structures include the following:

- > Developing TORs.
- > Creating structures and positions.
- > Recruiting for positions (having experienced staff is key to success).
- > Establishing timelines, roles and responsibilities.
- > Determining if the public sector has the capacity to meet implementation requirements.
- > Considering what capacities are in place or need to be brought into place, such as the need for technical assistance and/or capacity building.
- > Preparing staff work plans.
- > Embedding structures and staff into the public sector funding mechanisms.

Governance also includes the coordination of implementation activities within a sector, as there are often a variety of departments involved in the process. For example, within a ministry of agriculture there are likely departments relating to extension, research, M&E and planning. Within the established ministry structure, strong implementation requires internal (or within-sector) coordination, as well as coordination with other sectors, ministries and partners. This type of coordination, meeting schedules and decision actions should be agreed and defined in TORs.



**Scaling Up Nutrition's [Multi-stakeholder Platform Toolkit](#)** guides users through the process of creating or improving country-level MSPs for nutrition. It features a set of pathways, including introducing MSPs, understanding context, engaging stakeholders, establishing structures and processes and reviewing and improving progress.

## 6.1.2 Planning at the subnational level

As mentioned in earlier modules, subnational governments are generally responsible for the delivery of primary services relevant or specific to nutrition. A prevailing trend in many countries is towards further decentralisation of powers from the national to the subnational level. This means that some national plans may require refinement to focus on subnational priorities, and in some contexts subnational work plans or implementation plans will be required.

Subnational plans can be developed through a series of consultations and workshops focused around the national MSNP/CRF, supported by contextual and programme information pertinent to the particular region or district.

Ideally, subnational planners and implementers should be introduced to the national MSNP scope of intervention options and ideas well in advance of any planning workshops (if this has not already happened at the national MSNP planning stage) to allow time to prepare and collate data. Clear advice on advance preparation for the planning workshop should be given, with districts and regions having adequate notification to allow for information gathering and familiarisation with the relevant policy/programming guidance. Time is needed to gather information on organisational priorities, ongoing sector plans and guidance on costing of specific activities. It is also important to situate subnational MSNP planning within existing planning cycles to ensure integration with existing processes.

The introduction of a '[minimum package for nutrition](#)' that could be implemented in all subnational plans should be given consideration by stakeholders, because it would provide subnational entities with a focus for their activities and ensure some standardisation across the nation, which could facilitate progress monitoring. This may be helpful particularly where nutrition situational analyses are not very detailed or where the nutrition situation has had recent and dramatic changes that do not allow for detailed study or review. However, it is important that subnational plans adequately reflect the needs and priorities relevant to the communities living there, and so contextual information should be gathered, as available, to inform priorities from the very start.

A first step, if not already done as part of the initial stage in the multisectoral planning process (refer to [Module 1](#)), might be an [intervention and capacity mapping](#) and gap analysis or [stakeholder mapping](#) to understand which organisations are already implementing nutrition interventions at the subnational level and, if possible, to include approximate coverage of identified interventions. This will help establish gaps in implementation of priority MSNP interventions (geographic and programmatic), as well as ensure partner coordination.

A multisectoral subnational planning tool can be developed to collect quantitative data on:

- > Intervention coverage (service delivery points and beneficiary numbers).
- > Organisations involved, staffing numbers and levels of training.
- > Involvement of community volunteers.

Once background information is collected, a series of workshops or an extended planning week can be set up. Workshops should include participation of line ministry staff from all sectors involved in the MSNP, as well as subnational planning officers who understand the planning mechanisms and cycles. Programme and technical staff should be included from across relevant actors at the subnational level who are working in sectors related to nutrition, including government staff, CSOs, UN representatives and the private sector / academia, as appropriate.

The subnational planning process should consider the following for each subnational level or district:

- > Prioritisation of actions, interventions or programmes and development of specific objectives.
- > A (modified) logical framework.
- > Work plans and activity costing.
- > Budget consolidation.<sup>2</sup>
- > Implementation of the plan.
- > Financial and nonfinancial resources.
- > M&E.

Refer to the country example from the [Philippines](#) for subnational nutrition planning.



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<sup>2</sup> This is to ensure subnational budgets are in line with national budgets because expenditures at the subnational level will often be financed through central-level transfers.





### **MQSUN+'s From National Vision to Local Implementation: Multisector Collaboration for Improved Nutrition at the Subnational Level report**

provides a review that adds to the growing body of knowledge on multisectoral nutrition policy and programming by synthesising key learnings from 14 case studies of subnational collaboration towards improving nutrition outcomes across multiple sectors, encompassing both government and nongovernmental stakeholders.

## **RECOMMENDATIONS FOR SUBNATIONAL MULTISECTORAL COORDINATION**

Government and nongovernmental actors and donors in national-level MSPs should clearly outline, through consultation, the expected roles and responsibilities of nongovernmental actors in subnational MSNPs and MSPs. Where possible, the following should also be considered:

- > Increase, where feasible, the scope of civil society engagement in MSPs, particularly nontraditional partners, such as community-based and religious groups.
- > Promote local ownership and prioritisation of nutrition in local political agendas through chairing of MSPs by non-sector-specific actors, such as governors, mayors or similar officials, accompanied by adequate capacity building and training.
- > Encourage the linking of MSPs with other governance arrangements and bodies, such as provincial or district development committees.
- > Strengthen the multisectoral nutrition narrative at the subnational level to step up the contributions of all relevant sectors.
- > Align incentives within individual sectors with MSNPs. This requires nutrition-sensitive activities, targeted criteria and M&E indicators to be included and prioritised within relevant sectoral plans, consistent with the MSNP.
- > Support sectors and stakeholders in ensuring dedicated resources are available within national nutrition-sensitive sectors for implementation at the subnational level. National SUN Movements are well positioned to leverage high-level political will towards these objectives; they can also explore utilising budgets for decentralisation for nutrition.
- > Encourage countries to develop MSNP and institutional arrangements that are tailored to the range of subnational contexts. Subnational MSP composition and mandates should ultimately respond to contextual needs subnationally.
- > Scale up advocacy for nutrition through formalised and sustained efforts to build political will at the subnational level, utilising clear, easily understandable and actionable messaging.
- > Support subnational budget analysis and development of costed subnational plans and ensure appropriate linkages with funding partners at all levels.
- > Ensure subnational M&E systems underpin the subnational and national CRFs and are able to measure and report where the households that are vulnerable to, or affected by, malnutrition access and utilise services from multiple sectors.

Source: MQSUN+. *From National Vision to Local Implementation: Multisector Collaboration for Improved Nutrition at the Subnational Level*. MQSUN+; Washington, DC; 2020. [https://scalingupnutrition.org/wp-content/uploads/2020/07/From-National-Vision-to-local-implementation\\_ENG.pdf](https://scalingupnutrition.org/wp-content/uploads/2020/07/From-National-Vision-to-local-implementation_ENG.pdf).

## 6.2 Creating a Capacity-Development Strategy for Nutrition

In the inception phase of MSNP implementation, clear plans will need to be made to address capacity gaps at three main levels: national, subnational and community. An **in-depth capacity-assessment and skills-mapping exercise** can be conducted and a comprehensive capacity development strategy (or plan) drafted based on identified capacity gaps. *The tool below is intended to be used for a 'light' capacity assessment but could be adapted to conduct this more detailed, comprehensive capacity assessment.* Refer to country examples for [Chad](#), [Indonesia](#) and [Uganda](#) for what this type of assessment may look like.



**MQSUN+'s Nutrition Capacity Assessment tool**, adapted from the World Health Organization's [Landscape Analysis: Country Assessments tool](#), provides an overview of core concepts to explore in examining individual and institutional capacity so as to understand the level of capacity available and enable the development of recommendations to building capacity of nutrition-related service providers. Comprising a questionnaire, it is designed to be implemented through individual interviews with ministry staff, nutrition partners and stakeholder organisations.

Given that many MSNPs have already integrated capacity-development measures, a newly drafted capacity-development strategy should detail and formalise the activities alluded to in the MSNP/CRF. If capacity-development activities were not referenced in the MSNP, then it is likely that a newly drafted capacity-development strategy would not be costed or included in the national budget. Additional strategising would then be necessary to ensure that advocacy mechanisms are in place to have the capacity-development strategy funded in addition to the MSNP.

The capacity-development strategy should include a timeline for actions over the duration of the MSNP, as well as priority outcomes, key activities and entities responsible for capacity-development activities. Illustrative capacity-building priorities can include the following:

### AT THE NATIONAL LEVEL:

- > Accommodating the humanitarian-development nexus (e.g. integration of nutrition in disaster preparedness, disaster management and resilience-building strategies and plans).
- > Operationalising new SUN governance structures (e.g. SBN, CSN, UN Network), including development of TORs and capacity improvements to enhance their ability to provide the necessary leadership and oversight of a multisectoral nutrition response.
- > Strengthening M&E capacity for the MSNP/CRF.
- > Creating institutional arrangements and agreements that facilitate capacity strengthening of governmental and nongovernmental institutions.

- > Increasing central line ministry leadership/stewardship related to integrating nutrition into existing sector plans and strategies.
- > Integrating nutrition-related modules into current and future capacity-strengthening efforts across sectors (e.g. trainings, accreditation and networking of frontline workers, such as community health workers).
- > Establishing degree- or diploma-level nutrition training within academic institutions or modules for integration into existing courses.
- > Promoting evidence-informed scale up or replicating best practices.
- > Reviewing MSNP/CRF monitoring data to identify and respond to gaps and bottlenecks related to capacity.
- > Using learning activities as forums for transfer of knowledge, skills, tools and approaches between nutrition stakeholders.

#### AT THE SUBNATIONAL LEVEL:

- > Improving intra-sectoral and inter-sectoral coordination (e.g. joint work in areas of synergy, such as water, sanitation and hygiene and nutrition in schools), including formal structures to support coordination related to microplanning, targeting, data reporting, performance improvement and programme/project evaluation.
- > Strengthening technical capacities related to nutrition-specific and nutrition-sensitive activities.
- > Improving service delivery / programme implementation, including but not limited to the numbers and competency of human resources and the availability of essential commodities and equipment for nutrition programming and service delivery.
- > Enhancing supervisory and quality assurance / quality improvement capacities.

#### AT THE COMMUNITY LEVEL:

- > Expanding the numbers of trained frontline workers (e.g. community health workers, school health supervisors, community outreach teams).
- > Strengthening capacities of existing cadres of frontline workers.
- > Strengthening community capacity (e.g. through awareness raising and behaviour change interventions).

## 6.3 Developing an Advocacy Strategy for Nutrition

Conducting advocacy is critical for bringing an MSNP to inception. It can be defined as a planned, deliberate, systematic and coordinated process, so stakeholders can speak in one harmonised voice.<sup>3</sup> Nutrition advocacy is an 'evidence-based process designed to influence political decision

<sup>3</sup> 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. Available at [https://www.fantaproject.org/sites/default/files/resources/Nutrition-Advocacy-PROFILES-Manual-Apr2018\\_0.pdf](https://www.fantaproject.org/sites/default/files/resources/Nutrition-Advocacy-PROFILES-Manual-Apr2018_0.pdf).

makers and ensure that they take actions that strengthen and improve nutrition.<sup>4</sup> In effect, it is a planned process to ignite social change for movement towards greater political and social commitment to improve the nutrition situation, promote accountability for nutrition and strengthen nutrition governance. The overall goal of an advocacy strategy and associated action plan is to change policy, priorities and decision-making practices to support the goals of the MSNP.

The advocacy strategy supports implementation of the MSNP by pursuing the following specific objectives, which should be selected based on country context and priorities:

1	Fostering buy-in and leadership for a multisectoral approach to nutrition by raising awareness amongst policymakers and decision makers within relevant planning and technical institutions on the importance of alleviating malnutrition. With the aim of (a) prioritising nutrition amongst the many competing priorities and (b) establishing an environment that supports the scale up of high-impact interventions.
2	Promoting a supportive policy, regulatory and operational environment for multisectoral nutrition actions.
3	Supporting the creation or accountability of a governance structure that effectively supports a multisectoral approach for nutrition.
4	Mobilising resources by securing government, human, technical and financial resources required to implement the MSNP and address gaps, as needed; increasing medium- and long-term investments for nutrition and supporting incorporation of nutrition into the relevant resource and budget mobilisation plans.
5	Promoting accountability and generating demand for nutrition services by empowering communities, media and CSOs to hold stakeholders accountable for their commitment to increasing nutrition services for women and children.
6	Raising public awareness on matters related to maternal and child nutrition and government and partner efforts/commitments to address needs.

The time frame for the advocacy strategy would usually be aligned with the implementation of the MSNP. However, it can also lay the groundwork for a longer-term continued coordination and engagement of partners for the implementation of multi-stakeholder efforts to combat malnutrition in the country.

The advocacy strategy is developed in close consultation with all relevant stakeholders that engage in policy-level advocacy work related to nutrition in the country (see **country case study for Yemen** below). These do not have to be experts in advocacy but should comprise a 'core' group of people from across governmental sectors who have some understanding of advocacy and communication, along with CSO representatives. The core working group / steering committee should be established to supervise the process and convene stakeholders from multiple sectors, donors and implementing agencies. Participants from academia, the media and the private sector are also encouraged to participate, as feasible.

<sup>4</sup> Action Against Hunger, Save the Children, SUN Senegal. *Nutrition Budget Advocacy: Handbook for Civil Society*. Paris: Action Against Hunger; 2017: 15. [https://www.actioncontrelafaim.org/wp-content/uploads/2018/01/exe\\_2\\_bdef\\_handbook\\_nba.pdf#page=15](https://www.actioncontrelafaim.org/wp-content/uploads/2018/01/exe_2_bdef_handbook_nba.pdf#page=15).





## COUNTRY CASE STUDY

### Developing an advocacy strategy in Yemen

In 2019, the government of the Republic of Yemen led the development of the 2020-2023 [Yemen Multisectoral Nutrition Action Plan \(MSNAP\)](#) and its associated updated [CRF](#), [M&E plan](#) and [advocacy strategy](#). Long-term action to improve nutrition as a key determinant of development requires government leadership, effective multisectoral coordination and significant investments. Advocacy is, therefore, required to ensure nutrition is a national priority across all key sectors for the long term. A coherent and well-focused advocacy strategy is considered an essential element to maintain the momentum for government and partners to pursue a multisectoral nutrition approach, mobilise sufficient resources, align efforts and hold decision makers accountable for implementing their respective responsibilities within the MSNAP.

The government developed an [advocacy strategy](#) and action plan with the purpose of informing, raising awareness and sensitising politicians, policymakers and national and international partner organisations on the CRF, MSNAP and importance of a multisectoral approach to addressing malnutrition. The advocacy strategy was developed through a participative process under the leadership of Yemen's SUN Secretariat under the Ministry of Planning and International Cooperation, with contributions from the main sectors represented through governmental ministries and departments (health, water and environment, agriculture and irrigation, livestock, fisheries and education), and included representatives of development and humanitarian partners.

A rapid analysis of relevant stakeholders and their potential contributions to the nutrition advocacy strategy was the first step in guiding preparation of the outline for the in-depth reviews and consultations. This was followed by multi-stakeholder and bilateral consultations. An advocacy consultation workshop was conducted in November 2019. Results of the workshop provided the strategic and programmatic content for the strategy. Advocacy objectives, audiences and processes to achieve the 'expected changes' in terms of policy, awareness raising, leadership and the operational environment were reviewed, discussed and agreed.

The final detailed strategy includes a review of the nutrition situation in Yemen, the nutrition advocacy goals and objectives, the expected changes, audiences and messages per objective, an advocacy M&E plan and an advocacy implementation plan (action plan). The strategy looks at the current situational analysis as provided by the MSNAP; clarifies the policies, institutional arrangements and capacities that are required to deliver the MSNAP; and suggests ways to meet the advocacy objectives.

The time frame for the strategy is three years, in line with implementation of the MSNAP and CRF. The advocacy strategy is closely aligned with existing related advocacy strategies, in particular the Yemen Nutrition Cluster Advocacy Strategy 2018-2020. Overall, the strategy supports the MSNAP, laying the foundation to transition from a predominantly humanitarian, short-term approach to nutrition to a nationally driven, mid- and long-term effort to scale up nutrition interventions with a development focus.

As proposed by the advocacy strategy, the Yemen SUN Secretariat will develop a multisectoral social and behaviour change communication plan during the inception phase. This will involve all key sectors and include the identification of the main communication channels and the formulation of harmonised nutrition-focused key messages for service providers, extension workers and teachers and addressed to the specific target groups of farmers and fisher folks, families, mothers and caregivers.

### 6.3.1 Conducting advocacy strategy workshops

The advocacy strategy and action plan can be developed over a series of two to three workshops, with consistent participation of the core advocacy group of stakeholders to ensure continuity, whilst also welcoming additional participants at each step so as to broaden participation, ownership and implementation capacity (Figure 1).

The purpose of the workshop or series of workshops is to develop an initial harmonised, multisectoral nutrition advocacy strategy and accompanying detailed plan of action that includes M&E indicators.

The following key questions can focus the advocacy strategy workshop(s):

- > *What are the main problems you want to address or changes you want to make, and what would be their impact?*
- > *What are the obstacles to addressing the problems?*
- > *With whom do you want to communicate? Prioritise the audience.*
- > *What attitude or behaviour do you want to change? Who has the power to make those changes?*
- > *What is the topic that you want to communicate about (desired change and advocacy objectives)? Agree on a few priority themes and the desired outcome. Secondary objectives can be listed or considered for a second phase.*
- > *How do you want to communicate (activities and materials)? Check what materials already exist and channels for communication. Which materials/activities are most effective with the chosen audience?*
- > *How will you measure your success (indicators and means of verification)?*
- > *By when you will complete these activities (timeline)?*
- > *Who will be responsible (responsible parties)?*

Stakeholders will discuss and agree on key advocacy statements and corresponding target audiences, as well as mechanisms for delivering those messages.

Figure 1. Step-by-step process to develop an advocacy plan.



Source: Adapted from 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/FANTA; 2018: 163. [https://www.fantaproject.org/sites/default/files/resources/Nutrition-Advocacy-PROFILES-Manual-Apr2018\\_0.pdf#page=166](https://www.fantaproject.org/sites/default/files/resources/Nutrition-Advocacy-PROFILES-Manual-Apr2018_0.pdf#page=166).



**MQSUN+'s presentation template for Preparing an Advocacy Strategy** provides a template for a set of presentation slides that can be used to orient stakeholders to the importance and process for developing an advocacy strategy for a multisectoral approach for nutrition.

### 6.3.2 Developing the advocacy strategy and plan

The following actions can be drafted and agreed as part of the advocacy strategy workshops described above. If there is a formal nutrition advocacy platform or governing structure, members can begin drafting the following actions prior to the advocacy workshops and then use the workshops as an opportunity to revise, agree and validate the strategy and plan (see **country case study for Guinea**).

*Prior to developing the advocacy strategy and plan, it is important to review any existing nutrition advocacy activities and materials. Participants can also be asked to bring these to the first workshop or list them to share in discussion.*

#### Developing core messages

The core messages are based on the main problems to be addressed or desired changes. Each core message should be agreed by stakeholders and can then be packaged for the various audiences to be targeted.

#### Identifying who to target

An analysis of audiences determines what the mix of strategies should be and whether the advocacy message is seeking, for example, to raise resources and political/social commitment for the MSNP goals or to encourage social mobilisation for wider participation, collective action and ownership.

To change behaviour, key factors affecting the individuals and those directly or indirectly influencing them need to be addressed, including motivation, the ability to act and social/gender norms.

Stakeholders can start by listing all the audiences that need to be influenced and then ranking them by their degree of interest and influence. This helps to prioritise audiences into those with the highest degree of influence and interest and those that will not need to be targeted.

#### Identifying advocacy opportunities

Stakeholders need to identify opportunities for conducting advocacy as a key step in the action plan. To help visualise all the advocacy opportunities in the coming year or two, one option is to draw a timeline with the workshop dates, extending as far into the future as possible for planning purposes,



PATH/Mike Wang

and then marking every event, gathering and process (e.g. budgetary process) that is already planned that could provide an opportunity to advocate for a multisectoral approach to nutrition.

### Crafting audience-specific messages and activities

This step involves thinking about the arguments that will work best for each audience. For example, if there are several different audiences to target, it is likely that the key agreed messages will need to be more closely tailored to each of those groups for maximum impact.

From audience-specific messages, audience-specific activities can be designed. This involves review of the messages that have been crafted and identifying which activities are the most suitable to convey them. This requires thinking about formats, language and preferred media for the target audience.

The detailed **advocacy plan of action** should list distinct audiences, key messages for each of them, activities and materials specific to those audiences and a timeline of events, as well as designate which organisation(s) will be responsible for each activity. Monitoring indicators should also be included to assess the roll-out process and effectiveness of the advocacy strategy outcomes.

### COMPONENTS OF AN ADVOCACY STRATEGY OR PLAN

1	PROBLEM STATEMENT
2	CHANGES NEEDED TO SOLVE THE PROBLEM
3	FINAL AUDIENCE SEGMENTATION
4	DESIRED CHANGE FOR EACH AUDIENCE
5	BARRIERS FOR EACH AUDIENCE
6	ADVOCACY INTENT FOR EACH AUDIENCE
7	STRATEGIC APPROACH
8	CHANNELS, ACTIVITIES AND MATERIALS FOR EACH AUDIENCE
9	DRAFT IMPLEMENTATION PLAN WITH M&E INDICATORS

Source: Adapted from 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/FANTA; 2018: 205–208.  
[https://www.fantaproject.org/sites/default/files/resources/Nutrition-Advocacy-PROFILES-Manual-Apr2018\\_0.pdf#page=208](https://www.fantaproject.org/sites/default/files/resources/Nutrition-Advocacy-PROFILES-Manual-Apr2018_0.pdf#page=208).



## COUNTRY CASE STUDY

### Developing an advocacy strategy in Guinea



In order to improve the enabling environment, as well as implement and scale up key nutrition actions, the head of the Food and Nutrition Division at Guinea's Ministry of Health, the SUN Focal Point and the Guinea country nutrition team worked closely with nutrition partners to review and finalise the National Multisectoral Strategic Plan for Nutrition [Plan Stratégique National Multisectoriel de Nutrition] 2018-2022 and strengthen related nutrition coordination and planning actions.

An advocacy and communication strategy was developed in parallel with the National Multisectoral Nutrition Policy 2018-2030 and aims to be implemented through the National Multisectoral Strategic Plan for Nutrition 2018-2022. The advocacy strategy is intended as a tool for implementing the sectoral and specific objectives of the strategic plan and is particularly suited to supporting efforts to achieve high-impact nutrition interventions. The advocacy and communication strategy was developed on the basis of the suggestions and comments gathered during a workshop held in Conakry in September 2018.

Based on this workshop, the advocacy and communication strategy was drafted as a frame of reference for nutritional interventions and as a tool for efficient and effective mobilisation of domestic and international resources. The specific advocacy objectives include increased attention and political commitment at all levels to support the implementation of high-impact nutrition interventions; increased governance through promotion of transparency in the implementation of nutrition interventions, accountability of the bodies involved and expenditure tracking; mobilisation of increased domestic and international resources for nutrition; and initiation of social accountability within populations to create demand for nutrition programmes and access to quality health services. The specific communication objectives include raising awareness amongst communities and implementers to the problem of malnutrition, its causes, consequences and means of countering it and promoting changes in nutritional practices of populations affected by malnutrition and their immediate communities.

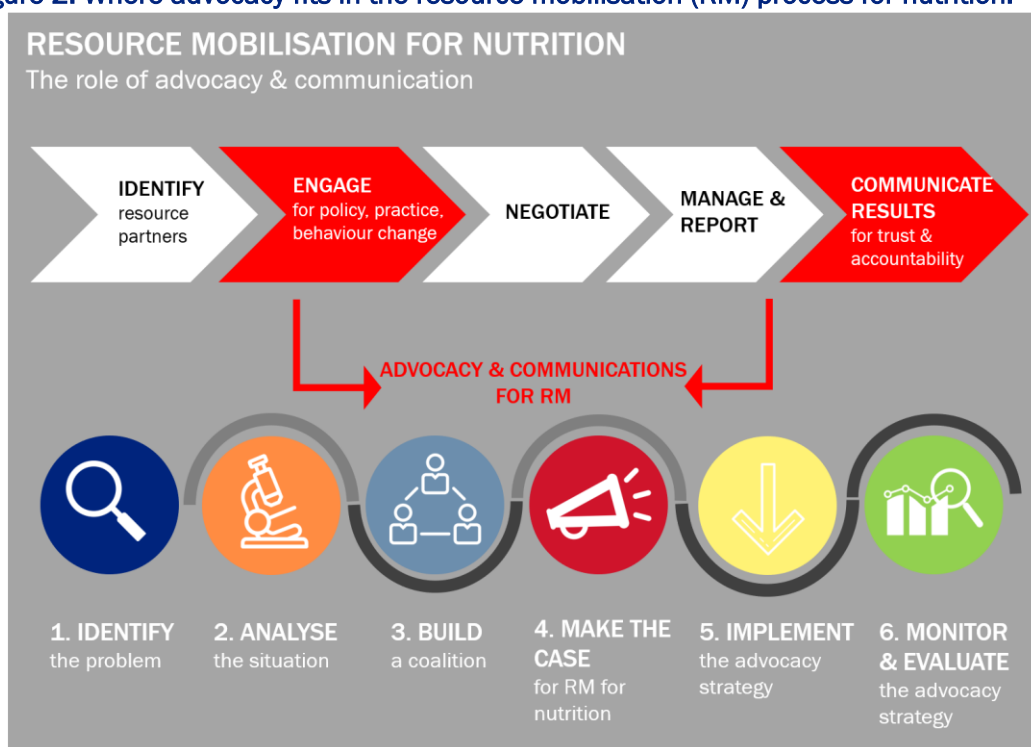
A second workshop and training was held in October 2019 to ensure the participation and support of key audiences in the advocacy work. Specifically, the workshop aimed to validate the draft advocacy and communication strategy and action plan, solicit participants' comments and validate messages, arguments and advocacy tactics to support the multisectoral approach detailed in the National Multisectoral Strategic Plan for Nutrition 2018-2022.

## 6.4 Mobilising Resources for Nutrition

Resource mobilisation (RM) for nutrition is 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/CRF. RM is a long-term and collaborative process involving all nutrition stakeholders from multiple sectors and, importantly, planners and decision makers from sectoral bodies, the ministries of finance, ministries of planning and development and external donors. Common steps in the RM process and the role of advocacy and communication are highlighted in [Figure 2](#).

One of the key purposes of nutrition advocacy is to push for increasing resources to meet the goals and objectives outlined in the MSNP/CRF. Advocacy plays a critical role in the RM process at the point of engagement with resource partners to influence policy, practice or behaviour change and, when communicating results, to foster trust and accountability from these partners ([Figure 2](#)).

Figure 2. Where advocacy fits in the resource mobilisation (RM) process for nutrition.



Source: 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/i2699e/i2699e00.pdf#page=30>. (2) Munteanu A, Bertram K. *Advocacy for Resource Mobilization (ARM) for Malaria Guide*. Geneva: Roll Back Malaria Partnership; 2015. [https://endmalaria.org/sites/default/files/ARMGuide\\_Final\\_May\\_2015.pdf](https://endmalaria.org/sites/default/files/ARMGuide_Final_May_2015.pdf). (3) A guidance document published by Development Connect.<sup>5</sup>

**Steps 1** (identify the problem) and **2** (analyse the situation) can largely be completed during a brainstorming session and over the course of one to two weeks. **Step 3** (build a coalition) is continuous and likely to evolve as the advocacy strategy for RM 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 (refer to **Section 6.3**), revising it to ensure it includes RM-specific audiences and messages and developing the related activities would take roughly one to two months. If there is no such strategy, then co-developing an advocacy strategy for nutrition RM with key stakeholders and buy-in could take upwards of six months. **Steps 5** (implement the advocacy strategy) and **6** (monitor and evaluate the advocacy strategy) are typically completed over a two-year implementation period or in alignment with the MSNP's intended scale of implementation.

*To support effective RM, it is critical to include a section within an advocacy strategy on mapping domestic funding opportunities, existing funds, funded programmes or policies and strategies that can be leveraged for supporting nutrition. Understanding the domestic funding landscape of resources and funding partners or sectors—their funding cycles, mechanisms and approaches, as well as their current priorities and interests—is key for sufficiently mobilising resources. This landscape will vary in every country context, but its understanding is critical to ensure the establishment of a culture of securing domestic financing for nutrition.*

<sup>5</sup> Development Connect, 2017. <https://developmentconnectltd.com/786/approach-resource-mobilisation-key-steps/> (Accessed on 01 July 2020).

When considering the implementation of RM for the MSNP/CRF, it is essential to think about who should be involved in the process. Advocacy for RM requires the involvement of a wide range of stakeholders to enlarge the base of support for the MSNP and to address it from various angles. Champions at the top level of government and in nutrition-related sectors will ensure that nutrition is a national priority, whilst members of parliament will be able to influence the budgetary process. Traditional and nontraditional donors, development partners and the private sector will be able to increase and foster alignment of external funding.

The media and CSOs play a key role in advocacy to raise the visibility of nutrition as an issue (refer to Somalia country case study in [Module 1](#)), mobilise communities and hold decision makers accountable for their commitment to nutrition. The four SUN networks—SBN, CSN, SDN and UN Network—should be engaged for their ability to access, convene and influence their respective groups in support of a multisectoral approach to nutrition.



**MQSUN+'s [Resource Mobilisation for Scaling Up Nutrition: Advocacy Tools and Resources for Country Action 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, which are primarily taken from existing advocacy or mobilisation materials from other sectors and, where necessary, are adapted for the context of nutrition.

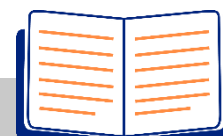
Within the broader process of RM, roundtable events are important high-level moments where nutrition is elevated as a national political priority for humanitarian and sustainable development. These RM roundtables are a crucial opportunity to ensure partner alignment with the MSNP, seek commitments and mobilise the resources necessary for the implementation of the MSNP/CRF. By boosting advocacy and awareness, roundtable events can also lead to increases in the coverage of nutrition-specific and nutrition-sensitive interventions, delivered by multiple government sectors and partners, ultimately leading to improved nutrition.

RM roundtables are an excellent opportunity for participants to state their nutrition commitments publicly and formally, and, hence, make commitments transparent. Furthermore, they can set the stage for tracking commitments and establishing a mechanism to hold partners accountable for their intended contributions. *It is important to note that, whilst RM roundtables are critical events, they are only one activity in the much broader and longer-term RM process described above.* The negotiations and eventual commitments that are on display at roundtable events result from a thorough and continuous engagement of all stakeholders to provide the resources required to implement the MSNP/CRF at the expected scale.



**MQSUN+'s [Road map for Organising a Resource Mobilisation Roundtable Event to Scale up Nutrition at the Country Level](#)** is for SUN Focal Points and MSP members who are planning an RM roundtable as one important activity in the process of mobilising resources for MSNP implementation. It describes what needs to be in place before hosting an RM roundtable and outlines key steps for hosting a successful event.

## Additional Guidance to Prepare for Implementation and Inception



### Resource

National Information Platform for Nutrition (NIPN) website. NIPN guidance notes: Communicating and disseminating findings page. Available at <http://www.nipn-nutrition-platforms.org/NIPN-Guidance-Notes>. Accessed 01 October 2020.

### Tools

FANTA III Project website. *Manual for Country-Level Nutrition Advocacy Using PROFILES and Nutrition Costing* tool page. <https://www.fantaproject.org/tools/manual-country-level-nutrition-advocacy-using-profiles-and-nutrition-costing>. Accessed 02 November 2020.

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UNICEF / Save the Children, Eastern and Southern Africa Regional Office. *Infant and Young Child Feeding in Emergencies (IYCF-E): East and Southern Africa Region (ESAR) Capacity Mapping and Assessment Tool*. Nairobi: UNICEF, Save the Children, Global Nutrition Cluster; 2020. Available at <https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2020-08/IYCFE%20Capacity%20mapping%20toolkit%2002%20August%202020.pdf>.

SUN UN Network. *Nutrition Capacity Assessment Guidance Package—Part 1: Guidance Note*. Geneva: SUN Movement Secretariat; 2016. Available at <https://www.reachpartnership.org/documents/312104/dc7e2066-93ab-4a8f-82c7-fba3e4d24163>.

### About MQSUN+

MQSUN+ provides technical assistance (TA) and knowledge services to the UK's 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 toolkit was produced by Silvia Kaufmann, Tamsin Walters, Barb Koloshuk, Amanda Coile, Carrie Hemminger, Monica Kothari and Michelle Martinez at PATH. 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.

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.

