

Assessment of the USAID Multi- Sectoral Nutrition Strategy

Second
Periodic
Assessment



April 2023

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Data for Impact

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Cover photo credit

Credit: David Brazier, International Water Management Institute (IWMI). **Caption:** A woman in Zimbabwe harvesting groundnuts.

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Abbreviations

A/EG	Agriculture/Economic Growth (offices) at the Mission level
AOR	Agreement Officer’s Representative
BHA	Bureau for Humanitarian Assistance
CMAM	community-based management of acute malnutrition
COR	Contracting Officer’s Representative
D4I	Data for Impact
DEC	USAID’s Development Experience Clearinghouse
DHS	Demographic and Health Survey
EBF	exclusive breastfeeding or exclusively breastfed
EG	Economic Growth Office
EP	external partner (of USAID)
FGD	focus group discussion
GDP	gross domestic product
GH	Global Health (Bureau of Global Health, USAID/Washington)
GNT	Global Nutrition Target
HA	humanitarian assistance
HTSP	healthy timing and spacing of pregnancy
IP	implementing partner
IR	intermediate result
IRB	institutional review board
KII	key informant interview
IFAS	iron–folic acid supplements or supplementation
IMAM	integrated management of acute malnutrition
IPTp	intermittent preventive treatment in pregnancy (for malaria)
IYCF	infant and young child feeding
M&L	monitoring and learning (plan for MSNS)
MAD	minimum acceptable diet (for children ages 6–23 months)
MDD	minimum dietary diversity (for children ages 6–23 months)
MICS	multiple indicator cluster survey (UNICEF)
MIS	malaria indicator survey (DHS)

MIYCN	maternal, infant, and young child nutrition
MMS	multiple-micronutrient supplements
MSN	multisector nutrition
MSNP	multi-sectoral nutrition plan (for national governments or USAID Missions)
MSNS	Multi-Sectoral Nutrition Strategy (for USAID)
NACS	Nutrition Assessment, Counseling, and Support
NGO	non-governmental organization
ODF	open defecation free
PER-N	public expenditure reviews for nutrition
RFP/RFA	request for proposal/request for application
RFS	Resilience and Food Security (USAID/Washington)
RFSA	Resilience and Food Security Activity
SAM	severe acute malnutrition
SBC	social and behavior change
SO	strategic objective
U5	under five (children younger than five years of age)
U5M	under-five mortality
USAID	United States Agency for International Development
USG	United States Government
VAS	vitamin A supplementation
WASH	water, sanitation, and hygiene
WRA	women of reproductive age (ages 15–49 years)

Executive Summary

Background and Purpose

The 2014–2025 United States Agency for International Development (USAID) Multi-Sectoral Nutrition Strategy (MSNS) provides guidance to USAID Missions and USAID implementing partners (IPs) on multi-sector nutrition (MSN) programming. It has been used by USAID as its strategy to meet the Sustainable Development Goals (SDGs) and the World Health Assembly Global Nutrition Targets (GNTs). To take stock of the progress in addressing the causes of malnutrition through MSN programming, USAID developed the MSNS Monitoring and Learning (M&L) Plan and planned three assessments of the MSNS. The first assessment was conducted in 2018.

USAID asked Data for Impact (D4I) to conduct the second assessment to assess the current progress of MSN programming in USAID-supported countries using a case study approach focused on five countries: Bangladesh, Mali, Nepal, Rwanda, and Uganda.

The assessment included case studies for each focus country in addition to the overall assessment report, which synthesized the findings for MSN programming across these countries as well as a broader set of USAID-supported countries. The results of this assessment will be used by USAID/Washington to inform the next iteration of the MSNS and to further assist USAID/Washington, USAID Missions, and partner organizations with MSN programming design, implementation, and reaching set goals and targets.

Methods

D4I used a mixed-methods approach to conduct the assessment. This included a document review and review of USAID nutrition project websites, an online survey, and qualitative key informant interviews (KIIs) and focus group discussions (FGDs). The document review used national population-based surveys, such as the Demographic and Health Survey (DHS), to track quantitative indicators across the five countries. Quantitative indicators evaluated included those in the M&L Plan. To understand the status of MSN programming, reports on USAID-supported projects, suggested for review by various sources, in the five countries were also reviewed. Reports were sourced from the USAID Development Experience Clearinghouse (DEC) and through Internet searches, in addition to directly from USAID and IPs. D4I reviewed USAID's nutrition flagship project site, USAID Advancing Nutrition, to identify additional project information on MSN programming at the global level.

An online survey was developed by D4I and sent by USAID/Washington to 115 people at USAID Missions. Twenty-five people (a 22% response rate) responded to the online survey's 23 questions that were close ended (yes/no; multiple choice) about MSN programming at Missions.

Thirty-seven KIIs were conducted with staff from MSN-interested parties—Missions, IPs, and USAID external partners (EPs)—in the five countries to capture in-depth information on MSN programming and the use of the MSNS. Three FGDs with 14 people at USAID/Washington explored the status of MSN programming in countries and at USAID/Washington.

Findings

Progress in Reducing Malnutrition and Improving the Coverage of Selected, Key Nutrition-Specific Practices

Since 2000, all five countries have made progress in reducing malnutrition, measured by wasting and stunting, in children younger than five years of age (U5). In the last two decades, positive economic growth led to a significant reduction in poverty in all five countries which may have contributed to the decline in the prevalence of wasting and stunting.

The assessment explored the progress countries were making in achieving five GNTs on exclusive breastfeeding (EBF), stunting, wasting, child overweight, and anemia in women of reproductive age (ages 15–49 years) [WRA]. The most recent analysis on the GNTs from 2022¹ found progress in achieving the GNTs was mixed across the five countries.

Mali and Rwanda were the only countries on-course for achieving the GNT on EBF while Bangladesh and Uganda were making some progress. Nepal was making no progress (or it was worsening) on the GNT for EBF. Nepal was the only country on-course for achieving the GNT for stunting, although the other four countries were making some progress towards achieving the target. Rwanda and Uganda were on-course for achieving the GNT on wasting while Bangladesh was making some progress. Mali and Nepal had made no progress on the GNT for wasting (or it was worsening). Rwanda and Uganda were both on-course for the GNT on childhood overweight while Bangladesh, Mali, and Nepal were off-course for this GNT. Rwanda was the only country making some progress on the GNT for reducing anemia in WRA; the other four countries had made no progress in reducing anemia in WRA.

All the recommended quantitative indicators in the M&L Plan were documented for each country and can be accessed [here](#). Two important indicators for children, vitamin A supplementation (VAS) and children ages 6–23 months being fed a minimum adequate diet (MAD) are proxies for nutrition and health status. Coverage for VAS was relatively high in the five countries, ranging from 62 percent in Uganda to 87 percent in Rwanda. However, little progress is being made on increasing the proportion of children ages 6–23 months being fed a MAD to levels that will contribute to improved nutritional status. Most recent data show the MAD indicator ranges from nine percent in Mali 30 percent in Nepal.

Nutrition-Specific and -Sensitive Interventions and Program Approaches

The types of nutrition-specific and -sensitive interventions and approaches implemented through USAID-funded projects were identified mainly through the review of documents and the online survey responses. USAID-funded project documents were reviewed for Bangladesh (eight projects), Mali (seven projects), Nepal (three projects), Rwanda (five projects), and Uganda (six projects) to determine the type of interventions and project approaches being implemented. While

¹ Note that Nepal has a recent DHS report with updated information on progress towards these indicators. We use information from the GNT here for comparison across countries.

not all USAID projects implemented at the country level were reviewed, the projects represented a good mix of projects managed by Health, Agriculture/Economic Growth (A/EG), and Bureau for Humanitarian Assistance (BHA) offices at Missions. Twenty-five respondents from the online survey (68% from Health, 20% from A/EG, and 12% from BHA offices) also reported on the type of nutrition-specific or -sensitive interventions being implemented with USAID funding.

In most cases, projects implemented both nutrition-specific and nutrition-sensitive interventions. Nearly all projects were implementing nutrition-specific interventions recommended in the MSNS. The most common nutrition-specific interventions improved infant and young child feeding (IYCF), community-based management of acute malnutrition (CMAM), VAS for children ages 6–59 months, and iron-folic acid supplementation (IFAS) (or multiple micronutrient supplementation-MMS) during pregnancy.

There were numerous nutrition-sensitive interventions being implemented by projects across the countries including most of the nutrition-sensitive interventions recommended in the MSNS. The most common nutrition-sensitive interventions improved women’s education (including education to increase supply and demand of diversified and nutritious foods to improve dietary diversity), livelihoods, WASH, nutrition-sensitive agriculture, and girl’s education.

Of the 17 project approaches identified in the document review, the most common approaches included engaging and strengthening national and local governments, gender and female empowerment, social inclusion, social and behavior change (SBC), working through community volunteers, and private sector engagement.

Online survey respondents reported that several other sectors implemented nutrition projects, funded by USAID, including maternal and child health, agriculture, WASH, livelihoods, education, and social protection. The most common nutrition-specific and -sensitive interventions being implemented by these projects were IYCF, maternal dietary diversity, nutrition-sensitive agriculture, and micronutrient supplementation for pregnant women and children ages 6–59 months.

Facilitating Factors and Challenges for Implementing MSN Programs

Facilitating factors and challenges for implementing MSN programs were identified mainly through the KIIs and FGDs, although some information is also presented here from the online survey responses. Most USAID staff reported that the main facilitating factors for MSN programming were the strong political will and commitment of national governments and donors. This was evident by effective national MSN coordination platforms having been established by USAID Mission staff who reported participating in these platforms and showing leadership by co-chairing or leading government and/or donor platforms including the Scaling-up Nutrition (SUN) donor platform. Another way USAID has led in countries is through funding MSN projects which provide learning at the national level or program implementation. USAID, in interviews and the online survey, reported that the USAID MSNS has been instrumental in helping to design these projects. In several countries, the MSNS has informed the development of National MSNPs.

IPs in most countries also were happy with commitment levels of government and coordination platforms at the national level, although some respondents had some reservations about the

current process for and effectiveness of coordinating with government. IPs in one African country expressed frustration with the delays in rolling out their National MSNP. Nearly all IPs also mentioned the need to continue to increase awareness about the importance of nutrition and build capacity to implement effective interventions at the local level. A few USAID and IP respondents mentioned that line ministries and policy makers (parliamentarians) needed increased appreciation for the role of nutrition in national development.

While there was acknowledgment that National MSNPs were useful and a step in the right direction for MSN programming, as was the process of coordination at the national level, more needed to be done to translate what was on paper in the MSNPs to action. Several respondents reported having robust policies, but there were still challenges in implementing effective programs.

In fact, much of the discussion throughout the interviews focused on the challenges for making programs more effective by increasing funding and improving how they are implemented. USAID, IPs, and EPs all thought funding for nutrition was inadequate. National governments have not shown sufficient commitment to nutrition by funding it through a sustainable line item in or as a percentage of the national budget. Donor funding, including from USAID, is important in all countries; however, as pointed out by all respondents, countries can only truly roll-out their MSNPs with better budget allocations in the national budget including across sector budgets. Based on national-level analyses available for three countries, funding for nutrition is currently skewed (80% or more) toward nutrition-sensitive interventions. Several IPs mentioned the challenges in implementing and managing their MSN projects because they were complex.

While most USAID-funded projects in countries are co-located geographically and encouraged to coordinate to create synergies for implementation, these strategies are not always realized. IPs suggested Mission offices ensure that the nutrition and agriculture flagship projects are not only working in the same geographic areas but also with the same beneficiaries. Reaching the poorest and most vulnerable populations in countries was a concern and continuing challenge expressed by most respondents.

Two issues did not come out strongly from the data. Are projects attaining high levels of exposure of beneficiaries to interventions? And how will project activities be sustained after the projects end? Ensuring high levels of intervention coverage and exposure requires knowing who the eligible beneficiaries are and how often they participate in the interventions. A system to monitor the uptake of optimal practices and identify both the barriers to uptake and the solutions used to address these barriers would help projects to keep abreast of the progress being made during implementation. This would help projects to design and implement more effective projects in the future and improve the sustainability of interventions.

Limitations, Conclusions and Recommendations

Limitations of the Assessment

There are some limitations for this assessment, although not intractable ones. While MSN programming was explored in only five USAID-funded countries, the sample for the assessment

represented a wide-range of USAID staff working on MSN programming in three different sector offices at Missions and three bureaus in USAID/Washington. In addition, the study team was able to interview staff from nutrition and agriculture flagship projects, BHA-funded projects, and a few EPs in countries. Another limitation is that while the document review of MSN activities being implemented by IPs was extensive, it does not represent all USAID-funded projects working in nutrition across the five countries.

Conclusions and Recommendations for USAID and MSN Programming in the Future

The assessment found that there is significant support for MSNS implementation through USAID funding for MSN programming in the five countries. The MSNS has played a key role in influencing the design of USAID-funded projects and, in some countries, informed the development of National MSNPs. Respondents reported that integrating nutrition-specific and -sensitive interventions, complemented by activities in SBC, gender, social inclusion, working with local government, and other approaches, improves nutrition outcomes. When respondents were asked about future MSN programming, they offered many ideas that fell into three main themes.

The first theme was to strengthen the enabling environment for MSN programming at USAID/Washington and USAID Missions. Respondents suggested it is important to build the capacity of staff in some Missions to design and manage MSN investments. Also important is improving the coordination and collaboration within Missions to improve the implementation, create synergies of activities across projects, and reach the most vulnerable populations.

The second theme was to strengthen the enabling environment for MSN programming at the national level including across sectors. While most Missions and IPs reported that developing National MSNPs have become useful roadmaps to set goals for programs and activities across sectors, translating MSNPs to action is still a challenge. USAID could assist by collecting, collating, and sharing experiences of USAID IPs and development partners and developing tools about working with policy makers, legislators, and sectors to increase their awareness about the importance and status of MSN programming. One tool currently being used by sectors in some countries is an annual review to take stock of the sector's progress in implementing their sector policy or plan. A similar annual review for nutrition at the national and local levels could help improve MSN programming through the identification of best practices and continuing challenges for implementation. These lessons should be shared with policy makers to inform new iterations of National MSNPs and sector strategies.

The third theme was to strengthen the enabling environment for MSN programming at the local government level. While strengthening the enabling environment at the local level is coming last, it is where the greatest return will be for improving nutrition outcomes. USAID and especially IPs identified improving commitment and capacity of local government to fund, manage, and monitor MSN activities as key to improving and sustaining MSN implementation and activities. IPs reported that some districts were making progress in taking on this role, and they should be consulted for possible models. Developing partnerships with local government is mutually beneficial for USAID, local governments, and beneficiaries. A better understanding about how to implement interventions was seen as a critical need by USAID Missions and IPs which USAID could help local government explore in their own contexts.

Purpose of the Assessment

To accelerate the reduction of malnutrition globally, the United States Agency for International Development (USAID) developed and disseminated the Multi-Sectoral Nutrition Strategy (MSNS) in 2014 (USAID, 2014). The MSNS, covering the period of 2014–2025, provides guidance to USAID Missions and USAID implementing partners (IPs) on multi-sector nutrition (MSN) programming and serves as a roadmap for how USAID will meet the Sustainable Development Goals and World Health Assembly nutrition targets. To take stock of the progress in addressing the causes of malnutrition through MSN programming, USAID developed the MSNS Monitoring and Learning Plan (M&L Plan) (USAID, 2018) and planned three assessments of the MSNS. The [first assessment](#) was conducted in 2018 and concluded that the dissemination of the MSNS had provided a framework to strengthen internal planning and coordination to address the immediate and underlying determinants of malnutrition.

USAID asked Data for Impact (D4I) to conduct the second assessment to assess the current progress of MSN programming in USAID-supported countries using a case study approach focused on five countries: Bangladesh, Mali, Nepal, Rwanda, and Uganda.

The assessment included country-specific case studies for each focus country in addition to the overall assessment report which synthesized the findings for MSN programming across the countries. The results of this assessment will be used by USAID/Washington to further assist USAID Missions and partner organizations with MSN programming design, implementation, and to reach set goals and targets.

Introduction

From 2006 to 2013, global nutrition development partners, including multilateral, bilateral, and private donors as well as United Nations agencies and academic institutions, disseminated key analyses to make the case for reducing malnutrition. The World Bank presented evidence for the cost of malnutrition to national development due to losses in physical productivity and cognitive function and compromises of health status (World Bank, 2006). The 2008 and 2013 nutrition series in the *Lancet* estimated the burden of disease from malnutrition and outlined effective nutrition-specific interventions (Black, et al., 2008; Bhutta, et al., 2008; Black, et al., 2013; Bhutta, et al., 2013). The 2013 installment includes discussion of an MSN approach and identifies effective interventions to be delivered by the health sector, with suggestions for other sectors to become more sensitive to nutrition.

Although this MSN approach made sense, there was little evidence on the types of interventions, implemented through non-health sectors, that can improve nutritional status (Ruel and Alderman, 2013). USAID, one of the major drivers and donors of nutrition research and programs globally, responded by developing the MSNS, which provides guidance on the scale-up and integration of nutrition-specific and nutrition-sensitive interventions across sectors.

Background on the Multi-Sectoral Nutrition Strategy

USAID’s MSNS is an 11-year strategy (2014–2025) developed to guide and inform the agency’s nutrition policies and programs in both humanitarian and development contexts. The MSNS and its Results Framework (Appendix 1a) were informed by the UNICEF Conceptual Framework for Malnutrition which was revised in the 2013 Lancet Maternal and Child Nutrition series (Appendix 1b). The MSNS provides technical expertise and advises USAID bureaus and departments on the delivery of MSN interventions based on global recommendations. The goal is to “improve nutrition to save lives, build resilience, increase economic productivity, and advance development.”

MSNS Assessment Guidelines

As mentioned previously, USAID/Washington developed an MSNS M&L Plan to help guide monitoring and evaluation of the MSNS, including three periodic assessments. The M&L Plan allows for flexibility in the methods used in the assessments. Two overarching questions in the M&L Plan are the following:

1. What is the current progress of MSNS implementation in USAID-funded countries?
2. Are there plausible links between the processes and implementation influenced by the MSNS and country-level indicators at the Goal, strategic objective (SO), and intermediate result (IR) levels?

Since it was known that significant MSN programming was occurring in countries, this assessment also explored MSN programming overall.

Methods

Assessment Design and Sampling

The approach for the assessment was to use the guidance in the M&L Plan for assessing the MSNS and MSN programming in five USAID-funded countries. The M&L Plan suggested that assessments track both MSN-related quantitative and qualitative indicators which were listed in the M&L Plan. The source of the suggested quantitative indicators to track nutrition outcomes are national surveys (e.g., Demographic and Health Surveys [DHS]) and USAID data sources (e.g., Feed the Future and Performance Plan and Report). Qualitative information suggested in the M&L Plan was used to develop interview and discussion guides for key respondents in the five countries.

USAID selected Bangladesh, Mali, Nepal, Rwanda, and Uganda as the five focus countries for the assessment based on agreement from the country Missions as well as to select a group of countries that represented a range of contexts in terms of multi-sectoral nutrition programming. All are USAID nutrition-priority countries with the exception of Rwanda, which was a priority country until recently. The D4I team used a mixed-methods approach to conduct the assessment. This included a document review and review of USAID nutrition project websites, a quantitative online

survey, qualitative key informant interviews (KIIs), and focus group discussions (FGDs). The document review included national surveys and project reports and evaluations, while the website review focused on USAID-supported flagship projects like USAID Advancing Nutrition (2022). D4I administered an online survey to understand MSNS nutrition interventions and facilitated qualitative KIIs and FGDs among various stakeholders in the focus countries.

Document and Website Review

D4I conducted the document review using national surveys, such as the DHS, to track quantitative indicators across the five countries selected for assessment. Quantitative indicators that were evaluated included those in the M&L Plan. To understand the status of MSN programming, survey data from the following reports on USAID-supported projects in the five countries were also reviewed:²

Bangladesh:

- *Improving nutrition through community-based approaches in Bangladesh: 2017 baseline survey* (Angeles et. al., 2019)
- *Progotir Pathay, Bangladesh multiple indicator cluster survey 2019, Survey findings report* (BBS and UNICEF, 2019)
- *Bangladesh public expenditure review on nutrition, Final report* (Bangladesh Finance Division and UNICEF, 2019)
- *National micronutrient survey 2011–12, Final report* (IPHN, 2014)
- *Bangladesh demographic and health survey 2017–18* (NIPORT and ICF, 2020)

Mali

- *Enquête par grappes à indicateurs multiples au Mali (MICS-Mali), 2015, Résultats clés* (INSTAT, 2016)
- *Enquête démographique et de santé au Mali 2018* (INSTAT et. al., 2019)
- *Enquête sur les Indicateurs du Paludisme au Mali 2021* (INSTAT et. al., 2022)
- *Enquête démographique et de santé du Mali 2006* (CPS/MS et. al., 2007)
- *Enquête par grappes à indicateurs multiples 2009–2010, Rapport final* (CPS/SSDSPF and INSTAT, 2011)
- *Enquête démographique et de santé au Mali 2012–2013* (CPS/SSDSPF et. al., 2014)
- *Country Profile for Mali* (USAID, n.d.)
- *Mali Multisectoral nutrition strategy* (USAID, 2021)

Nepal

- *National anemia control strategy for women and children* (MOHP, 2007)
- *Nepal health sector strategy 2015–2020* (MOHP, 2015)
- *Nepal demographic and health survey 2016* (MOHP et. al., 2017)

² In the following sections, it will be specified when additional or distinct data sources were consulted.

- *Nepal multiple indicator cluster survey 2019, Survey findings report* (CBS, 2020)

Rwanda

- *Rwanda demographic and health survey 2014–15* (NISR et. al., 2015)
- *Rwanda demographic and health survey 2019–20 final report* (NISR et. al., 2021)

Uganda

- *Uganda demographic and health survey 2011* (UBOS and ICF, 2012)
- *Uganda demographic and health survey 2016* (UBOS and ICF, 2018)
- *Uganda malaria indicator survey 2018–19* (Uganda NMCD et. al., 2020)

Of particular interest was qualitative information on the types of nutrition-specific and nutrition-sensitive interventions being implemented and on those approaches that have facilitated the uptake of interventions (for example, crosscutting areas, such as gender or using social and behavior change [SBC] interventions). Reports were sourced from the USAID Development Experience Clearinghouse and through Internet searches, in addition to directly from USAID and IPs. Projects were selected from projects that were currently being or had recently been implemented (as suggested in each country’s USAID Nutrition Profile and as suggested by USAID/Washington and Mission staff). During Mission and IP interviews, annual reports and other documentation of project activities were requested, and project briefs and other information found on the internet provided some information. Projects that were nutrition-specific, nutrition-sensitive, or a combination of both were explored.

For the website review, D4I reviewed USAID’s nutrition flagship project site, USAID Advancing Nutrition (2022), to identify additional project information and USAID-supported guidance on MSN programming at the global level. In addition, D4I reviewed a variety of policy documents and studies from each country.³

Online Survey

A quantitative online survey was developed by D4I to be administered to stakeholders working for USAID in former or current USAID priority-nutrition countries. USAID/Washington identified the respondents and sent the survey to 115 people to determine the types of interventions and approaches supported by Missions and their use of the MSNS. The online survey, administered using Microsoft Forms, consisted of 23 questions that were closed-ended (yes/no; multiple choice), with an estimated completion time of 15–20 minutes. The online survey tool can be reviewed in Appendix 5a.

³ Please see Appendix 6 for a full list and complete reference information.

Key Informant Interviews

The KIIs were conducted with staff from MSN stakeholders—Missions, USAID IPs, and USAID external partners (EPs)—in the five focus countries to capture in-depth information on MSN programming and the use of the MSNS. D4I worked with USAID/Washington to develop lists of potential participants at Missions. In Bangladesh, Mali, Nepal, and Uganda, participating USAID staff represented the offices of Health Agriculture/Economic Growth, and Bureau for Humanitarian Assistance (BHA). In Rwanda, where there is no BHA presence, staff from the health and economic growth offices participated in the KIIs. USAID Missions recommended and D4I contacted IP and EP staff in all five countries for potential participation.

An interview guide with 17–24 questions was developed for each stakeholder type. Interviews required approximately 1–1.5 hours and were conducted remotely, in English or French, on the Microsoft Teams platform. The KIIs explored how stakeholders decided on MSN programming and what the barriers and facilitating factors have been for MSN programming at the national and project levels. The KIIs also explored how the MSNS was used by stakeholders and drew out respondent recommendations for future MSN programming. Not every question was asked in each interview, due to time constraints and depending on the direction of the conversations. The KII interview tools can be reviewed in Appendices 5b, 5c, and 5d.

Focus Group Discussions

The FGDs explored the status of MSN programming in countries and at USAID/Washington. Three FGDs in total were conducted with USAID/Washington staff backstopping the five focus countries as selected for participation by USAID and with staff from the nutrition leadership team (internally known as the Executive Committee of the Nutrition Technical Working Group). D4I held two discussions with members of the backstopping teams and one discussion with the staff from the nutrition leadership team. Staff from Global Health (GH), RFS, and BHA were represented in all FGDs. D4I developed two FGD guides—one for the country backstop group and one for the leadership group—with a total of 20–25 questions. The discussions were coordinated by USAID/Washington and hosted on the Zoom platform and required approximately 1–1.5 hours to complete. The three FGDs were neither audio recorded nor automatically transcribed due to limitations with Zoom.

The FGDs were facilitated by the nutrition consultant, and data collection relied on notes taken by the research associate or the nutrition consultant during the discussions. The FGDs explored the status of MSN programming in countries and at USAID/Washington. As with the KIIs, every question was not asked in each FGD. The FGD tools are provided in Appendices 5e and 5f.

Table 1 shows the breakdown of the number of respondents participating in the online survey, KIIs, and FGDs.

Table 1. Actual number of respondents by method

Method of Inquiry	Number of Respondents
Online survey	25
KIIs with Mission staff in country	14 (Bangladesh: 3; Mali: 3; Nepal: 3; Rwanda: 3; Uganda: 2)
KIIs with USAID IP staff in country	15
KIIs with EP staff in country	8
FGDs with USAID/Washington staff	14 (3 FGDs, with 3–4 participants per group)
Total	76

The response rate for the online survey was 22 percent (25/115), with 17/25 of respondents from the BGH, 5/25 from the EG office, and 3/25 from the BHA office. About half the respondents had worked at USAID for five or more years, while one-quarter had worked at USAID for from two to four years and another quarter had worked at USAID from one to two years. For the KIIs, D4I was able to interview (across the 5 focus countries) 14 Mission staff, 15 USAID IP staff, and 8 EP staff. A total of 14 USAID/Washington staff participated in the three FGDs. Although the number of respondents for the KIIs was fewer than the original targeted amount, the assessment team was able to reach saturation because study participants generally provided consistent responses to questions within countries.

Data Collection, Translation, and Management

All questionnaires were administered in English, except for Mali interviews, for which the questionnaires were translated into French.

KIIs were held on the Microsoft Teams platform and were audio recorded and automatically transcribed. The nutrition consultant led KII discussions with the support of research associates who assisted with notetaking and transcription. All KIIs were conducted and transcribed in English, except for those with Mali participants, which were conducted and transcribed in French by research associates. Research associates cross-checked interview notes with the auto-transcriptions for accuracy. For Mali KIIs, notes were taken in English, and transcripts were translated from French to English using Google Translate.

KII and FGD data were only accessible by the assessment team and stored on password-protected computers and encrypted storage sites (OneDrive).

Data Analysis

D4I followed these steps for the verification and analysis of KII and FGD data:

- Immediately after each KII, the nutrition consultant or the notetaker cross-checked the transcript against the notes and the audio recording to ensure accuracy and make corrections as needed. After each FGD, notes were reviewed to fill in any gaps.
- Once all KIIs and FGDs for a specific participant group (for example, Missions, IPs, EPs, or USAID/Washington) had been collected, the nutrition consultant developed summary

tables for the five focus countries in that participant group, which were organized by question for ease of comparison. Interview notes were taken by questions, for ease of grouping into the summary tables.

- The summary tables then allowed the assessment team to review the data systematically and assess and develop emerging themes for further synthesizing of results.

Ethical Considerations

The assessment complied with standard regulations governing the protection of human subjects from research risks.

D4I submitted the protocol and instruments to Palladium’s internal research review committee that determines if the research is on human subjects and what kind of institutional review board (IRB) oversight is needed for the assessment, if any. It was determined that D4I did not need IRB oversight for this assessment because it will be used by USAID for internal program improvement and is not considered human subject research. Despite the non-research determination, the team followed standard procedures for the ethical conduct of human subject research, including ensuring participant protection and consent, as described to all participants at the beginning of each KII and FGD.

Findings

Findings from the Document and Website Reviews

Progress in Reducing Malnutrition

Malnutrition, as measured by stunting and wasting in children U5, declined in all countries over the last several decades. As reported in national population-based surveys, all five countries made progress in reducing stunting in children U5, with most of the progress made after 2000. Over a 15–20-year period the reductions in stunting in Bangladesh, Nepal, and Rwanda ranged from 35 percent (in Rwanda) to 56 percent (in Nepal). Mali made more recent but excellent progress with a 29 percent reduction in stunting between 2012–13 and 2018. All countries made progress in reducing wasting in children U5 with four countries starting these reductions in the mid-1990s. Since then, the reductions in wasting in the four countries ranged from 34 percent (in Nepal) to 67 percent (in Mali). Rwanda also made impressive progress in reducing wasting and over a shorter period—by 87 percent between 2000 and 2019–20.

Economic Situation

Because economic growth and poverty may explain nutrition outcomes and impact, the document review first assessed selected demographic and economic indicators in the five focus countries, as depicted in Table 2.

Table 2. Economy classifications, poverty, and gross domestic product (GDP) growth

	Bangladesh	Mali	Nepal	Rwanda	Uganda
Population (millions), 2021	166	21	30	13	47
Economy classification, by income category, 2022	Lower-middle-income	Low-income	Lower middle-income	Low-income	Low-income
Poverty head-count ratio at USD 2.15/day (2017 purchasing power parity, or prices) (% of the population living in extreme poverty)	14 (2016)	15 (2018)	8 (2010)	52 (2016)	42 (2019)
Gross domestic product growth (annual %), 2021	7	3	4	11	3

Source: World Bank, 2022

Total population for the five countries ranges from 166 million for Bangladesh to 13 million for Rwanda. Bangladesh and Nepal have recently transitioned from low-income to lower middle-income economic classifications. Mali, Rwanda, and Uganda are classified as low-income countries.

All five focus countries have reduced their poverty head count over the last several decades. From available World Bank data, there have been significant reductions in the poverty head count in

Bangladesh (by 59% between 2000 and 2016), Mali (by 74% between 2001 and 2018), and Nepal (by 80% between 2003 and 2010). Rwanda and Uganda reduced their poverty head counts by 31 percent between 2000 and 2016 and 36 percent between 2002 and 2019, respectively, although the percentage of people in living poverty is still high in both countries.

In 2021, economic growth (measured by GDP) was particularly favorable for Bangladesh (7%) and Rwanda (11%). Both countries experienced a downturn in GDP growth during the Coronavirus Disease 2019 (COVID-19) pandemic in 2020 but recovered in 2021. Mali, Nepal, and Uganda also experienced decreases in GDP growth in 2020, with some recovery in 2021, but GDP growth was not as high in those countries (3%–4%).

Existing MSN Policies or Plans

Indicator IR2.2 in the M&L Plan assesses whether MSN policies or plans are in place, including if they encompass an emergency response for nutrition needs. To answer this question, D4I reviewed existing MSN documentation in the five focus countries to determine if MSN policies and plans were in place and whether they included attention to nutrition under emergency conditions. Table 3 provides an overview of the policy, strategy, and plan documents reviewed.

Table 3. National MSN policy, strategy, and plan documents reviewed

National MSNP	Bangladesh	Mali	Nepal	Rwanda	Uganda
Names & Dates of MSNPs	National Plan of Action on Nutrition (NPAN) 1 (1997) NPAN 2 (2015–24)	MSNP 2014–18 Multi-Sectoral Nutrition Action Plan (PAMN) 2 (2021–25)	MSNP 1 (2013–17) MSNP 2 (2018–22) MSNP 3 (Under development in 2022)	MS Strategy to Eliminate Malnutrition (2010–13) National Food & Nutrition Policy (2013–18) National Early Childhood Development Program (NECDP) Strategic Plan (2018–24)	Uganda Nutrition Action Plan 1 (2011–16) Uganda Nutrition Action Plan 2 2018–25 (Approved for implementation and pending rollout)
Plans that mention an emergency response for nutrition	Yes	Yes	Yes	Yes	Yes

Source: Scaling up Nutrition website: <http://scalingupnutrition.org>.

Support for nutrition in national MSN policy and strategy documents was high for all five focus countries, which is one indicator in the MSNS for the commitment to reduce malnutrition. Although countries had a variety of names for their individual plans, they are referred to as National MSN plans (MSNPs) in this report. All countries had an MSNP for improving nutrition using a multi-sector approach which included nutrition-specific and nutrition-sensitive

interventions and involved government staff and partners from different sectors. Four countries—Bangladesh, Mali, Nepal, and Uganda—had developed two MSNPs each so far. In Bangladesh and Nepal, these plans were currently being implemented. Nepal’s third MSNP was under discussion at the time of the assessment.

Progress on M&L Plan Quantitative Indicators

The M&L Plan suggests quantitative indicators that should be tracked to monitor the progress of MSN programming and implementation of the MSNS. Some of these indicators are collected through national population-based surveys (e.g., nutritional status) and some are collected through USAID reporting (e.g., the number of individuals reached with nutrition interventions through USG projects). Appendix 4 provides the full set of quantitative indicators from the most recent studies or reports as designated in the M&L Plan.

Progress to Date on M&L Plan Quantitative Indicators as GNTs

Two approaches were used to determine progress for MSN programming. The first approach consulted the Global Nutrition Report or GNR (2022) for its analysis on the progress each country is making in achieving the original six Global Nutrition Targets (GNTs) (WHO, 2014). The GNTs were identified after the 2012 World Health Assembly Resolution 65.6 endorsing a comprehensive implementation plan on maternal, infant, and young child nutrition (World Health Organization, 2014). Five of the six GNTs correspond to quantitative indicators in the M&L Plan.⁴ Table 4 shows the progress the focus countries have made in achieving five of the six original GNTs.

Table 4. Most recent prevalence for a key nutrition practice and malnutrition and 2022 progress in achieving the GNTs from the most recent Global Nutrition Report (2022)

Global Nutrition Targets and Definitions	Bangladesh 2019	Mali 2018	Nepal 2019 ⁵	Rwanda 2019–20	Uganda 2016
Increase the rate of exclusive breastfeeding (EBF) in the first six months up to at least 50%	Light Blue	Light Green	Yellow	Light Green	Light Blue
Achieve a 40% reduction in the prevalence of stunting in children U5	Light Blue	Light Blue	Light Green	Light Blue	Light Blue
Reduce and maintain childhood wasting to less than 5%	Light Blue	Yellow	Yellow	Light Green	Light Green

⁴ The GNT not included is low birth weight. There are seven subsequent GNTs. Only one of these seven (obesity in women) corresponds to the indicators in the MSNS M&L Plan. The other GNTs include sodium intake, raised blood pressure in women, raised blood pressure in men, obesity in men, diabetes in women, and diabetes in men. Of note, while the original GNT for stunting tracks the number of stunted children, the GNR tracks the percentage of stunted children.

⁵ Note that Nepal has a DHS report (published in late 2022) with updated key indicators which are presented elsewhere in the report. For this table, we use information from the 2022 GNR analysis for the GNT here for comparison across countries.

Global Nutrition Targets and Definitions	Bangladesh 2019	Mali 2018	Nepal 2019 ⁵	Rwanda 2019–20	Uganda 2016
Ensure that there is no increase in childhood overweight	Red	Red	Red	Green	Green
Achieve a 50% reduction of anemia in women of reproductive age (WRA) (ages 15–49 years)	Yellow	Yellow	Yellow	Blue	Yellow

The categories on progress (e.g., whether the target is on course) have been assigned and analyzed by the Global Nutrition Report (2022). The colors for the categories were used by the MSNS Second Assessment: green for on course; blue for some progress; yellow for no progress or worsening; red for off course.

Sources: Global Nutrition Report (2022), NDHS (2016), and NMICS (2019).

Based on the most recent data from national surveys, the prevalence for EBF ranges from 40 percent in Mali in 2018 to 81 percent in Rwanda in 2019–2020. The GNR found four countries were either on course or showing some progress in achieving the GNT for EBF. Only in Nepal (2019) was there no progress or worsening in the 2022 GNR. The prevalence of stunting in children U5 ranged from 27 percent in Mali to 33 percent in Rwanda. Nepal was the only country that was on course for achieving the GNT for reducing stunting in the 2022 GNR. However, the other four countries were making some progress on the stunting GNT, and Bangladesh has subsequently published data indicating progress on stunting as described below.

The prevalence of acute malnutrition or wasting ranged from 1 percent in Rwanda to 12 percent in Nepal in the 2022 GNR. Two countries were on course for this GNT (Rwanda and Uganda), and one was making some progress (Bangladesh) in reducing to or maintaining wasting at 5 percent or under. In Mali and Nepal, no progress was being made or the situation was worsening, though Nepal has made some progress as reported in their most recent DHS report as described below.

The prevalence of overweight in children U5 ranged from 2 percent in Bangladesh and Mali to 6 percent in Rwanda. According to the GNR analysis, Rwanda and Uganda were on course for the GNT on childhood overweight, while Bangladesh, Mali, and Nepal were off course for this indicator.⁶

The prevalence of anemia in WRA ranged from 13 percent in Rwanda to 63 percent in Mali. Only Rwanda, where anemia prevalence in WRA is much lower than in the other four countries, was making some progress in achieving the GNT for anemia in WRA. In the other four countries, there was no progress on this indicator (or it was worsening), but the new Nepal DHS indicates some progress as described below.

Since the publication of the GNR, Bangladesh and Nepal have published updated indicator values. EPF prevalence has decreased in Bangladesh to 55% in 2022, while in Nepal EBF prevalence fell to 56% in 2022. Bangladesh has reduced stunting by 24%, in line with their goal of a 25%

⁶ The 2022 GNT report states that for Mali “the prevalence of overweight children under 5 years of age is 0.9% and Mali is ‘off course’ to prevent the figure from increasing.”

reduction by 2023. Nepal’s 2022 DHS reports the prevalence of stunting at 25%, below their target of 29%. While the prevalence of wasting increased to 11% in Bangladesh, wasting declined to 8% in Nepal. Nepal also achieved a decrease in prevalence of anemia in WRA to 34%.

Progress to Date on M&L Plan Quantitative Indicators Other Than GNTs

The second approach to determining progress presents the prevalence and coverage in each country for quantitative impact and outcome indicators in the M&L Plan that are not the original GNTs, as presented in Table 5. (The complete list of indicators from the M&L Plan are [here](#).) This table reports on indicators based on national population-based surveys with the survey dates indicated in the table and USAID reporting on the number of individuals receiving interventions through USG projects. Note that this table only provides information about prevalence/coverage of these indicators and does not attribute impacts (such as prevalence of anemia) to intervention coverage (such as vitamin A supplementation).

Table 5. Prevalence/coverage and date for nutrition impact and outcome indicators from the M&L Plan

Indicator (National Data)	Bangladesh	Mali	Nepal	Rwanda	Uganda
Anemia in children 6–59 months (%)-national	51% 2011	77% 2021	43% 2022	37% 2019–20	51% 2018–19
Healthy weight in WRA (%)-national	56% 2017–18	62% 2018	61% 2016	68% 2019–20	67% 2016
Children 6–23 months receiving a minimum acceptable diet (%)-national	29% 2022	9% 2018	30% 2019	22% 2019–20	14% 2016
Women receiving 90+ iron–folic acid supplements (IFAS) during their last pregnancy (%)-national	46% 2017/18	28% 2018	72% 2016	16% 2019–20	23% 2016
Children 6–59 months receiving VAS in the last six months (%)-national	79% 2017–18	68% 2018	86% 2016	87% 2019–20	62% 2016
Children 0–59 months receiving zinc for treatment of diarrhea (%)-national	51% 2022	15% 2018	38% 2019	37% 2019–20	40% 2016
Indicator (USG Reporting)	Bangladesh	Mali	Nepal	Rwanda	Uganda
Children 6–59 months receiving VAS in the last six months (number)-through USG projects	128,168 2021	2,301,875 2021	1,002,708 2021	NR	NR
Severe acute malnutrition (SAM) treatment in Children 0–5 years treated for severe acute malnutrition (number)-through USG projects	15,871 2021	105,567 2021	NR	NR	NR

Indicator (National Data)	Bangladesh	Mali	Nepal	Rwanda	Uganda
Children 0–5 years reached with nutrition-specific interventions (number)-through USG projects ⁷	487,040 2021	2,301,875 2021	1,913,012 2021	494,984 2021	2,486,316 2021
Pregnant women reached with nutrition-specific interventions (number)-through USG projects ⁸	400,690 2021	702,456 2021	362,989 2021	66,077 2021	706,069 2021

Sources: DHS for Bangladesh, Mali, Nepal, Rwanda, and Uganda; MICS (multiple indicator cluster survey, UNICEF) for Bangladesh, Mali, and Nepal; Malaria Indicator Survey for Mali and Uganda, and USAID (2022b).

The prevalence of anemia in children ages 6–59 months ranged from 37 percent in Rwanda to 77 percent in Mali. For Bangladesh, there are two surveys that determined anemia in children. Both surveys were conducted around the same time, but they found very different values for anemia: 51 percent in the 2011 Bangladesh DHS and 33 percent in the 2011–2012 National Micronutrient Survey. Because the prevalence of anemia in the four other countries relied on the DHS, or malaria indicator survey (MIS), the prevalence from the Bangladesh DHS was used for consistency. For the countries with two data points, spaced years apart (see Appendix 4), only Mali and Uganda reduced anemia in children ages 6–59 months, although the reductions were less than 10 percent in both countries. In Rwanda, the prevalence of anemia in children remained static, while in Nepal, the prevalence increased by 15 percent.

Healthy weight in WRA ranged from 56 percent in Bangladesh to 68 percent in Rwanda. In all five focus countries, healthy weight in WRA decreased—by 4 percent in Uganda and by 11 percent in Mali. The healthy weight indicator includes women who are not underweight or overweight/obese. While not shown here, countries have made progress in reducing underweight in WRA. However, the corresponding GNT for this indicator is controlling obesity in WRA. Obesity in WRA ranged from 5 percent in Nepal to 9 percent in Mali. All countries were off course for this GNT, according to the Global Nutrition Report analysis.

The prevalence of children ages 6–23 months receiving a minimum acceptable diet (MAD) (WHO, 2022), which incorporates both adequate feeding frequency and dietary diversity, remains low across countries, although it is higher in Bangladesh (27%), Nepal (30%), and Rwanda (22%) than in Mali (9%) and Uganda (14%).

The coverage of women receiving 90+ IFAS in their last pregnancy was highest in Bangladesh (46%) and in Nepal (71%), where coverage increased by 27 percent between 2011 and 2016. Coverage improved in Rwanda and Uganda between the two most recent surveys, but coverage remains less than 25 percent. Mali has one data point for the coverage of IFAS (28%).

⁷ The numbers represent USG's contribution to and funding for national coverage of children being reached with nutrition-specific interventions.

⁸ The numbers represent USG's contribution to and funding for national coverage of pregnant women being reached with nutrition-specific interventions.

Coverage for children ages 6–59 months receiving VAS in the last six months was nearly or over 80 percent in Bangladesh (79%), Nepal (83%), and Rwanda (87%). Coverage was lower in Mali (68%) and Uganda (62%). Bangladesh was the only country where coverage improved significantly between its last two surveys (by 27%). In Mali and Uganda, there was about a 10 percent increase in coverage. In Rwanda, coverage was equally as high over its last two surveys.

The proportion of children ages 0–59 months receiving zinc to treat diarrhea ranged from 15 percent in Mali to 44 percent in Bangladesh. Coverage was just below, at, or just over 40 percent in Nepal, Rwanda, and Uganda.

The M&L Plan also recommends tracking the number of children and women reached with interventions through USG projects. Table 5 also shows reporting from the 2022 Nutrition Report to Congress (USAID, 2022b). Information was not available for these indicators in all focus countries.

Recent and Current Nutrition-Specific Interventions

Documents were reviewed for eight recent or current projects in Bangladesh, seven in Mali, three in Nepal, five in Rwanda, and six in Uganda (see Appendices 3a, 3b, 3c, 3d, and 3e for key information on these projects). The projects were selected from USAID Nutrition Profiles for each country and based on recommendations from USAID staff. A mixture of projects with mainly nutrition-specific and mainly nutrition-sensitive were included for each country. In some countries, nutrition flagship projects included both types of interventions. The documents used to review each project are included in the list of References ([here](#)). The projects included projects funded by BHA (formerly funding from the Office of Food for Peace), Health, and A/EG offices in four of the five focus countries. In some cases, there were probably different sources of funding, although this was not stated in the documents that were reviewed. Rwanda, as mentioned previously, does not have a BHA office, and projects there were funded only by the Health and A/EG offices.

Most of these projects were currently being implemented, although a few had completed activities in the last several years. Several projects were in their second or third phase but were treated as the same project. Interviews with staff implementing some of these projects augmented the document review findings. The document review could not review every USAID project in each country. The results below represent what was found from the document review which was limited because it did not include a review of all projects in countries.

Table 6 shows the nutrition-specific interventions, as listed in the MSNS, supported by USG-funded projects in the five countries.

Table 6. Number of projects implementing nutrition-specific interventions

Nutrition-Specific Interventions	Bangladesh	Mali	Nepal	Rwanda	Uganda	Number of Projects implementing interventions
Total projects reviewed	8	7	3	5	6	29
Infant and young child feeding (IYCF) -Promotion of breastfeeding -Appropriate complementary feeding	7	7	2	5	4	25
Community-based management of acute malnutrition (CMAM)/ integrated management of acute malnutrition (IMAM) -Management of moderate and severe acute malnutrition	2	4	1	2	2	11
VAS for children 6-59 months	3	1 ⁹	1	–	2	7
Maternal multiple micronutrient supplements (MMS or IFAS)	2	–	1	–	2	5
Zinc treatment for diarrhea ¹⁰	1	–	1	–	–	2
Maternal calcium supplementation	2	–	–	–	–	2
Periconceptual folic acid supplementation or fortification	–	–	–	–	1	1
Maternal balanced energy protein supplementation	–	–	–	–	–	0

*Recommended nutrition-specific interventions in MSNS. Note: Nepal's three nutrition flagship projects covers 60% of the country's geography and is co-located with two other projects. Nearly all the projects reviewed had goals to improve nutrition-related behaviors and/or dietary diversity for children (25/29 projects) and implemented SBC activities to improve IYCF. Although not in the MSNS for nutrition-specific interventions, improving the quality and quantity of what pregnant and lactating women consume was implemented by most projects (25/29).

Two projects supported by A/EG offices, one in Nepal and one in Uganda, had goals to improve agriculture production, incomes, and the availability of nutritious foods. Only the Uganda project

⁹ Mali reported providing VAS to over two million children in 2021. VAS was not mentioned in the project documents reviewed; however, it is probable that the relevant documents were not reviewed or the Mission has a separate mechanism for the provision of VAS.

¹⁰ In the 2013 Lancet and MSNS promotes "preventive zinc supplementation", but countries were using zinc for treating diarrhea so this indicator has been revised based on what was implemented at the country-level.

appeared to have SBC activities to improve nutrition practices. As reported from interviews, the Nepal project instead relied on another project working in the same areas for SBC message dissemination, although the projects were not working with the same households. In Uganda, a biofortification project worked to increase the quality of diets through the production of iron-rich beans and biofortified crops, although it was unclear if there were complementary SBC components targeted at improving the dietary intake of women and children for these more micronutrient-rich crops. In Uganda, the USAID Advancing Nutrition project provided technical assistance to strengthen public-sector enforcement and private-sector compliance with food fortification requirements.

While not shown in Table 6, many projects were promoting the use of health services (16/29 projects) and improving the quality of health services (13/29 projects). Promotion of health services took the form of encouraging pregnant women to go for antenatal care visits or women to seek family planning. Mothers were encouraged to take their children to get immunized or screened for malnutrition. A few projects conducted social mobilization campaigns to increase the coverage of outreach clinics, immunization days, or child health days (where children receive VAS). Supporting national nutrition or breastfeeding days or months also was mentioned in project documents. Promoting the use of health services may have been a message delivered by most projects during SBC sessions with women and mothers, which would increase use of this intervention; however, the SBC materials and modules used by projects were not accessed and reviewed during the assessment.

Examples of improving the quality of health services included training health workers to screen children for acute malnutrition, counsel women and mothers to improve MIYCN (maternal, infant, and young child nutrition), and make appropriate referrals of children with acute malnutrition. In several countries, health workers were trained to use the Nutrition Assessment, Counseling, and Support (NACS) method to screen adults for underweight. CMAM/IMAM activities were mentioned in 11 projects in five countries. Other quality-improvement activities included strengthening laboratory services and supply chain management and nutrition-specific interventions in clinic outreach services or immunization days or events.

Micronutrient supplementation (VAS, IFAS, calcium, and zinc) or folic acid fortification were mentioned by a little over half of projects (16/28 projects) in three countries. The major action to support micronutrient supplementation was to promote beneficiaries to obtain micronutrient supplements at health services or to track the delivery of micronutrients. Five projects reported promoting or tracking IFAS for pregnant women and six projects promoted twice-yearly VAS for children ages 6–59 months. Two projects reported promoting zinc for treating diarrhea in children. Supplying the supplements directly was not reported on. USAID/Washington reported that projects managed through the Health or Economic Growth offices do not generally purchase micronutrient supplements or other nutrition products. Reducing the risk of neural tube defects through folic acid supplementation or foods fortified with folic acid consumed before conception was an activity of only one project in Uganda (food fortification). Calcium supplementation during pregnancy was mentioned by only two projects in Bangladesh. One of these projects had an indicator to track calcium supplementation during pregnancy, and the other included a review of calcium stocks and delivery at health facilities in its quality improvement tool.

Promotion of or strengthening balanced energy protein supplementation during pregnancy is on the list of nutrition-specific interventions in the MSNS and recommended in the 2013 installment of the *Lancet* Maternal and Child Nutrition series (Bhutta, et al., 2013), but no project mentioned that they were supporting this intervention. WHO (2016) now recommends this intervention only in populations “with high prevalence of undernourished pregnant women,” defined by WHO as at least 20 percent of WRA who are underweight (body mass index < 18.5 kg/m²). These supplements are not recommended for individual women who are underweight.

Recent and Current Nutrition-Sensitive Interventions

Table 7 shows the nutrition-sensitive interventions, as listed in the MSNS (those with an asterisk), supported by USG-funded projects in the five focus countries. In the MSNS there are only seven groupings for nutrition-sensitive interventions. Because of the variety of approaches used, some of these groupings have been disaggregated into separate interventions. For example, water, sanitation, and hygiene (WASH) is one grouping in the MSNS, but not all projects were implemented to support WASH improvement. WASH has been disaggregated in the table to hygiene behaviors, water supply improvements, and sanitation improvements. Additional nutrition-sensitive interventions beyond the MSNS were included in Table 7 based on what was reported by projects.

Table 7. Number of nutrition-sensitive interventions supported by USAID projects

	Bangladesh	Mali	Nepal	Rwanda	Uganda	Total Number of Interventions
Total projects reviewed	8	7	3	5	6	
Women’s education*	8	3	2	5	5	23
Livelihoods*	7	3	3	5	3	21
Hygiene*	8	4	2	1	4	19
Nutrition-sensitive agriculture*	7	4	3	3	3	20
Girls’ education*	7	1	1	4	3	16
Water improvement*	3	3	2	1	2	11
Sanitation improvement, including open defecation free (ODF)*	4	2	2	1	1	10
Food processing*	1	4	1	3	1	10
Social protection*	3	1	1	–	–	5
Family planning, healthy timing and spacing of pregnancy (HTSP)*	1	1	1	–	2	5
Early childhood care and development*	1	–	–	3	–	4
Deworming	–	–	1	–	2	2
Food safety*	1	–	1	–	–	2
Intermittent preventive treatment in pregnancy for malaria (IPTp)	–	–	–	–	1	1

	Bangladesh	Mali	Nepal	Rwanda	Uganda	Total Number of Interventions
Total projects reviewed	8	7	3	5	6	
School feeding and activities	1	–	–	–	–	1
Maternal mental health support	1	–	–	–	–	1

*Intervention labels follow the descriptions in the MSNS.

Women’s education did not include increasing formal education opportunities for women. However, projects were increasing women’s knowledge of good practices in nutrition, hygiene, agriculture, and other areas (23/29 projects). After women’s education, the five most implemented nutrition-sensitive interventions were improving livelihoods (21/29 projects), improving hygiene practices through SBC (19/29 projects), nutrition-sensitive commercial agriculture (17/29 projects), homestead agriculture (16/29 projects), and girls’ education (23/29), which aim to improve adolescent girls’ knowledge of optimal practices and behaviors).

Other nutrition-sensitive interventions related to water or sanitation improvement, increasing the availability of animal source foods, food processing, and storage (often cooking demonstrations) were implemented by one-third of the projects. Table 7 shows an additional eight interventions that were implemented in five or fewer projects.

WASH activities comprised a large proportion of the support by projects and were implemented in all five focus countries. Activities included training community members on hygiene, the construction of toilets and handwashing stations, working with private-sector suppliers of WASH commodities, setting up WASH community groups or committees, and in a few cases, directly providing infrastructure (for example, toilet bowls). One project (in Nepal) worked closely with local government to provide WASH infrastructure hardware, while the project provided the software components, such as training.

Recent and Current Program Approaches to Improve the Effectiveness of Interventions

Table 8 shows the types of approaches used by projects to improve the effectiveness of nutrition-specific and nutrition-sensitive interventions in the five focus countries. The most common approaches which were viewed as improving the effectiveness of nutrition interventions were identified through the document review process.

Table 8. Number of approaches to improve the effectiveness of nutrition-specific and nutrition-sensitive interventions supported by USAID projects

	Bangladesh	Mali	Nepal	Rwanda	Uganda	Number of Approaches
Total projects reviewed	8	7	3	5	6	
National and/or local government engagement and strengthening	8	7	3	5	6	29
Gender; female empowerment	8	5	2	5	4	24
Social inclusion	8	4	2	5	4	23
SBC	8	3	1	5	4	21
Community volunteers	5	5	1	4	4	19

	Bangladesh	Mali	Nepal	Rwanda	Uganda	Number of Approaches
Total projects reviewed	8	7	3	5	6	
Private-sector engagement	6	1	3	3	5	18
Family, men, or community groups	5	5	1	5	1	17
Resilience	5	4	2	2	2	15
Mothers' groups	3	3	1	3	3	13
Nutrition assessment or monitoring (Growth Monitoring and Promotion)	4	2	1	3	2	12
Farmers' groups or change agents	5	1	1	3	2	12
Counseling or home visits	4	2	1	2	1	10
Cooking demonstrations	1	1	1	4	1	8
Climate change sensitivity	2	1	2	1	1	7
Nutrition champions	5	1	–	1	–	6
Formative research on behaviors, practices, facilitating factors, and barriers	3	–	1	2	–	6
Social accountability	1	2	1	–	1	5
Monitoring uptake of optimal practices	1	–	1	–	2	4

There were at least 18 approaches identified. The most common approaches across projects and countries were national and local government engagement and strengthening, gender and female empowerment, social inclusion and SBC, working through community volunteers, and private-sector engagement.

Findings from the Online Survey

There were twenty-five respondents for the online survey. They represented Health (68%), A/EG (20%), and BHA (12%) offices at Missions.

Humanitarian Assistance

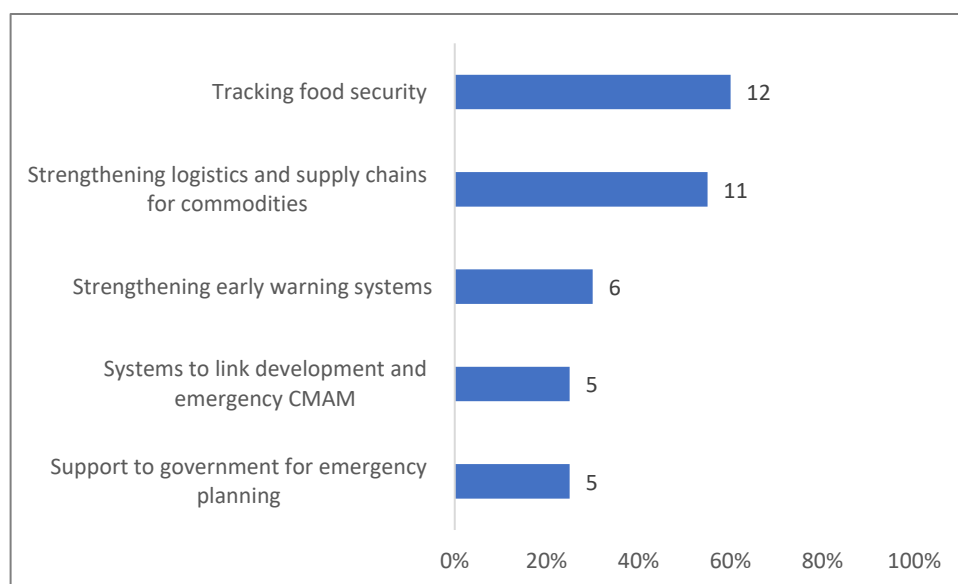
Major activities in the humanitarian assistance (HA) context implemented at Missions identified by online survey respondents are shown in Figure 1. These activities were identified in the MSNS, although there may be overlap in the categories both conceptually and in practice. The most common HA-related activity, reported by over half of respondents answering this question (12/20) was tracking food security (e.g., food prices, production, and national food supply). Over half of respondents (11/20) also reported that their Mission was strengthening logistics and supply chains for commodities (e.g., drugs, micronutrient supplements, and therapeutic products to treat malnutrition). These two activities were followed by strengthening early-warning systems (one-third), strengthening links between development and emergency CMAM (one-quarter), and providing support to government for emergency planning (one-quarter). One-quarter of respondents reported that to their knowledge, their Mission was not engaged in any of those five activities.

Nutrition-Specific and Nutrition-Sensitive Interventions and Program Approaches

USAID Flagship Nutrition-Specific Projects

Online respondents were asked about the types of nutrition-specific interventions implemented by USAID nutrition flagship projects, with 15 out of 25 respondents (60%) reporting that nutrition flagship projects had been implemented in their countries. Figure 2 shows the findings from the online survey for commonly implemented nutrition-specific interventions in USAID nutrition flagship projects.

Figure 1. Humanitarian assistance–related activities reported by online survey respondents (n=20 people answering the question)



Most respondents (from two-thirds to all) reported projects that support interventions to improve breastfeeding, complementary feeding, dietary diversity, and VAS. One-third reported that projects include CMAM/IMAM activities, daily IFAS during pregnancy, and intermittent IFAS during pregnancy. One-quarter to one-fifth reported projects supporting zinc for children, intermittent IFAS for adolescents, and periconceptual folic acid supplementation.

The other interventions flagged by one or two respondents included fortifying staple foods with folic acid, multiple micronutrients, or IFA supplements (daily and intermittent) for WRA and daily IFAS for adolescents. One respondent reported that their project was supporting dietary diversity for children, which could be part of activities to improve complementary feeding, while another respondent reported that their project supported delayed cord clamping (to build iron stores in newborns).

Figure 2. Nutrition-specific interventions in USAID nutrition flagship projects, as reported by online survey respondents (n=15 people answering the question)

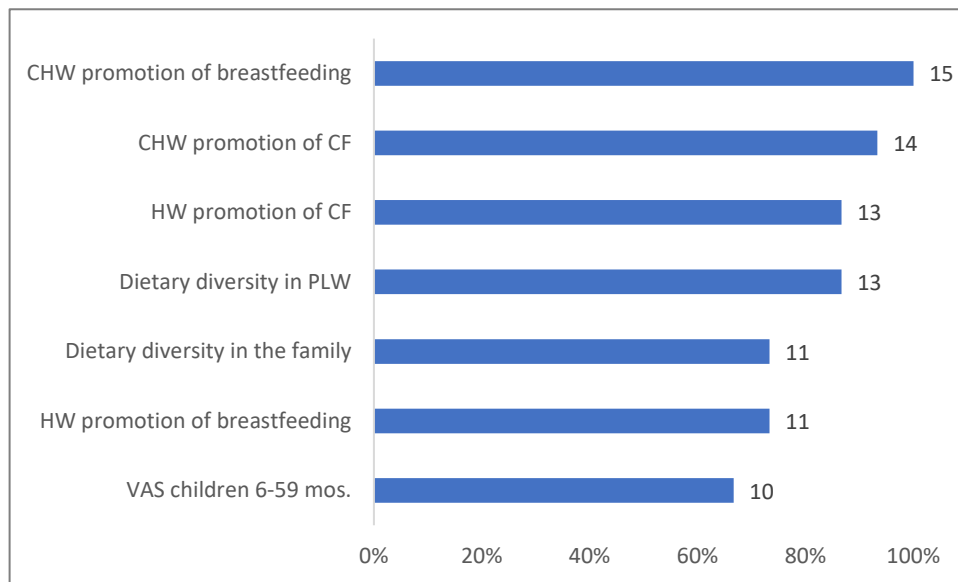


Figure 3 shows the findings from the online survey for commonly implemented nutrition-sensitive interventions in USAID nutrition flagship projects.

The most commonly reported nutrition-sensitive activities implemented by projects included WASH (14/14), nutrition-sensitive agriculture (12/14), girls’ and women’s education, economic-related and social protection (9/14), and family planning, including healthy timing and spacing of pregnancy (HTSP) (8/14).

For WASH, the most common activities were promoting optimal hygiene practices (food safety and hand washing) (86%, or 12/14) and promoting an end to the practice of open defecation (71%, or 10/14). For nutrition-sensitive agriculture, increasing dietary diversity through fruit and vegetable production and animal husbandry were the two most common interventions reported by respondents.

Figure 3. Nutrition-sensitive interventions in USAID nutrition flagship projects, as reported by online survey respondents (n=14 people answering the question)

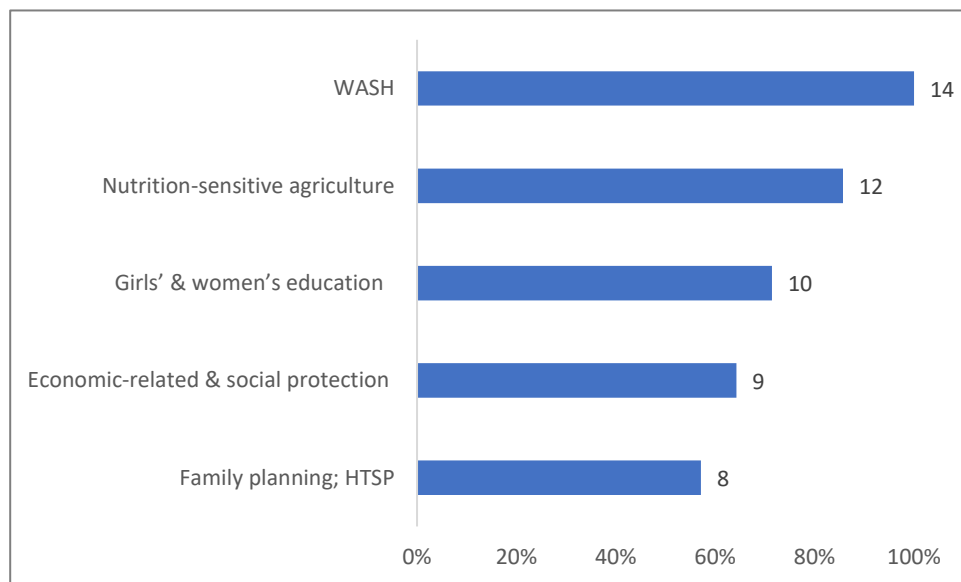
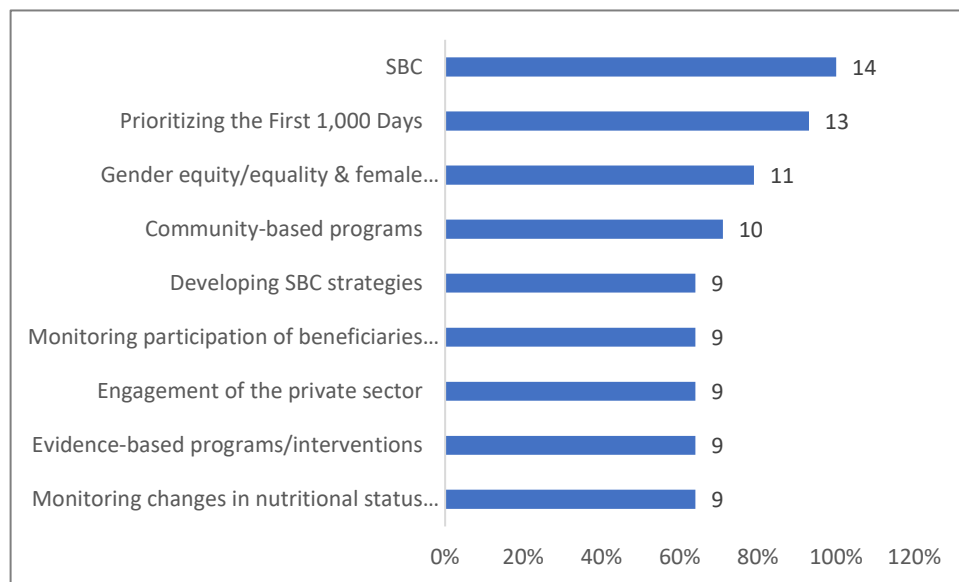


Figure 4 shows the findings from the online survey for commonly implemented project approaches to improve the uptake of nutrition-specific interventions and nutrition-sensitive interventions in USAID nutrition flagship projects.

Figure 4. Commonly implemented approaches to improve the uptake of nutrition-specific and nutrition-sensitive interventions in nutrition flagship projects, as reported by online respondents (n=14 people answering the question)



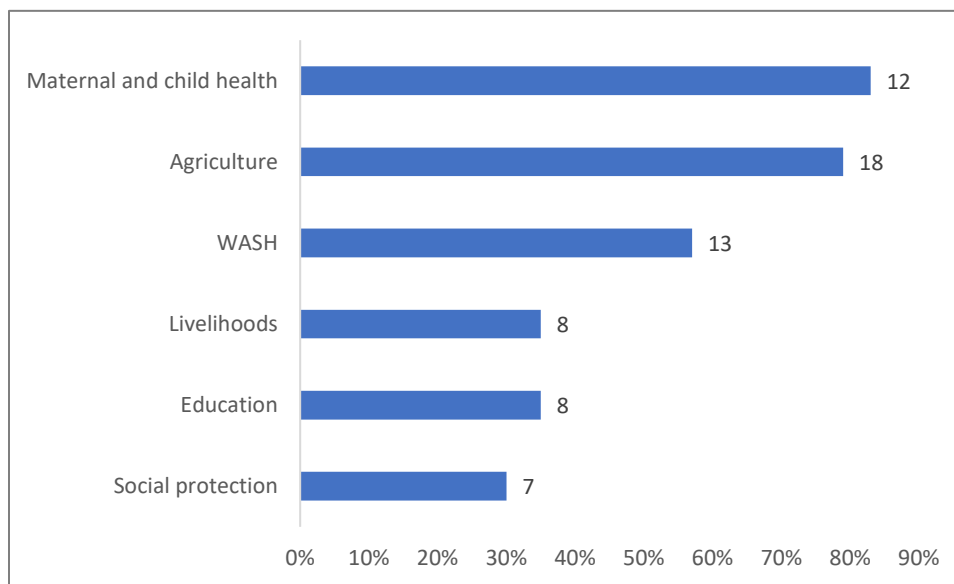
The most reported approaches included SBC, prioritizing the First 1,000 Days (from pregnancy to two years of age), gender equity/equality, and community-based projects. One suggested option in the online survey was the Care Group model, which only one respondent reported was being used

in a nutrition flagship project. Respondents also reported the following approaches as being used in nutrition flagship projects: developing SBC strategies, monitoring the participation of beneficiaries in project activities to ensure that those who need the interventions are getting them, engaging the private sector, deploying evidence-based programming, and monitoring changes in nutrition status during the project to ensure that project approaches are working.

USAID Sector – Specific Projects

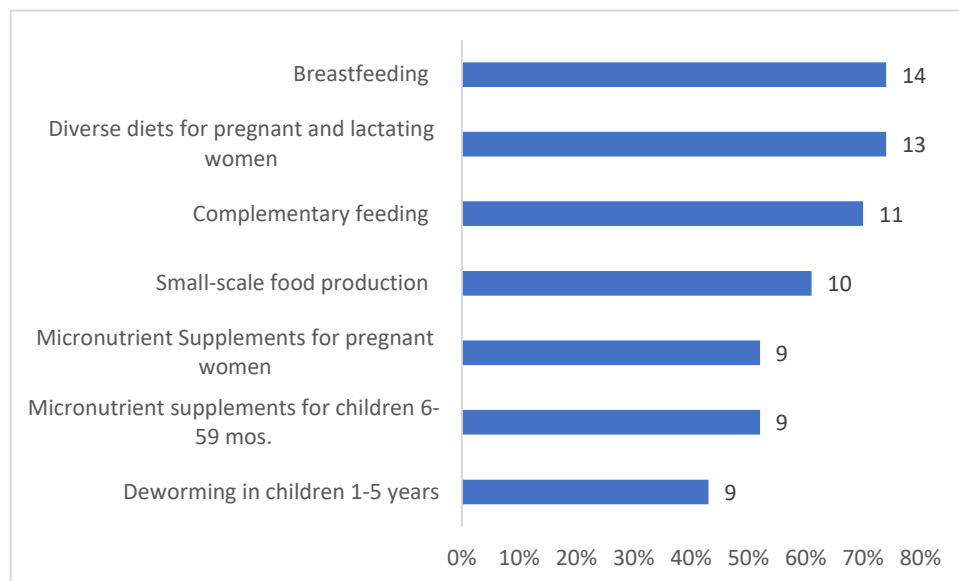
The Online Survey also asked respondents if projects in sectors beyond the nutrition flagship project included nutrition-specific and -sensitive interventions. Answers from 25 respondents included yes (84%), no (8%), and don't know (4%); one respondent didn't answer the question. Respondents were asked to identify the types of sector projects that included nutrition-specific and -sensitive interventions (see Figure 5) and the types of interventions implemented by these projects (see Figure 6).

Figure 5. The types of USAID sector projects implementing nutrition-specific and nutrition-sensitive interventions (n=23 answering the question)



The sectors that most commonly included nutrition-specific and/or nutrition-sensitive interventions in their projects, as reported by respondents, were maternal and child health (83%), agriculture (79%), and WASH (57%). One-third of respondents reported that nutrition-related interventions were included in livelihoods, education, and social protection projects, and one-fifth of respondents reported that nutrition-related interventions were included in livestock projects.

Figure 6. The types of nutrition-specific and nutrition-sensitive interventions implemented by USAID sector projects (n=23 people answering the question)



The four most common nutrition-related interventions implemented by sector projects (that is, non-flagship projects) reported by respondents were promotion of breastfeeding, diverse diets for pregnant and lactating women, complementary feeding, and small-scale food production (for example, home gardens and poultry) and micronutrient supplements for pregnant women and children ages 6–59 months, with over half of respondents reporting that sector projects included/small-scale food production (e.g., home gardens and poultry) and micronutrient supplements for pregnant women and children ages 6-59 months.

USAID Mission Capacity

Online respondents reported high levels of expertise at their Mission, with 25/25 of respondents reporting there was expertise in nutrition, health, agriculture, education, and monitoring and evaluation. Respondents also reported high levels of expertise in other areas, including WASH and gender (both 24/25) and private sector/business (22/25), with less expertise reported in livelihoods (19/25) and SBC (18/25).

Experience was reported as highest for implementing nutrition-specific interventions, with 25/25 respondents reporting that their Mission has staff with this experience. Experience was also reported as high for implementing nutrition-sensitive agriculture interventions, with 22/25 of respondents reporting that their Mission has staff with this experience. There was less experience at Missions in implementing nutrition-sensitive WASH (18/25), conducting research on and developing SBC materials for nutrition-specific and nutrition-sensitive interventions (16/25), implementing approaches in gender (15/25), designing nutrition-specific and -sensitive monitoring and evaluation plans (14/25), and private sector/business (9/25).

Online respondents also were asked what other sources of expertise their Mission used to develop strategies, conduct research, and design/supervise projects. USAID/Washington was reported as a source of expertise by 22 respondents. USAID IPs were also cited as frequent sources of expertise, as reported by 20 respondents. Other sources of expertise mentioned included government, consultants, and external partners, as reported by 13, 12, and 6 respondents, respectively. Other sources of expertise as reported by 1–3 respondents included USAID regional and interagency offices, research experts, policy makers, and local leaders and frontline service providers.

Commitment and Political Will

There were no specific questions in the online survey about country commitment and political will. However, when online survey respondents were asked how MSN programming can be improved over the next few years (through 2025), five respondents reported that more support from government would be helpful.

Use of the MSNS

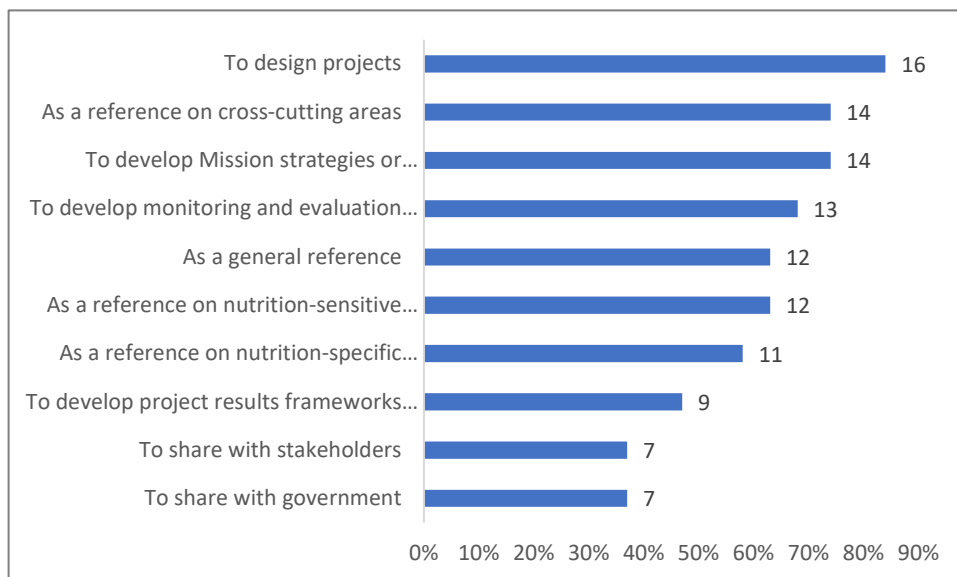
All 25 respondents to the online survey reported that they had read the MSNS, and 19 said that they had used the MSNS to guide nutrition programming.

The Five Most Common Uses of the MSNS Reported by Online Respondents

1. To design projects
2. As a reference for crosscutting interventions
3. To develop Mission strategies or background documents
4. To develop monitoring and evaluation plans for projects
5. As a general reference

Figure 7 shows the number of respondents using the MSNS for those options provided in the survey.

Figure 7. The proportion of respondents using the MSNS for survey options (n=19 people answering the question)



When asked how useful the MSNS was to them, over half of respondents answering the question (13/19) reported that the MSNS was very useful and an essential guide, one-third (6/19) reported that the MSNS was useful when used with other documents, and one-tenth (2/19) reported that country-level documents were more useful.

Recommendations for Future MSN Programming

The online survey asked three questions about future MSN programming: (1) how MSN programming can be improved in the next few years; (2) what guidance the next MSNS, if there is one, should give for the improvement of MSN programming; and (3) how USAID could assist with use of the current MSNS.

The Four Most Common Recommendations for Improving MSN Programming Given by Online Respondents

1. Evidence-based information on the most effective nutrition-sensitive interventions
2. Evidence-based information on how to implement nutrition programs
3. More technical assistance from USAID/Washington
4. Evidence-based information on how to implement nutrition-specific interventions

On improving MSN programming in the short-term, 21/24 respondents answering the question said that it would be helpful to have more evidence-based information on the most effective nutrition-sensitive interventions, and 20/24 would like more evidence-based information on how to implement effective nutrition projects. Many respondents (17/21) reported that they would appreciate more technical assistance from USAID/Washington, and 16 wanted more evidence-based information on the most effective nutrition-specific interventions. Only five respondents

would like more support from the government, which may mean respondents are satisfied with the level of government support. One separate comment suggested that it would be helpful to have more government engagement in the codesign and implementation of MSN programs. Another separate comment suggested that it would be helpful to have more intensive support to help reach marginalized women and children, although it was unclear if the respondent wanted this support to come from the government, USAID, or development partners.

The Five Ways the Next MSNS Can Improve MSN Programming as Suggested by Online Respondents

1. Share research on cost-effective nutrition-specific and -sensitive interventions
2. Guidance on how to increase political will and funding for nutrition
3. More illustrative examples for each intermediate research in the MSNS
4. Guidance on how to effectively implement nutrition interventions
5. Information on how the first MSNS has changed MSN programming

On the question about what guidance should be given in the next iteration of the MSNS, if there is one, 21 respondents reported that they would like more information about how to integrate nutrition-specific and nutrition-sensitive interventions. Demand also was high for more findings from the latest research on nutrition-specific interventions (21 respondents) and nutrition-sensitive interventions (20 respondents). Guidance on how to effectively implement nutrition-sensitive interventions was also desired by many (18 respondents). Other answers included how to effectively implement nutrition-specific interventions (16 respondents), how to increase political will and funding for nutrition (15 respondents), and more illustrative examples for each intermediate result in the MSNS framework (15 respondents). Just over half of respondents (14) reported that they would like more information about how the first MSNS has changed MSN programming. A separate comment asked for more guidance on how to leverage the private sector for nutrition and in projects.

Asked what would assist respondents in using the MSNS, the most common responses were more brainstorming with Mission staff on how to use and incorporate the principles and interventions in the MSNS (14/22 respondents) and more guidance on how to implement nutrition-sensitive interventions (14/22). Respondents would like more support from Mission management to use the principles and interventions in the MSNS (13/22), help from USAID/Washington in reviewing the principles and interventions in the MSNS (12/22), and more guidance on how to implement nutrition-specific interventions (12/22). One respondent made a separate comment that it would help to have “fewer competing priorities.” Another respondent made a separate comment that “USAID/Washington staff should visit the Mission to better appreciate the environment. That way, they will develop approaches based on what they see.”

Findings from the KIIs and FGDs

The KIIs explored the four IRs of USAID’s MSNS Results Framework (see Appendix 1a). Mission, IP, and EP staff were interviewed in each country to determine the types of nutrition-related HA and development activities they were supporting (IR1). In addition, they were interviewed about how MSN projects were designed by Missions and IPs (IR1), USAID leadership on MSN programming (IR4), the use of and influence of the MSNS (across IRs), and recommendations for future MSN programming (across IRs). Because the document review identified nutrition-specific and nutrition-sensitive interventions and approaches that IPs are implementing, the questions about MSN programming at the national, local, and project levels focused on identifying facilitating factors and challenges for implementation (IR1). Questions and responses on country capacity and commitment (IR2) and MSN programming and coordination (IR3) could be categorized as either a facilitating factor or a challenge, so the responses to those questions are detailed in specific sections in the following pages. FGDs with USAID/Washington also explored facilitating factors and challenges for MSN programming at USAID centrally, at Missions, and globally.

Humanitarian Assistance

All five Missions in the focus countries support MSN programming in the development context. Four Missions (Bangladesh, Mali, Nepal, and Uganda) also support and fund HA activities. These include BHA’s Resilience Food Security Activities (RFSAs) in Bangladesh and Uganda and other HA investments related to ongoing crises (Bangladesh, Mali, and Uganda). The Rwanda Mission does not work in the HA context but does fund projects that work with vulnerable populations.

In the four countries implementing HA and emergency contexts, activities are led by the Mission’s BHA office, although BHA funding does not go directly to the Mission. One BHA office staff in Africa reported that:

Most [or] ... almost all funding really comes directly from [USAID/Washington] ... so [it] does not come through the Mission. ... Our work here ... is around formulating ideas in terms of what needs to be funded, managing relationships, but also day-to-day management of the work.

Missions reported that there is close and good coordination among Mission BHA, Health and Economic Growth offices on HA and emergencies. In one African country, the BHA, Health and Economic Growth offices work through the IPs to fund activities to mitigate the effects of food insecurity during the lean season. A health staff in the Mission in the same country commented that “this period is a critical period when we have local foods that are lacking, for example, so we work ... closely with the Health and Economic Growth [Agriculture and Economic Growth] offices so products are available ... food or therapeutic products.”

In one Asian country, one health office staff reported that they do not work directly on or fund HA; however, they do provide technical assistance during emergencies, as needed, and attend the national Nutrition Cluster:

We support development work, but as a part of development work we have some emergencies [that we] support [through] technical assistance to prevent further deterioration of nutritional status in the country. Wasting prevalence [is still high in our country so] within our development programs we [support] ... integrated management of acute malnutrition, [which is] the main focus. We also ... support humanitarian types of activities [as needed] ... but mostly focus on the development aspect.

IPs reported working in both the development and HA contexts, but their emphasis depended on the type of funding they had from USAID and other donors and the presence of an active emergency in the context in question. IPs working in the development context work with chronically poor, disadvantaged, and vulnerable populations that need special attention. IPs may support emergencies related to natural disasters, human migration, and public health crises when needed. Many IPs reported responding to the COVID-19 emergency by providing supplies, such as masks, and supporting the ministries of health in their prevention efforts. IPs funded by both BHA and Health offices attended emergency planning and preparedness meetings at the national level.

BHA-funded RFSAs were described by one Asian Mission in the following way: “It’s not the integrated ... multi-sectoral nutrition program; it is an integrated food security program [for] which nutrition is one of the core components of the program.” In fact, in the Africa and Asia regions, several USAID Missions and IPs working with BHA funding pointed out that integrated programming through the RFSAs office predates the MSNS and originated with the Office of Food for Peace before it was merged with the Office of US Foreign Disaster Assistance to form the BHA.

Six EP respondents in four countries worked for multilateral organizations. Four out of those six respondents are involved in BHA-related planning and activities, including participating in government-led and/or donor-led emergency platforms in their country. One multilateral organization in an Asian country generates several indexes, using available data, to rank the vulnerability of municipalities to COVID-19, poverty, and floods.

Project Design

Most Common Influencers of MSN Project Design Reported by USAID and IPs

USAID

- National MSNPs
- USAID’s MSNS
- Mission-supported internal collaboration and coordination
- USAID/Washington and Mission collaboration and coordination

IPs

- USAID procurement processes (requests for proposals/requests for applications [RFPs/RFAs])
- Government policies and the national MSNP
- Past program experience and assessments and research to tailor approaches

Only IPs were specifically asked how they decided which nutrition-specific and nutrition-sensitive interventions to include in their projects. However, when USAID staff were asked about facilitating factors for MSN programming, how they influenced the design of projects emerged, and those responses are included here.

In both of the Asian countries, having the national MSNPs has helped USAID guide the content of programs. This national guidance has evolved with time, which has also affected the design of Mission projects. In one of these countries, Mission staff reported that “[the first MNSP was] focused mostly on nutrition-specific interventions ... and very lightly on food security interventions, but now the MSNP [and our flagship project] is very comprehensive and focuses on both ... nutrition-specific and nutrition-sensitive interventions.”

In one African country, USAID’s MSNS was an important source that guided programming: “[The MSNS] shaped nutrition programming at the Mission as well as discussions with government through technical working groups.” In the same country, internal coordination at the Mission also facilitated project design:

[This happens] even at the project design stage. [I participate] as an extended team or core design team member and ... my colleague from the health office does the same for our agriculture side. And we even co-manage [Contracting Officer’s Representative] COR and [Agreement Officer’s Representative] AOR [duties] for our nutrition programs with health. So that really ensures our cross-office coordination, and I know what the health office programs do in nutrition.

A culture for integrating programs was also an important factor in one Mission in Asia: “One very important aspect [is on] collaboration [and] coordination. So that means it was a very integrated programming. The other major factor is that Mission management ... has a very positive role to create the integration.”

When IPs were specifically asked how they decided which nutrition-specific and nutrition-sensitive interventions to include in their project, most reported that they were influenced by what interventions were suggested at the proposal (RFP/RFA response) and final project design phases. One IP working in Africa reported how their decisions were made:

We started off with a call from USAID, request for proposals, that, to an extent, was looking for innovations. You know, prospective bidders to come up with some of those innovations that speak to being nutrition-sensitive [interventions] ... identifying the most promising of value chains and then deciding how you will utilize that opportunity to improve the nutritional status.

Several IPs in Africa and Asia reported that they had flexibility to tailor interventions based on initial assessments or research. In Africa, one IP commented: “As I said, this is a market systems activity, and as part of our rollout, we did a series of analyses. One of them [was a] consumption assessment, [and] we did some market assessments to understand opportunities within each value chain.”

However, IPs also mentioned the influence of government policies and national MSNPs when writing proposals. One IP in Africa stated:

[We] were guided by [USAID's] RFA [which] has priorities that they have already identified ... that are very, very clear ... so we follow that. In addition, we also looked at the Ministry of Health priorities by reading their various documents; usually the Ministry of Health priorities are aligned [because] USAID tries to align their priorities with government priorities.

IPs reported that their experience implementing previous projects and working with specific populations helped inform which interventions to include. One IP in Asia recalled that “the design of [our project] built on the experience of the previous programs ... we basically have a mix of multi-sectoral interventions.”

USAID/Washington staff backstopping one African Mission reported that they work together “to understand real needs to design any USAID-funded activity which are all robustly monitored to determine results and lessons.”

Facilitating Factors

USAID Mission and EP staff were asked what factors had facilitated MSN programming in their country. USAID/Washington staff were asked what the facilitating factors were for country-level or global MSN programming. IP staff were asked what factors had facilitated MSN implementation in their projects. The major facilitating factors for MSN programming and implementation identified by USAID and EP staff included National MSNP and MSN platforms for coordination in country and MSN coordination at the Mission level. IP staff reported central-level coordination, working and coordinating with local government, and initial project design and implementation as major facilitating factors.

National Multi-Sectoral Nutrition Plans Have Guided MSN Programming

Half of USAID Mission staff reported that having a national MSNP has facilitated MSN programming in their country. All USAID Mission staff from the Health offices mentioned the value of having a national MSNP. The MSNP was also mentioned as important by USAID BHA and A/EG staff in several countries. To develop its MSNP, one Asian country identified the need for a multi-sector approach through an early gap analysis before the development of USAID MSNS. In another Asian country, an analysis of a national nutrition program in the 1990s identified lessons learned for implementing that project, which may have influenced MSN programming. Where there were several iterations of country MSNPs, lessons learned from implementing the MSNP also helped with programming. As one USAID staff in an African country put it, “We have the second plan at the country level ... and this plan has taken into account most of the shortcomings of the first [MSNP].”

In some Missions, the USAID MSNS is inextricably linked to MSN programming and the development of the national MSNP. In one African Mission, the MSNS monitoring framework helped with MSN programming at the Mission and in the country. This led to a “spillover effect

and influenced technical groups and government [in MSN programming].” The Mission in one Asian country echoed this sentiment and pointed out that the Mission’s internal MSNS is aligned with government: “Whatever we do, we want to contribute to the government’s priorities. The whole objective of having a USAID [country] internal MSNS is to contribute to the government’s MSNP.”

In one African country, USAID staff also reported that the MSNS assisted with starting a dialogue with the government about MSN programming that led to the development of the country’s MSNP: “When the [USAID] MSNS was drafted, it was shared with [our] Mission ... The different interventions in the MSNS shaped what we did at the Mission and helped with discussions with government.”

USAID/Washington reported it has recently worked with Missions to develop their own internal MSNPs to assist with facilitating MSN programming at USAID and in country in the future. These plans can be “a starting point for conversations and regular follow-up.”

From the IP perspective, the national MSNP was mentioned spontaneously as a facilitating factor by some IP staff. IP staff in Asia recalled, “The country had a MSNP, the policy level was there. Donors came together and divided their geographic focus. There was a policy guidance in terms of what we should be doing in multi-sectoral nutrition programs, for example a costed plan for nutrition-specific and nutrition-sensitive interventions.”

EP staff from two Asian countries and one African country mentioned that the national MSNP was important, discussing it as either a critical part of the MSN process or a facilitating factor for MSN programming. Several EP staff mentioned the Scaling-Up Nutrition (SUN) Platform as important. In one Asian country, UNICEF reported that “MSN programming began as a global focus under the SUN movement.”

From USAID/Washington's perspective, a facilitating factor within the agency has been the 2014 USAID MSNS itself, which is seen as a model. In addition, USAID’s Center for Nutrition in RFS is working to engage economic growth and agriculture colleagues to support MSN programming.

Strong National Leadership, Commitment, Political Will, and Coordination

In all countries and as reported by most staff from USAID, IPs, and EPs, developing the national MSNP was only possible with or the result of high levels of government leadership, commitment, and political will to address the problem of malnutrition.

At the Mission level, multiple respondents mentioned government commitment as a facilitating factor for MSN programming. Two USAID staff in one African country reported that political commitment and government coordinating platforms have facilitated MSN programming, stating that these factors have “created a favorable [enabling] environment.” An EP staff commented that “nutrition is now a national priority at all levels with a national policy and SBC. [There is] strong political will.”

USAID/Washington reported that high-level government commitment to MSN programming in one Asian country “creates a favorable enabling environment, making it easier [for USAID] to work within the government structure.”

Political will and commitment have been translated to government coordination platforms that bring together relevant ministries and development partners to improve MSN programming. These coordination platforms at the national and local levels were the second most important facilitating factor identified in the USAID, EP, and IP responses. One Asia IP reported that “donor coordination platforms have assisted with bringing the development partners together to ensure that all geographic areas of the country are covered.” In addition, donor commitment, including USAID’s commitment, at the national level was an important facilitating factor for MSN programming. One EP from Africa noted, “[We] are a main player in terms of coordination, which necessitates a multi-sectoral response ... our support to government is financial, advocacy, and technical.”

In fact, this coordination was viewed as a success by most, although also in need of strengthening within sectors and at the local government level. EP staff also commented that the government and donor MSN platforms for coordination have been helpful in bringing relevant ministries together and soliciting input from development partners. Good coordination platforms, including those for development partners, help create ownership, synergies, and mitigate duplication.

One EP staff in Africa that is funding a large MSN project tracked to the agriculture sector mentioned that they have established good coordination methodologies for the sectors involved in the project:

There is a senior focal person from each of the ministries. There are technical and steering committees ... made [up] of the permanent secretaries from all the four to five participating entities. They meet at least once every six months [during donor supervision trips]. And it's through these mechanisms that we keep the entities engaged, [and] ... we have learned about how the multi-sectoral action actually takes. Each ministry has specific roles [which] I think...gives them some sense of independence and ownership ... [and contribution to the objectives overall].

Working with Local Government and Stakeholders Strengthens the Implementation of Programs

At the local level, IPs mentioned working with and coordinating with local government as an important factor, particularly in implementing their projects. One IP in Asia described this well:

This is so important when working with different ministries. The government component is so important. Working with local leaders and being part of their annual planning cycle and monitoring what has worked. Implementing social accountability tools through public audits has created accountability for service providers.

In Africa, an IP described their engagement of the local government in planning:

Government is structured, so we plan every year, starting from the local level. [We] go to the district [and] ... discuss with different stakeholders what the key

priorities are for the year. We have a meeting with government and other development partners and put together our workplan.

IPs also reported working with other stakeholders to procure supplies. An IP in Asia has been successful in working with district governments to increase coverage and the effectiveness of interventions, having “raised over USD 84 million from [local] government resources over seven years for training, [to build] birthing centers, and [other inputs such as toilet bowls].”

While respondents reported that coordination with local government was gaining strength, there were still challenges with coordination at this level, which will be discussed in the following section on challenges. In some cases, MSN programming and funding was being decentralized, which was seen as positive, although still required strengthening to make it work for health and nutrition. There were IPs who reported that coordination at the local level, with government and other development partners, was working well.

Well-Designed Projects Facilitate Implementation

IPs identified many factors aiding in the implementation of their projects. The most common factor identified was the nutrition-specific and -sensitive interventions they included to address the problem of malnutrition. Also important to four IPs from one Asian country and two African countries was a good project design and theory of change that linked nutrition-specific and -sensitive interventions to outcomes. One Africa IP stated, “It’s really about the design ... nutrition is really at the core of the intervention; therefore, the design lends itself to an MSN [approach or program].” Another Africa IP noted, “What’s helped is the project design. The project was designed to focus on nutrition outcomes with both nutrition-specific and nutrition-sensitive outcomes.” Reflecting on their design phase, one IP in Asia added:

During the design of the MSN project, we think about how do we converge interventions at the community or household level? We work with five ministries. The ministry of health has a strong structure down to the community level. For nutrition-specific interventions, we were able to directly reach the community level by utilizing health systems.

As mentioned previously, intervention designs were driven by USAID but also by IP experience, assessments, and formative research (reported by five IPs in two Asian countries and two African countries) that enabled them to develop evidence-based approaches. An IP in Asia noted that monitoring helped tailor implementation over time: “One of the most effective things on the implementation side ... [was conducting] routine participatory surveys, giving a monthly sample of outcomes ... [which] is not statistically [representative] but ... [keeps a pulse on what is working and what is not.]”

An IP in Africa described a detailed assessment they conducted of consumption that helped the project understand that “why people don’t eat well was related mainly to their ability to afford what they want to consume, not that they don’t know what they should consume.”

Community Leadership, Platforms, and Participation Increases Uptake of Desired Outcomes

IPs emphasized the importance of working with community volunteers, with one Asia IP describing a system of highly respected female community volunteers:

They implement nutrition work for children U5 and pregnant/lactating women. They are key to support nutrition-specific interventions at the local level ... they do everything at the health level—maternal health, family planning, report cases to facilities, link to antenatal care clinics, support WASH, vitamin campaigns, distribute supplements.

In the same Asian country, it was noted that:

60% of their work is with the MoH through community structures like volunteers—women’s groups, support groups. Solid community level platforms help to target specific interventions whether health or non-health sector interventions. We don’t just talk about IYCF or malnutrition screening, but also gender and social inclusion issues ... we have a lot of training to use gender tools.

These community leaders, platforms, and workers are important to foster behavior change in nutrition and crosscutting areas that influence behavior change.

IPs reported in-depth examples of the positive impact of working at the community level with community volunteers and local leaders to change behaviors and practices. One IP in Asia reflected on how community faith leaders like Muslim imams and Christian priests have influenced MSN programming through the design of a comprehensive religious-training program to “promote diverse diets, equality of women, hygiene practices ... it has been very effective to come from someone they look up to ... focusing on scaling and embedding this model into the national curriculum.”

One IP in Asia recalled that working with beneficiaries and local leaders and through different channels of communication was highly effective to change nutrition behaviors:

SBC interventions, at least in the first six years of the project, made a huge difference according to our data. We do a combo of home visits and weekly radio programs, with a lot of social accountability activities ... focused on local governance and local municipality leaders for annual budgeting and the work planning cycle.

Addressing gender roles was the crosscutting area most utilized by IPs. Working through community groups, including groups for men and women, was a strategy used to empower women and men to change their practices and views about nutrition. As one Asia Mission staff described it:

Women involved in agriculture don't have a say. Their men lease their land to commercial sugarcane growers. Men take money and get second wives, then have more children with no food to eat. Young girls are dropping out [of school], getting pregnant, not eating well, delivering underweight babies who are not fed properly because mothers do not have income. [The] cycle repeats itself.

Including gender and social inclusion in the design phase of MSN programming could also yield benefits, with one IP in Asia stating:

From design to targeting approaches and all we do, we look at social behavior change, working with families and young couples (not just targeting the women), meal champions. This has worked. Many organizations in [our country] have used our resources.

Working through community leaders and structures, some which are introduced by projects, was referred to by one African IP as an “entry point” where mostly women and youth support their communities to “improve welfare” through group activities like demonstration kitchens.

New channels for communicating with beneficiaries are also being used. An IP in Africa described how their project approached SBC by “working with an ICT [information and communication technology]-based group promoting messaging to mobile phones for what to eat each day and using radio soap operas to integrate key messages to populations about what to eat.” In Asia, another IP used family nutrition groups as an “integrated platform” to promote risk reduction and WASH practices through key messaging:

When making compost or touching livestock, you have to wash your hands ... when doing smart cooking or working with chickens. It became this epiphany to think about the individual or family perspective ... chicken production through risk reduction and WASH. Key messages and practices were integrated in each session ... a long way of saying that at the implementation level, this all came together to realize integration was important.

Reaching Vulnerable and Remote Populations with Tailored Approaches Increases Scale and Impact

Most countries reported targeting MSN program interventions to the poorest and most vulnerable groups as a facilitating factor in MSNS implementation. These groups are the most malnourished, so reaching them will improve statistics nationally. Interventions should not be “one size fits all” but rather tailored based on community needs. One IP in Africa referenced how the needs of communities differ based on their geographic location and access to infrastructure and services, noting that a “community in the EC region that lives in the forest reserve and doesn't have services ... the district cannot provide because the forest is not designated. Other communities are island communities.” Reaching remote areas and vulnerable and underserved pockets in the population can also support the scaling of MSN programming. An IP in Asia reflected:

Working through local government networks and systems has also helped us to reach scale. Creating structures in remote areas where there are no roads or health facilities are far—working with local government to create outreach mobile clinics to reach disadvantaged groups and being constantly creative. When working with scale, there are different implementation environments, and you need to change your package and implementation strategy accordingly.

Internal USAID Coordination

Staff in all five Missions and at USAID/Washington identified high-level support from Mission leadership and internal coordination as a critical facilitating factor for MSN programming, although a few Mission and IP staff mentioned that there was room for improvement, which is discussed more under the section on challenges. One African Mission staff stated that they were “very pro-integration of different departments” and that “co-design and co-management of health and agriculture projects [is encouraged]” to support multi-sectoral programming.

USAID offices agreeing to co-locate projects geographically was mentioned as providing an opportunity to create synergies in project implementation. In one African country, USAID staff reported that two large USAID-funded health projects are mandated by USAID to work together to complement activities in the geographic areas where they both work: “[These] are two sister projects ... one is focused on systems; the other on the community.” Staff work together to ensure a seamless relationship between health facilities and the community. This was also true in one Asian country where the nutrition and agriculture flagship projects are encouraged by USAID to work together to complement each other’s work in the same geographic areas. This was mentioned as a success by USAID.

In one African country, USAID created a project to coordinate activities among IPs. The Community Health and Improved Nutrition (CHAIN) project was mentioned by one IP as being critical to improve MSN programming, explaining, “[Our country] has good coordination structures, but the district level is not as strong as we would like. CHAIN was critical in terms of coordinating with USAID and grantees ... in the same district. The CHAIN project helped to connect IPs and work out how to build synergies ... Bring back the CHAIN project!”

Challenges

USAID Mission and EP staff were asked what the challenges for MSN programming in their country were. USAID/Washington staff were asked what the challenges were for country-level or global MSN programming. IP staff were asked what challenges were impeding MSN implementation in their projects. The major challenges for MSN programming and implementation identified by staff at USAID, IPs, and EPs included limited commitment, political will, and coordination; weak institutional and human resource capacities at local levels; difficulty in reaching and serving vulnerable populations; community and interpersonal-level barriers that impede the uptake of optimal practices; limited capacity to engage the private sector on nutrition; and lack of USAID internal coordination.

Limited Commitment, Political Will, and Coordination

As discussed in the facilitating factors section above, many USAID and IP staff felt that there was a high level of government and donor political will and commitment to addressing malnutrition. Several USAID Missions viewed the government's commitment to reducing malnutrition as a success that countries can claim. Respondents also were impressed with the government-led and donor-led coordination structures. One USAID staff in one Asian country thought that more work might be needed with policy makers or legislators: “[There is still a] need for behavior change—changing the mindset of policy makers [to make] people better understand the importance of agriculture and nutrition rather than ... [implementing] in isolation.”

IPs and an EP in only one African country expressed some frustration about the commitment of government at the national level. While it was acknowledged that the coordination structures were there, the government's commitment to roll out their policies was limited. Three IPs felt that the country is committed at the policy level, but with less commitment to funding and implementation. As one expressed, “[Our country] has good strategies and policies [and the political will to develop the MSNP is there], but the issue is implementation.” One tongue-in-cheek comment made by another IP was that “[our country] has very good policies that get implemented in [other countries].”

EPs generally felt similarly in that commitment and political will was good, although at least one, in Africa, disagreed, stating, “There's no adequate political will.” However, the lack of commitment was linked with inadequate funding: “When it comes to resources, I think, this is the only challenge.” Lack of funding was a major challenge mentioned by all respondents at the country-level, as is discussed below.

Respondents in most countries mentioned that commitment, political will, and coordination was limited within some ministry sectors and at the local levels of government. That there was still a need for this strengthening reflected that the all-government commitment was not consistent for translating policies into programs. Staff in three Missions, two in Asia and one in Africa, commented that this commitment was related to the lack of capacity of some sectors to implement nutrition-sensitive interventions. In one Asian country, USAID reported that “understanding by all the sectors about the importance of nutritional interventions and the multi-sectoral [nature] of nutrition ... is not equal across [all] the sectoral ministries [and] leadership.”

USAID acknowledged that more work was needed to improve the commitment of sectors and local government. In one Asian country, USAID responded:

I've already mentioned the policy progress and the generating of very rigorous, context-specific evidence. That's [another example] of good progress. And [that evidence is] informing the policies and programming. [This is] happening now at the national level, but] we need to [go] further at the subnational, particularly at the local level. And then there are sector policies [that] are in the vetting process, including the technical protocols and so on.

For another USAID staff in the same country, the commitment was there but the limited capacity to achieve results is still impeding progress: “Though there is a lot of commitment from the

government, capacity in terms of achieving those commitments needs to be enhanced, in my opinion.” Lack of capacity was flagged as impeding the rollout of policies and implementation, which will be touched on below.

Other USAID staff also thought that not all the line ministries are committed to or knowledgeable about nutrition and its consequences. They do not understand MSN programming or what their ministries should be doing to reduce malnutrition. For some it was a problem of capacity. In one Asian country, USAID reported, “I think there is a huge gap in the Ministry of Agriculture in terms of rolling out nutrition-related programming by the ministry ... that I can say confidently because I directly work with the Ministry of Agriculture.”

An inability or unwillingness to coordinate nutrition action was identified as both an inter-ministerial and internal ministry problem. USAID in one Asian country stated that “there are at least 17 ministries contributing to nutrition in some way, [but there is a] serious lack of coordination and collaboration among these ministries.”

In yet another Asian country, an EP reported that this lack of commitment means that the line ministries do not coordinate internally: “[There are] zero linkages and coordination between different ministries involved in the agriculture sector. It is a bad example of MS coordination.”

For others it was more a problem that nutrition was not a priority in some sectors. An IP from one Asian country asked if “the Ministry of Agriculture is ... interested in the production and consumption of more nutritious crops?” The IP answered its own question by saying:

The rhetoric is that people say they are interested, [which] could be a political response. The Ministry of Agriculture gives preference to cereal [crops] over vegetables ... because of how much [the country] spends on importing rice and its trade deficit with [another country]. The goal is to reduce its deficit and increase incomes for farmers.

The lack of priority placed on nutrition leads to a limited sense of ownership within ministries. As one EP in another Asian country commented, “Nobody is responsible for nutrition activities or following up at the community level or monitoring the quality of services. ... [There is] no accountability.”

Most USAID staff, IPs, and EPs indicated that lack of funding was a major challenge and suggested that governments were not fully committed to funding nutrition-specific and nutrition-sensitive interventions. When the commitment of government was mentioned as a success, USAID, IPs, and EPs often qualified that by saying that funding was still not sufficient. Respondents reported that there was either no line item or limited support for nutrition in the national budget. In one Asian country, USAID reported that “the challenge is we don’t [have a] nutrition budget code. [This is an issue] that we are continuously engaging with them [government] [about].” In the other Asian country, USAID staff reported that “the budget is small,” although USAID advocates with government to increase funding for nutrition. In one African country, USAID reported that while “there are budget line items, [they are] scattered. ... Practically, the budget doesn’t support the government’s goals. [There is] a lot of donor funding but not much government funding dedicated to nutrition.”

USAID in another African country pointed out that donor programs and funding cannot cover all areas: “We have good policies. There is political will. Budget is our biggest problem. There is a huge need [for more public-sector funding] to support nutrition.” This problem affects programming: “When you have limited resources, money is pulled from here and there.”

In one Asian country, while there was a line item in the national budget for nutrition, USAID reported, “It’s a very small amount, and we [USAID] are also kind of pushing that [to increase the amount].” Problems with the government increasing the budget for nutrition exist because expenditure is low:

It's very hard for the government to increase the budget. There are many, many political reasons for that, and ... [there is the problem] ... that [only] when you can spend the amount [in the budget will] government be able to give you more. ... But you can't spend what's in the budget because] funding disbursement from the government side comes at very end of the government's fiscal year ... and everything has to be completed [in a short period of time]. ... So that is one of the challenges we face, that [funding is] not like spread out throughout the year.

In addition, respondents reported that nutrition expenditures are heavily skewed to nutrition-sensitive interventions. USAID respondents from three countries, two in Asia and one in Africa, mentioned that public expenditure reviews for nutrition (PER-N) found that over 80 percent of nutrition expenditures were for nutrition-sensitive interventions. One EP in Asia stated, “Funding is a big issue ... only four ministries were spending on nutrition and mostly in the nutrition-sensitive areas, not [on] nutrition-specific [interventions].”

Respondents in several countries also commented that there needed to be improvements in USAID funding because it was not efficient or spent in “the right” areas. One Mission staff in Africa mentioned that funding structures for nutrition at USAID could be counterproductive:

[It's] challenging to get money to cover all components across sectors. Some funds [are] earmarked at [the] Mission level, but funding streams are usually by sector/department and used for [sector-specific] activities [and are not or cannot be used for nutrition]. [This] defeats the purpose of integration.

USAID- Mission staff in another African country noted that funding for nutrition supports treating rather than preventing malnutrition:

Funding is not up to par, so there is weak mobilization of resources generally and especially local resources. ... There has been little emphasis on preventive actions; most of the funding, it is in relation to emergencies. ... Personally, I think that this is really an insufficiency because, to combat malnutrition, we must focus on preventive actions.

In another African country, USAID staff commented, “We need to [look] at nutrition through a multi-sectoral lens and apply equal weight to nutrition-specific and -sensitive interventions.”

Two EPs in two Asian countries commented that implementing national MSNPs was impossible without more funding from donors. Both EPs encouraged USAID to give direct budget support to

governments so that MSNPs can be implemented, instead of funding projects implemented by non-governmental organizations (NGOs).

Weak Institutional and Human Resource Capacities at Local Levels

Challenges related to institutional and human resource capacity were emblematic of a weak enabling environment for MSN programming in a country, and these areas were often linked. Institutions and human resources are particularly limited at local levels, where commitment to nutrition has been slow to take hold.

As such, local-level commitment and coordination also need strengthening, which was a comment made by USAID, IPs, and EPs. One IP in an African country reported that “district coordination committees ... are on paper; they are not functional at all. So, the coordination is really terrible. Nobody invites you for a ... [district meeting]. The[re] are just announcements, and that's it ... but on the ground, nothing is actually happening.”

USAID in another African country also recognizes that local governance and leadership needs strengthening and even creating: “[Some communities] lack any community governance structures or platforms, which means we have had to put them in place ourselves.”

One IP working in Africa reported:

[Our country] has this very good coordination ... at the national ... level, but the decentralized level part is not as strong as we wish. And where the leadership, let's say the district leadership, is strong, that is good, but [in] some areas the leadership is new. They have so many priorities, but they don't give enough time for nutrition.

Another IP from the same country reported:

IPs [give] support to districts to develop district nutrition action plans and continued implementation. [The] challenge is that only districts with IPs can implement action plans. Districts with no partners are lagging behind and need more support through the government system. [They] don't have funding or technical support.

IPs taking on the role of coordinating local government on nutrition is itself a challenge: “[It has] still been a bit of a challenge, having to coordinate all these different actors.”

Decentralization and devolution of funding to districts was seen as generally positive where it was happening. In an Asian country, one IP has leveraged district funding for project activities they cannot fund. However, another IP in the same country mentioned that at the beginning of the country's decentralization effort, local government was not prioritizing health: “The priority was more on infrastructure and roads. Health was sidelined, so a lot of projects suffered because of that in the beginning. But now ... that's slowly changing.”

Lack of human resources and capacity were mentioned by USAID, IPs, and EPs, particularly at lower levels of administration. Lack of trained staff in nutrition-specific and -sensitive interventions is affecting implementation and the rollout of national MNSPs and interventions.

From IPs, the greatest challenge was human resources at lower levels of administration. In several African countries, IPs mentioned that the frequency of government staff turnover complicates the

building of capacity in technical areas: “We train health staff [on management of acute malnutrition]; when they leave their post, we have to train all over again.”

Strengthening the capacity of IP staff to implement MSN projects was identified as a need by one IP in Asia. Project staff do not always understand the pathway from nutrition-sensitive interventions to the attainment of nutrition-related outcomes: “[There is] not much understanding about how complicated and time-consuming it is to manage MS teams.” Considerable time had been taken with staff to explain the pathway from nutrition-sensitive interventions to nutrition outcomes, and the IP reported that increasing knowledge about the MSN approach did pay off and resulted in attaining impressive nutrition-related outcomes.

One (EP) government official in an African country said that “additional capacity is needed to implement the nutrition strategy ... capacity needs to be built at local levels, including in households.” Another EP in the same country pointed out that “there are people who are willing to receive technical support, but that there are limits [on the availability] of [that] technical support.”

One EP in Asia stated that there is “a need to build capacity at the provincial level (and each level).” Yet another in the same country pointed out that the decentralized system is still very new, and the technical capacity is low: “[There are] gaps in recruitment, with many vacant positions [in local government].”

Difficulty in Reaching and Serving Vulnerable Populations

Reaching the most vulnerable, remote, and insecure populations was identified as a challenge and a priority by USAID, IPs, and EPs. There was concern by USAID and EPs that not enough was being done to address poverty and that less USAID funding is available in the Asian countries to reach these populations.

The USAID Mission in one Asian country commented that attracting development partners and private-sector suppliers, who can deliver commodities and services, to work in areas with vulnerable populations is challenging. Development partners want to show high coverage numbers and the private sector wants to make a profit, both of which can be difficult to achieve where populations are poor and dispersed. In addition, most development partners work mainly in development and only respond to emergencies when they arise.

One Asian IP reported a major challenge on packaging interventions because the vulnerable populations need different interventions:

There are a lot of geographic variations, [with] hills, mountains, and plains. So, one package doesn't work [for everyone]. ... [Having different packages based on need] has been challenging for the [project] staff because they're very used to implementing a standard package, and we need to keep sort of refining and changing based on the need. ... [Also], it's very difficult because the government ... wants a standard blanket approach. I think the challenge is generally that the government tends to think that everybody needs everything.

In another Asian country, an IP stated:

There is still a huge population that are extremely poor. There are still pockets of high stunting rates—because they are among a country doing well in many other ways, it’s almost not a priority anymore. This is the moment not to give up on those pockets. This isn’t a trickle-down economic situation that won’t work. The poorest are not going to get better on their own. They need extended services. Those kinds of programs are less likely to happen now. The focus is more on higher-level systems-strengthening projects, but there are pockets where nobody is touching the household.

An EP from the government in one country in Africa suggested that reaching the poorest in the country should be a priority, stating, “Poverty is a huge problem in the Sahel. We are constantly responding to a humanitarian crisis ... but we need to focus on poverty alleviation.”

An EP in an Asian country reported, “Caste is a factor—indigenous and excluded communities have higher malnutrition. Investments here need to be higher.”

Community and Interpersonal-Level Barriers that Impede Uptake of Optimal Practices

USAID, IPs, and EPs reported that traditional beliefs and myths about what women and children should eat, a lack of knowledge about the importance of nutrition or its consequences, and gender-related issues were continuing challenges in all five focus countries.

USAID in one African country said:

Sometimes there is a confusion between stunting and wasting ... People can't differentiate. So that can affect the level of effort for this type of intervention [and its] activities. ... [For wasting], children are able to move from red to yellow to green. But it is not the same for stunting ... Stunting is invisible.

In one Asian country, a Mission staff commented that men need to help lighten the workload of women: “The men [are] also part of that process. So, it’s not [just] left [for] women to do everything. It also includes [the] man understanding [the] importance of the family’s nutrition.”

Even when IPs identified that using SBC and gender empowerment approaches at the community level was successful, they also said that difficulty in changing norms was still a factor impeding the uptake of desired practices. An IP in an African country commented, “Women involved in agriculture do not have a say. Their men lease their land to commercial sugar growers. This affects the family food supply.”

An IP in another Asian country reported, “We made a conscious decision to prioritize women in [the] participant selection process. In formative research, [we] looked at the gender perspectives of different ethnic groups around men and women.”

An IP in one African country noted that belief systems create high expectations of government and households about what projects can or should do: “They want quick results. So [they want us to] bring food. It takes time to really introduce the project ... and show you can make changes without bringing ... handouts.”

An IP in an Asian country that had a long-term presence implementing nutrition activities in the same communities found that structural barriers prevented the use of optimal practices: “At least in the first six years of the project, [we] made a huge difference [in improving knowledge and practices], according to our data. Now we are seeing a huge knowledge-practice gap.” An example of a structural barrier was that men, not women, own land, which decreases women’s ability to decide what to grow and purchase to improve the dietary diversity of their families.

A government EP in one country (Mali) commented that a major problem for implementation is that there is still a lack of awareness in the community about the problem of malnutrition. Beliefs restricting what pregnant women and children can eat persist. People also lack awareness about the consequences of malnutrition, with one EP saying, “They don’t see it as a sickness.”

In Asia, one EP noted that people take their children to health services when children get sick, and there is no outreach to the community to bring them interventions to prevent malnutrition: “Nobody is responsible for reaching out to all children for nutrition interventions. ... [We still have only] clinic-based services for sick children and immunization.” In an African country, one IP reported that “even after a child with acute malnutrition has been treated, some mothers do not keep their follow-up visit appointments.”

Limited Capacity to Engage the Private Sector on Nutrition

All respondents thought that the private sector could be a positive actor in nutrition. However, engaging the private sector on nutrition was viewed as a challenge. As mentioned previously, USAID in one Asian country reported that the private sector is motivated by profit and working in poor areas does not work for their business model.

USAID in another Asian country reported: “The major weakness I see is in private-sector involvement. There are huge opportunities there. We need to engage with them and sensitize them about the importance of nutrition [and] how it contributes to the overall economy.”

One IP in an African country noted, “One challenge is getting the private sector to understand the complexities of nutrition and malnutrition.” The same IP suggested that incentives, such as small grants, are needed to engage the private sector.

Lack of USAID Internal Coordination

Staff at several Missions, IPs, and USAID/Washington mentioned that while internal USAID MSN coordination was good within and among offices (at Missions and in Washington), there was room for improvement.

One Mission staff in Asia commented, “If you consider the activities on the ground, there is room for improving coordination [at the Mission].” At that mission, effective coordination and creating synergies among projects was complicated because two offices, BHA and EG, work in different geographic areas: “Leadership within the Mission would be facilitated by having an internal task group instead of offices working in silos.”

Another Mission in Asia was co-locating the nutrition and agriculture flagship projects in the same geographic areas, which was seen as a success by one mission office. However, one of the IPs

reported that the two projects worked with different beneficiaries, and the nutrition flagship project was not able to bring its SBC and other activities to the commercial farmers that the agriculture flagship project supports. This represents a missed opportunity because knowledge about optimal MIYCN practices is probably low in the households of commercial farmers.

USAID/Washington reported that the nutritionist in the health office in one African mission doesn't have authority over staff in the A/EG office, which can pose an ongoing challenge if there isn't either a more formal coordination structure in place or nutrition is not prioritized at a higher level in the mission. This challenge with internal coordination also was reported by USAID Mission staff in the same country, but that may be changing: "There is a new nutrition group at [our mission], which might help."

Mission and USAID/Washington coordination was reported by Washington as country dependent. Missions are busy and do not always have time to take advantage of USAID/Washington support and resources, although relevant updates are shared with missions on a quarterly basis. Through all the interviews with USAID staff and IPs, only one IP made a point of saying that they take advantage of extensive online resources (publications and webinars) offered by the USAID global flagship project, USAID Advancing Nutrition.

Interactions between USAID Missions and USAID/Washington are also determined by the personality of the Mission and staff, the size of the nutrition investment, and technical capacity. MSN programming takes time and is ultimately dependent on the money that Missions receive to design a new project. USAID/Washington may or may not be involved in the design phase of projects, although the design phase is critical. "Reverse-engineering" investments are difficult and messy.

Technical capacity and staffing at some Missions globally (beyond the case study countries) were flagged (and discussed in depth) by USAID/Washington as an issue. A large nutrition investment needs the corresponding amount of in-house (Mission) technical capacity, so it would be helpful to give Missions guidance on what kind of technical staff they need for different programming scenarios. In addition, managing projects is affected and limited by over-stretched staff and competing priorities. USAID/Washington remarked about the heavy workloads of staff in Missions.

In Mission A/EG offices, understanding about nutrition-sensitive approaches is not always there. Turnover of staff is also an issue. USAID/Washington works closely to build capacity of staff, but these staff may rotate to other non-nutrition priority countries or leave the agency to take another job.

Several USAID/Washington staff commented that defining MSN programming is still difficult, which makes it difficult to assess progress. One USAID/Washington staff asked if MSN programming meant co-locating projects or integrating nutrition into each sector project. There was still no clear definition.

At USAID/Washington, even though good structures have been established for and time has been spent on internal coordination, there is still a feeling by one person that "we are still siloed." On the other hand, other teams within the agency see the nutrition group as very integrated: "We

have come a long way [with progress in collaboration on and implementation of the MSNS] and are still figuring out what MSN programming means.”

Generally, Ips felt that they received good support from their Missions. An IP from one Asian country reported that internal coordination at the Mission was good, although at times the IP receives conflicting advice from different offices at the Mission.

USAID Leadership

Mission staff in only two countries, one in Asia and one in Africa, were definitive about USAID leadership on MSP programming in their country. In the one Asian country, USAID is providing leadership in the coordination of different donor groups. USAID leads some of these groups (health and nutrition):

That is one of the tools that we are using to influence and engage with the government during the policy or strategic development with the different sectors and preparing the national commitments ... For example, I am talking about the disparities [in the population]. Where are the gaps, what are the issues, and what are the key drivers? This is how we are supporting [and leading].

In the one African country, Mission staff reported, “Yes, we are considered leaders in nutrition. USAID co-chairs, with government, the Nutrition Technical Working Group, which includes other donors ... USAID also co-chairs the SUN donor platform on nutrition.”

In another Asian country and in another African country, USAID staff took leadership roles in coordination platforms and the funding that provides: “We are the face of nutrition [for the] Development Partners Group [working with] the Office of the Prime Minister. For example, in case there’s an issue we want to pass on ... that position ... on behalf of the donors [to the] Office of the Prime Minister.” In addition, USAID leads through the funding of nutrition programs: “We don’t have other strong funders [for nutrition here]. So by and large, if you pulled out USAID, I think the country would suffer ... Our interventions are seen everywhere. [our country] is very aware [of USAID].” Other USAID Missions did not see USAID as a leader in nutrition yet. In one African country, USAID staff thought that USAID is “not a leader, but [it] could be. Historically, [USAID is] too vertical, but that is changing, and if it continues [to change], we could be a leader.”

Three Ips in one Asian country felt that USAID was a leader on nutrition. Ips in one African country and one IP in another Asian country reported that USAID plays an integral and important role in coordinating and funding nutrition activities, which is a form of leadership. In another African country, both Ips said that USAID is a leader in nutrition: “They drive understanding around nutrition and how to utilize it to inform decision making at the country level. USAID is quite visible in [the] fight against malnutrition.” In another African country, the response was somewhat mixed. Two Ips said that USAID funding and involvement in strategy development were evidence for its leadership. Another IP agreed with that but also pointed out that only 20 percent to 30 percent of funding supported nutrition. Another IP did not think USAID was a leader: “Honestly, I am not seeing it. I am not saying they are doing nothing, but championing MSN interventions has not been a priority. They are not visible.”

Only one EP, in Asia, thought USAID was a leader on nutrition. One EP in another Asian country commented that no donors are leaders. In two Asian countries and one African country, Eps thought that USAID showed technical leadership by attending and supporting coordination and funding programs. Eps in both Asian countries thought that USAID funding NGOs did not improve government systems. All three of these Eps felt that USAID should commit more direct budget support for governments. Funding through NGOs was described by one EP as “*parallel funding*.” All three suggested that if governments are going to rollout and implement their MSNPs, they need direct budget support.

Use and Influence of the MSNS

Four of the five focus countries were in the process of developing or finalizing their internal MSNS, so some answers responded to that process and that document. However, when probed further about the USAID MSNS, many Missions reported that the MSNS was important for MSN programming. In one Asian country, USAID reported, “The global MSNS was the foundation for the Mission’s work.” In another Asian country, USAID said the MSNS was a “guiding document.”

In one African country, USAID reported at the very beginning of the interview that “[the MSNS] really contributed a lot, I would say. The strategy shaped nutrition programming for the Mission.” In another African country, one USAID staff said, “Yes ... the MSNS was really a roadmap or action plan.” In yet another African country, one USAID staff said that it is a “successful tool for USAID programming.”

One USAID BHA-Washington staff commented on how the MSNS was used by BHA. When Food for Peace and the Office of Foreign Disaster Assistance were merged to form BHA, “having the USAID MSNS was helpful on the Food for Peace side to link funding [including funding for nutritionists].” Since the merger, BHA has amped up technical expertise on nutrition. Seven years ago, there were only three full-time nutrition advisors, and “now we have 11 [nutrition advisors]. We have added more nutrition staff at the regional [level].” There is still work to do in building the capacity for nutrition within BHA offices in Missions where there are “only two or three formal nutrition staff at the field level.”

USAID reported that other documents have been used for MSN programming. These included other USAID documents, such as the Global Food Security Strategy, national surveys like the DHS and MICS, government documents, and donor documents. One Mission mentioned that they consulted USAID’s global nutrition flagship project, USAID Advancing Nutrition, and its resources on MNS programming.

The MSNP was used most extensively by Ips for their own programming in one Asian country and one Africa country. In the Asian country, an IP stated about the MSNS, “I think it has been very, very helpful, especially the intensive programming guides that USAID developed.”¹¹

¹¹ Note: the programming guides are technical briefs for different technical areas, such as maternal nutrition, agriculture, WASH, and others. Some of these guides are only available internally to USAID, others are available here: <https://www.usaid.gov/nutrition/resources/usaid-resources>

In another Asian country, it was unclear how Ips had used the MSNS, although one IP did say the results framework was used for framing their monitoring and evaluation reporting.

But not all Ips used the MSNS in their projects. In one African country, all Ips reported that they had used the MSNS to “a certain extent.” One IP said, “What I can say is, yes, I’ve looked at it. You try to borrow a few things here and there. But I can’t say we have systematically used it.”

Other documents used by Ips included national surveys, studies conducted by other donors, and government documents. One IP in an Asian country reported that the USAID MSNS technical notes had been helpful. This IP also mentioned that they utilize USAID Advancing Nutrition resources, including learning events and webinars.

The MSNS was sent to eight Ips from the five focus countries prior to their interviews. None of these eight Ips from the five countries had seen it before.

Recommendations for Future MSN Programming

Staff were asked about future MSN programming, and there was a plethora of ideas about what should be done to improve it. Respondents wanted more technical support and support for WASH, food production, food fortification, biofortification, and involvement of the private sector (business and health providers). Technical support is essential to effectively design and implement integrated nutrition-specific and nutrition-sensitive programming.

USAID in one African country commented, “I think the private sector has a role to play [in addressing malnutrition] and that can be better defined, and [we can] engage them more.”

Strengthening systems, including improving their quality, and crosscutting areas was mentioned across Missions. These included the need for more funding and more of a focus on food systems and climate change, the integration of nutrition interventions, the tailoring of interventions for geographic areas, with an emphasis on working with local government and groups and reaching vulnerable groups.

Ips also had many ideas about future programming that were technical and systems related. On the technical side, Ips suggested that more funding is needed for nutrition-related supplies and information about nutrition-sensitive social protection and economic strengthening to increase family purchasing power. On the systems side, it was suggested that collaboration, within and among Ips, should be a mandatory deliverable and have a specific indicator. Other system-change suggestions included co-locating projects and codesigning projects to create synergies for nutrition outcomes, sharing barriers and lessons more systematically, investing in good governance at lower levels of administration, improving infrastructure, involving local actors more, continuing to improve the overall enabling environment within USAID and in the country, and targeting programs to more vulnerable populations. One IP in Asia suggested that “[USAID’s] different offices need to plan more together and co-design programs. I would say that is really important.” Another IP in Asia commented:

I would say making it less prescriptive ... focusing on the how because I think in [the] nutrition community, we know what needs to be done, right? But I think the next strategy should really focus on program experiences ... and how

we sort of operationalize it ... I think that would be really useful for the nutrition community.

EPs were asked what guidance a future MSNS should give on MSN programming. EPs in Africa and Asia suggested that USAID and its partners sharing best practices would be useful. One EP in Asia said that it would be helpful to “have best practices for coordination and how, in practice, MSN [coordination] really works.”

As mentioned previously, three EPs in Asia felt that USAID should invest more in systems through direct budget support. However direct budget support by donors for the rollout of MSNPs does not appear to be common. One EP interviewed in Asia reported that it was the only donor providing budget support to the government for implementation of its MSNP.

When USAID/Washington was asked if USAID had considered direct budget support to countries so they could scale up MSN programming, one participant reported that the matter “has not come up.”

Discussion

Limitations of the Assessment

There are some limitations for this assessment, although not intractable ones. While MSN programming was explored in only five USAID-funded countries, the sample for the assessment represented a wide-range of USAID staff working on MSN programming in three USAID/Washington bureaus and their corresponding offices at Missions. In addition, the study team was able to interview staff from nutrition and agriculture flagship projects, BHA-funded projects, and EPs in countries. The document review of MSN activities being implemented by IPs was extensive but does not represent all USAID-funded projects working in nutrition across the five countries. Projects were selected based on guidance from the Missions in the case study countries, who provided project reports and/or documentation, or these reports were available publicly. Therefore, the types of nutrition-specific and –sensitive interventions being implemented by Missions were probably underestimated.

MSNS M&L Plan Questions Addressed by the Assessment

What is the Progress of MSNS Implementation in USAID-Funded Countries?

The assessment found that there is significant support for MSNS implementation through USAID funding for MSN programming in the five countries. Respondents reported that integrating nutrition-specific and -sensitive interventions, complemented by activities in SBC, gender, social inclusion, working with local government, and other approaches, improves nutrition outcomes. Both the MSNS and global analyses influenced an increase in MSN programming in the development context, promoting a nutrition-specific and -sensitive approach (Bhutto, et al., 2013). Food for Peace, which predated the MSNS, also used an integrated approach, including nutrition as one component, that reached the poorest and most vulnerable populations so integrated programming that included nutrition was occurring at USAID prior to the MSNS and the global analyses.

What is the Prevalence of Malnutrition and Coverage of Selected, Key Nutrition-Specific Practices?

All five countries made progress in reducing wasting and stunting in children U5. Most of the progress in wasting was made since the mid-1990s and most of the progress in stunting was made since 2000. Only one country, Rwanda, reduced anemia in WRA, and none of the four countries with two data points reduced the high prevalence of anemia in children ages 6–59 months.

Achieving five GNTs was mixed across the five countries. Nepal was the only country on-course for achieving the GNT for stunting, although the other four countries were making some progress towards achieving the target. Rwanda was either on-course or making some progress in attaining all five GNTs. Uganda was on-course or making some progress in attaining four GNTs, and Bangladesh was on-course or making some progress for three GNTs. Mali and Nepal were on-course or some making progress on two and one GNTs, respectively.

Little progress is being made on increasing the proportion of children ages 6–23 months being fed minimum adequate diet (MAD) to levels that will translate to improved nutritional status. Most recent data show the MAD indicator ranges from 9 percent in Mali to 30 percent in Nepal.

What Are the Opportunities and Challenges for Further Supporting MSNS Implementation?

USAID, IP, and EP respondents reported that countries have succeeded in creating more efficient and effective enabling environments for MSN programming at the national level. These successes can be used to improve what all respondents reported were weaker enabling environments within line ministry sectors and at the local government level. While USAID had healthy enabling environments for MSN programming, there was room for improving that environment in some Missions. Reported successes and recommendations from respondents at three levels (Mission, national, and local government) are detailed below to strengthen the enabling environment. When respondents were asked about how to improve future MSN programming, they offered several key recommendations in three main areas.

Strengthening the Enabling Environment for MSN Programming

Strengthening the Enabling Environment at USAID/Washington and USAID Missions

Design

A major point of discussion across Missions and by USAID/Washington was how to increase capacity for MSN programming. USAID/Washington's concerns were mainly about nutrition coordination within USAID/Washington, which was viewed as generally good, and the capacity in some Missions to design and manage MSN investments. One staff posited that terms of reference would be useful to define the type of expertise and experience needed at Missions to design and manage projects by size and complexity.

The design phase for USAID projects was identified as critical. One IP in Asia suggested that “[USAID’s] different offices need to plan more together and co-design programs. I would say that is really important.” USAID/Washington commented, “When programs are designed purposefully with nutrition outcomes from the start and there is a robust theory of change, then we see robust outcomes.” USAID/Washington commented that “reverse engineering investments is incredibly difficult and messy; design is really key.”

Implementation

IPs reported the need for better coordination and collaboration within USAID offices to improve the implementation of projects. Co-locating projects geographically and working with the same beneficiaries would reduce duplication and create synergies for nutrition programs and stakeholder coordination. Collaboration should be built in at the design of projects, not after the fact. One IP suggested that collaboration should be mandatory, with a formal indicator to ensure and measure the success of collaboration and coordination across USAID projects. Rwanda created the CHAIN project to help in coordinating investments and interventions across 14 projects, and both USAID and IPs in Rwanda reported that CHAIN was extremely effective at increasing efficiencies and possibly the effectiveness of projects. A project to facilitate coordination, collaboration, implementation, and even quality across projects would be a good option in other countries with multiple investments.

Reaching Vulnerable Populations

It is notable that large nutrition activities in several of the focus countries are working with the most vulnerable populations. However, USAID and IPs in all five countries identified reaching the most vulnerable as a continuing challenge. Addressing this challenge may require a specific strategy on how to serve these populations with and without BHA funding. IPs in several countries are working in both development and HA contexts and should be consulted on the development of a strategy for their Mission and country.

Strengthening the Enabling Environment at the National Level (and Across Sectors)

While most Missions and partners reported that national MSNPs have become useful roadmaps to set goals for programs and activities across sectors, translating MSNPs to action remains a challenge. This occurs at the national level and affects government funding for nutrition because not all policy makers, legislators, and sector decision makers are aware of the importance of nutrition for national development. More leadership from government stakeholders on the development and implementation of actionable MSNPs will promote opportunities for scaling up MSN programming and reaching vulnerable populations. USAID could assist in three ways.

First, USAID could help by collecting, collating, and sharing experiences of IPs and development partners and developing tools about working with policy makers, legislators, and sector decision makers to increase their awareness about the importance and status of MSN programming at the national level. One tool used by sectors in some countries is an annual review to take stock of progress in implementing sector policy. Some countries may be conducting a similar annual review of their MSNP. USAID could assist by developing best practices for these reviews, which should involve local government to showcase their successes and challenges and establish what actions should be taken for follow-up.

Second, policies and plans should be informed by programs. Developing policies should not be a top-down process. Programs and program managers need to inform the development of policies, strategies, and plans. To do this, a robust monitoring system would be needed for local government to review and report on their own progress. This should include an analysis of expenditures for nutrition (by government and development partners), so that governments can quantify what is being spent on nutrition-specific and -sensitive intervention which now appears to be heavily focused on nutrition-sensitive interventions.

And third, USAID can provide support to key sectors to develop (or at least create a dialogue about) sector strategies that include nutrition. For example, while some countries are making progress on making the agriculture sector more nutrition-sensitive by putting a greater focus on diversifying crop production and diets, others are focused on commercial agriculture to increase revenue and farmers' incomes. USAID's work on food systems should help with this dialogue. Strategies need to incorporate actions on how to make both subsistence and commercial farming more nutrition sensitive to increase the availability of and access to a nutritious diet without adding to the workload of women. In addition, nutrition-sensitive agriculture does not exist without an SBC component to improve nutrition practices, particularly for children ages 6–23 months. As an EP in one country put it:

Stepping out of subsistence farming to doing large-scale farming ... is opening up around the country, but the only fear is a lot of [foods] may go into commercial activities, and they may get [exported]. The general public may not benefit because they may not have the resources to be able to purchase these foods.

Strengthening the Enabling Environment at the Local Government Level

While strengthening the enabling environment at the local level is coming last, it is where the greatest return will be seen for improving nutrition outcomes. USAID and IPs identified improving the commitment and capacity of local government to fund, manage, and monitor MSN activities as key to improving and sustaining MSN implementation. IPs reported that some districts were making progress in taking on this role and emphasized that they should be consulted for possible models. A better understanding about how to implement interventions was seen as a critical need by USAID Missions and IPs, and USAID could help local government explore that capacity in their own contexts.

As governments become more decentralized, districts are assuming greater responsibility for planning and spending their budgets. This is an opportunity for USAID to assist district leaders with budgeting for nutrition and monitoring the results of those efforts. USAID Missions can assist in the following ways:

- Provide funding to improve the nutrition capacity and human resources of district governments and civil society to support MSN programming, including planning for emergencies. Different scenarios can identify basic needs for trained personnel and future plans to improve nutrition capacity at different levels across sectors. A focus should be on improving the technical and implementation skills of staff and even community workers for the prevention and treatment of malnutrition.
- Develop roadmaps at the district level for MSN programming. This is occurring already in some countries. Several IPs mentioned the challenges of implementing complex projects with multiple outputs and outcomes. Some prioritizing of interventions initially would simplify implementation. A top priority should be improving MIYCN to prevent malnutrition through multiple-sector actions.
- Provide funding for robust monitoring systems so that districts can monitor their progress. To mitigate costs and reduce the complexity of monitoring, sentinel sites can be used to monitor initially to determine not only outcomes but facilitating factors for and barriers to achieving outcomes. One IP mentioned using periodic monitoring to determine if activities were translating to outcomes, which was helping the project adjust implementation as needed.
- Provide funding for annual district reviews on MSN programming results that can be used to improve subsequent implementation. These reviews should be led by local government but also include presentations by development partners and civil society leaders that discuss successes and facilitating factors and challenges for achieving nutrition outcomes. The results should be shared as part of an annual national review of MSN programming.

Robust monitoring should inform annual district reviews of MSN programming results. The interviews did not draw out any strong indication as to whether projects were attaining high levels of exposure of beneficiaries to activities. When asked, most IPs reported that all women participate in their SBC activities. However, it may be difficult to reach, often or at all, women who are living in remote areas or living on their farms during planting and harvesting seasons. One IP in Africa asked women what would motivate them to keep coming back to nutrition and hygiene SBC sessions. Women responded that it would help them if sessions also included some

instruction that would build their skills on making items that they could sell. Behavior change increases as exposure to messages about optimal practices increases (Kim, et al., 2018). Higher participation rates in project activities, including SBC activities, improves nutritional status, particularly for the poor (Schaetzel, et. al., 2008).

Project managers must ensure that activities are reaching the people who need them. One IP project in Asia found that they needed to tailor packages of interventions to geographic areas or communities that would benefit from specific activities. To reach high exposure rates for SBC messages, the ratio of community volunteers to pregnant and lactating women needs to be reasonable. This was called “intensity” by Mason et al. (2006), who found, based on an analysis of large-scale programs, that an effective ratio was one part-time volunteer to 10–20 mother-child dyads. Ensuring high levels of coverage and exposure requires knowing who the eligible beneficiaries are and how much they participate, which should be included as indicators to monitor.

Conclusion

The assessment found that five countries have made excellent progress in reducing malnutrition, as measured by stunting and wasting in children U5. These reductions started in 2000 for stunting and the mid-1990s for wasting in most countries. These reductions were accompanied by favorable economic growth and decreasing prevalence of people living in poverty. Reductions also occurred in the context of an increased global response to address the problem of malnutrition, including by USAID which provided guidance and funding for an MSN approach to address the multiple causes of malnutrition. Countries have made good progress on increasing the coverage of some interventions with VAS in children ages 6–59 months having the highest coverage for the outcome indicators in the M&L Plan. There are continuing challenges to reduce anemia in children ages 6–59 months and WRA, particularly during pregnancy. In addition, countries are not making much progress in improving IYCF indicators, particularly for the MAD indicator which measures acceptable complementary feeding for children ages 6–23 months. MAD still has very low coverage across the countries.

Most assessment respondents were impressed and appreciative of increased national commitment to the MSN programming approach. Useful National MNSP had been developed and, in most countries, several iterations of these plans had been developed with inputs from multiple sectors. Two major takeaways emerged from respondents. The first takeaway, which was the most important based on the number of respondents who mentioned it, was that the MSNPs were not being translated to action on the ground. All respondents wanted more funding and help to implement MSN programs. As mentioned in the discussion section, respondents had several recommendations for this. A major recommendation was to increase capacity and support for designing and implementing interventions. It will be important to better monitor the uptake of optimal practices during implementation along with the facilitating factors for improving outcomes and barriers for continuing progress. The second takeaway was that not all sectors and policy makers were knowledgeable about and committed to the MSN approach in some countries.

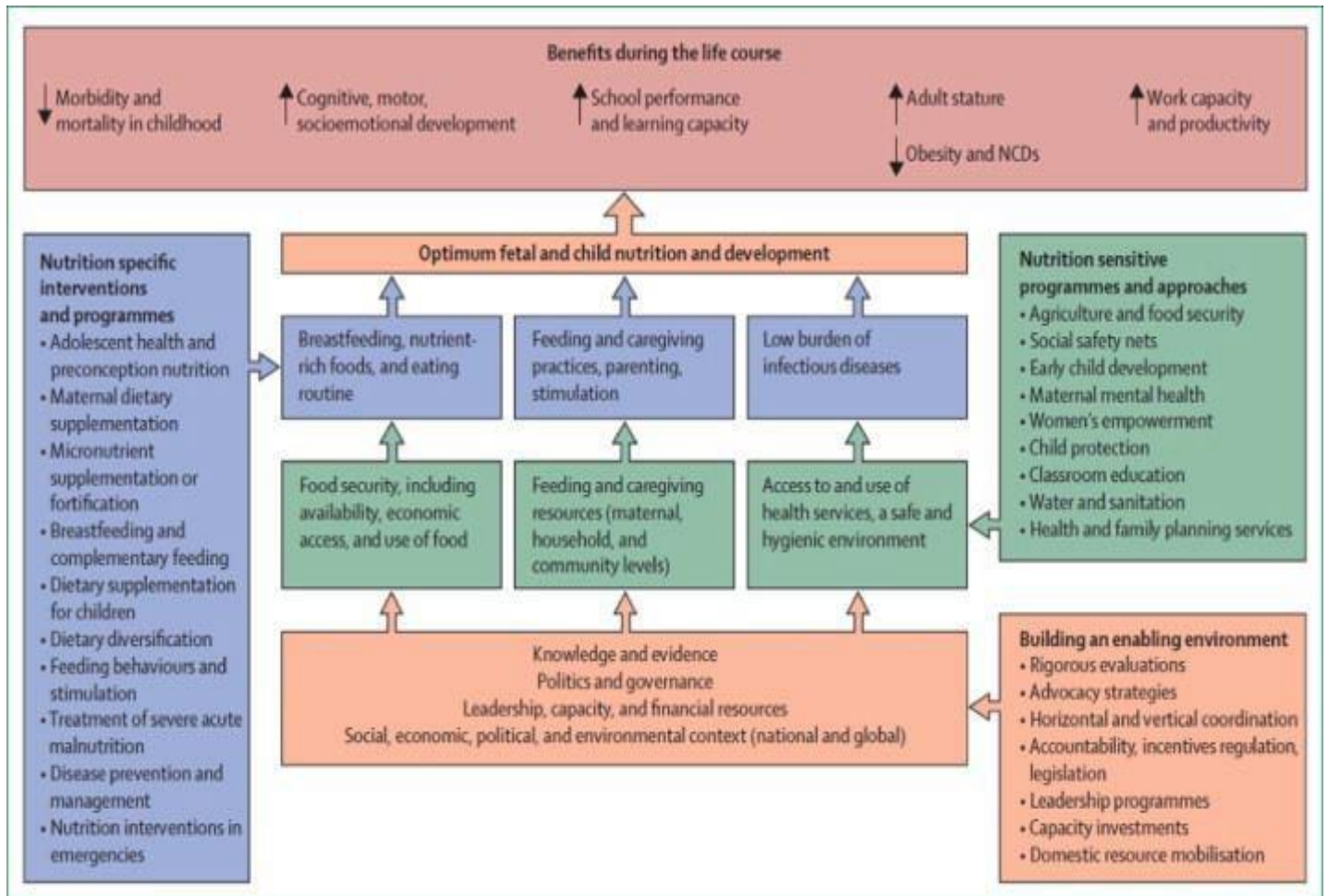
To continue to make progress in reducing malnutrition, USAID-funded programs and other development partners and researchers have provided evidence about the importance of the quality of programs (e.g., intensity and exposure) (Mason, et al., 2006; Menon, et al., 2016; Kim, et al., 2018) and reaching those mothers and children who need the interventions most (Schaetzel, et al., 2008), Cunningham, et al., 2017). Policy level actions are still important. One IP reported that their project had made good progress in improving knowledge about optimal MIYCN programs. This led to a change in practices in some families. However, there were still “structural barriers” that limited mothers being able to use new information they were exposed to. An example provided was that women do not own their own land and that government policies need to be changed to provide them with the agency to grow foods or spend their income on foods to improve their family’s nutrition. These structural changes go into the “barriers bucket” that need to be discussed at the national level in countries and by all actors to improve MSN programming. Moving forward, USAID should continue to provide support for the MSN approach and redouble efforts to identify and share best practices to improve MSN programming and implementation.

Appendix 1. Conceptual Frameworks

Appendix 1a. USAID Multi-Sectoral Nutrition Strategy (2014) Results Framework

USAID NUTRITION STRATEGY RESULTS FRAMEWORK GOAL Improve nutrition to save lives, build resilience, increase economic productivity, and advance development			
STRATEGIC OBJECTIVE Scale up effective, integrated nutrition-specific and -sensitive interventions, programs, and systems across humanitarian and development contexts			
INTERMEDIATE RESULT 1 Increased equitable provision and utilization of high-quality nutrition services	INTERMEDIATE RESULT 2 Increased country capacity and commitment to nutrition	INTERMEDIATE RESULT 3 Increased multi-sectoral programming and coordination for improved nutrition outcomes	INTERMEDIATE RESULT 4 Increased nutrition leadership
I.1 Increased timely delivery of critical services before and during humanitarian crises I.2 Increased availability of and access to high-quality nutrition-specific services and commodities I.3 Increased availability of and access to high-quality nutrition-sensitive services and commodities I.4 Improved social and behavior change strategies and approaches for both nutrition-specific and nutrition-sensitive activities	2.1 Increased professional and institutional capacity 2.2 Increased political will and resources for nutrition programs 2.3 Increased stakeholder engagement around national nutrition goals 2.4 Improved systems to plan, manage, and evaluate nutrition programs	3.1 Increased joint planning across humanitarian and development sectors 3.2 Strengthened coordinated multi-sectoral programming and planning among nutrition stakeholders within the U.S. Government and at the country level 3.3 Strengthened engagement with the private sector to improve nutrition	4.1 Improved global coordination among donors, international organizations, partner countries, and other stakeholders addressing nutrition 4.2 Strengthened and expanded nutrition evidence base 4.3 Increased generation of innovative practices and technologies 4.4 Increased application of evidence-based approaches and innovation, including use of technology

Appendix 1b. UNICEF's Conceptual Framework for Malnutrition



Source: Black, et al., 2013

Appendix 2. Country Case Studies

Appendix 2a. Bangladesh Case Study

Appendix 2b. Mali Case Study

Appendix 2c. Nepal Case Study

Appendix 2d. Rwanda Case Study

Appendix 2e. Uganda Case Study

Appendix 2a. Bangladesh Case Study - Second Periodic Assessment for the Multi-Sectoral Nutrition Strategy (2023)

BANGLADESH CASE STUDY

Introduction and Methods

Over the past several decades, Bangladesh has made impressive progress in reducing under-five (U5) mortality in children, from 86 deaths per 1,000 live births in 2000 to 29 deaths per 1,000 live births in 2020 (WHO, 2022). This case study explored the progress that Bangladesh has made in reducing malnutrition, a contributor to U5 mortality, and implementing multi-sector nutrition (MSN) programs.

The case study drew on the findings from the Second Periodic Assessment for USAID’s Multi-Sectoral Nutrition Strategy (MSNS) 2014–2025. The methodology included a review of documents and interviews with three USAID Mission staff, four USAID-funded implementing partners (IPs), and two USAID external partners (EPs).

Progress in Achieving Key Global Nutrition Targets and Improving Nutritional Status, Key Nutrition Practices, and MSN Programming

The graphic below shows Bangladesh’s progress as of 2022 in achieving the six global nutrition targets (GNTs) for the period 2012–2025. (Definitions for the six GNTs are given on this case study’s final page.)

	Exclusive Breastfeeding (EBF) in Children <6 Months	Stunting in Children U5	Wasting in Children U5	Overweight in Children U5	Obesity in Women of Reproductive Age (WRA)	Anemia in WRA
Progress in Achieving the GNTs						

Source: Global Nutrition Report, 2022. The colors for the categories were used by the MSNS Second Periodic Assessment: green: on course; blue: some progress; yellow: no progress or worsening; red: off course.

The progress categories (e.g., on course) are assigned and the analysis is conducted by the Global Nutrition Report.

In 2022, Bangladesh was making some progress in achieving the GNTs for EBF, stunting, and wasting but made no progress, the situation was worsening, or was off course on the GNTs for overweight in children, obesity in WRA, and anemia in WRA. Bangladesh had high or improved coverage for vitamin A supplements in children ages 6–59 months (79%), which increased by 27 percent between 2011 and 2017–18 (Government of Bangladesh [GOB], 2011; GOB, 2017–18), and zinc treatment for diarrhea in children U5 (44%), which increased by 14 percent between 2017–18 and 2019 (GOB, 2017–18; GOB, 2019). Nearly half of pregnant women (46%) received iron-folic acid supplements (IFAS) (90+) in 2017–18 (GOB, 2017–18). However, optimal complementary

feeding practices were poor, with only 27 percent of children ages 6–23 months being fed a minimum acceptable diet in 2019, a 25 percent decline from the previous survey in 2017–18 (GOB, 2019; GOB, 2017–18).

Since the GNR was published, Bangladesh has reported a decrease in EBF prevalence to 55% and increase in wasting prevalence to 11%, alongside a reduction in stunting prevalence to 24%,

Bangladesh has two Multi-Sector Nutrition Plans (MSNPs), with multiple government sectors participating in developing the plans (GOB, 1997; GOB, 2017). The MSNP II covers the period 2016–2025 and mentions emergency response plans and interventions. The MSNP II recommends interventions to address the immediate and underlying determinants of malnutrition.

The nutrition-specific and nutrition-sensitive interventions implemented by USAID projects in Bangladesh are shown in the box. Eight projects were reviewed, which does not represent all activities funded under all USAID projects. Interventions to improve infant and young child feeding (IYCF) were implemented by seven out of eight projects. After IYCF, at least two projects implemented activities to improve vitamin A supplementation, integrated management of acute malnutrition, IFAS, and calcium. The most common nutrition-sensitive interventions implemented by eight projects were economic strengthening, livelihoods, and social protection; nutrition-sensitive commercial agriculture; water, sanitation and hygiene; and girls’ and women’s education. The most common approaches used to improve and sustain outcomes were working with local government, gender and female empowerment, social inclusion, and social and behavior change (SBC).

Facilitating factors identified by USAID, IP, and EP staff included:

- High-level national government leadership, political will, and coordination, which has created an effective enabling environment for nutrition
- Two national MSNPs that have helped set priorities, identify interventions, and monitor progress
- Donor alignment with national planning and implementation
- Well-designed projects and use of formative research and routine monitoring during implementation
- Good coordination among development partners to ensure geographic coverage
- Working with local government and structures

Nutrition-Specific and Nutrition-Sensitive Interventions Implemented by USAID-Funded Projects

Nutrition-Specific

- Infant and young child feeding
- Vitamin A supplements for children ages 6–59 months
- Integrated management of acute malnutrition
- Zinc treatment during diarrhea for children
- Iron-folic acid supplements in pregnancy
- Calcium supplements in pregnancy

Nutrition-Sensitive

- Economic strengthening, livelihoods, and social protection
- Nutrition-sensitive commercial agriculture
- Water, sanitation, and hygiene
- Girls’ and women’s education
- Nutrition-sensitive homestead agriculture

- SBC approaches that have increased the uptake of optimal nutrition practices
- Empowering women to improve resources for women
- Tailoring interventions to meet beneficiaries' needs
- Good internal MSN coordination at USAID, which helped in leveraging funding and support from senior USAID management

Challenges identified by USAID, IP, and EP staff included:

- Insufficient capacity and commitment of some national structures, local government, and community structures to implement MSN activities
- Lack of government funding and budget allocations to fully rollout the MSNP
- Difficulty reaching or managing vulnerable, remote populations, and refugee populations
- Complexity of implementing projects with multiple outcomes and associated activities
- Missed opportunities when projects are not co-located in the same geographic areas

There was good progress in MSN programming in Bangladesh. There was strong commitment and coordination of sectors and development partners at the national level. USAID has played a significant role in supporting coordination platforms, developing the MSNP II, and funding MSN programming. The interviews revealed that respondents wanted more guidance on integrating nutrition across systems, building capacity in nutrition-sensitive programming, and identifying lessons learned for MSN programming through local and national consultations. Respondents also wanted more guidance on tailoring interventions to the vulnerable and lessons learned on MSN programming from USAID IPs and government programs.

Definitions for Six Global Nutrition Targets (2012–2025)

- EBF in children younger than six months: 50% coverage by 2025
- Stunting¹ in children U5: a 40% reduction by 2025
- Wasting¹ in children U5: reducing it or maintaining it at less than 5% by 2025
- Overweight in children U5¹: no change in overweight between 2012–2025
- Obesity in WRA 15–49 years¹: halt the rise of obesity between 2012–2025
- Anemia in WRA 15–49 years¹: a 50% reduction by 2025

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Appendix 2b. Mali Case Study - Second Periodic Assessment for the Multi-Sectoral Nutrition Strategy (2023)

MALI CASE STUDY

Introduction and Methods

Over the past several decades, Mali has made impressive progress in reducing under-five (U5) mortality in children, from 187 deaths per 1,000 live births in 2000 to 91 deaths per 1,000 live births in 2020 (WHO, 2022). This case study explored the progress Mali has made in reducing malnutrition, a contributor to U5 mortality, and implementing multi-sector nutrition (MSN) programs.

The case study drew on the findings from the Second Periodic Assessment for USAID’s Multi-Sectoral Nutrition Strategy (MSNS) 2014–2025. The methodology included a review of documents and interviews with three USAID Mission staff, two USAID-funded implementing partners (IPs), and two USAID external partners (EPs) in Mali.

Progress in Achieving Key Global Nutrition Targets and Improving Nutritional Status, Key Nutrition Practices, and MSN Programming

The graphic below shows Mali’s progress as of 2022 in achieving the six global nutrition targets (GNTs) for the period 2012–2025. (Definitions of the six GNTs are given on the final page of this case study.)

	Exclusive Breastfeeding (EBF) in Children <6 Months	Stunting in Children U5	Wasting in Children U5	Overweight in Children U5	Obesity in Women of Reproductive Age (WRA)	Anemia in WRA
Progress in Achieving the GNTs						

Source: Global Nutrition Report, 2022. The colors for the categories were used by the MSNS Second Periodic Assessment: green: on course; blue: some progress; yellow: no progress or worsening; red: off course.

The progress categories (e.g., on course) are assigned and the analysis is conducted by the Global Nutrition Report.

In 2022, Mali was on course for achieving the GNT for EBF and making some progress on the GNT for stunting. Mali made no progress on the GNTs for wasting and anemia in WRA and was off course on the GNT for overweight in children¹² and obesity in WRA. It should be noted that

¹² While this is what the Global Nutrition Report shows, overweight in children U5 has remained at 2% from 2012 to 2018 which would mean Mali is on-course for this target.

although the Global Nutrition Report showed that Mali was off course for overweight in children U5, the prevalence decreased from 2 percent in 2015 to 1 percent in 2018. Mali had medium-high coverage for vitamin A supplements in children ages 6–59 months (68%) but low coverage for zinc treatment for diarrhea in children U5 (15%) and iron-folic acid supplements (90+) during pregnancy (28%) (Government of Mali [GOM], 2018). Optimal complementary feeding practices were poor, with 9 percent of children ages 6–23 months being fed a minimum acceptable diet in 2018 (GOM, 2018).

Mali has developed two Plans d’Action Multisectoriel de Nutrition (PAMN I & II) covering the period 2014–2025 (GOM, 2014; GOM, 2021). A strategy in the PAMN I was to prepare for and respond to emergency situations. The goal of PAMN II was to reach those in greatest need, including those needing humanitarian assistance. The nutrition-specific and nutrition-sensitive interventions implemented by USAID projects in Mali are shown in the box, which does not represent all activities funded under all USAID projects. Activities to improve infant and young child feeding were implemented by all projects.

Integrated management of acute malnutrition (IMAM) was a common activity among projects. VAS, while not mentioned in the projects reviewed, USAID Mali reports VAS for children ages 6–59 months, USAID reports that all ongoing health projects fund VAS for routine health services and during campaigns.

The three most common nutrition-sensitive interventions were nutrition-sensitive homestead agriculture; water, sanitation, and hygiene; and food safety and processing. The most common approaches used to improve outcomes were working with national and/or local government, gender and female empowerment, social inclusion, and working through community volunteers and groups.

Facilitating factors identified by USAID, IP, and EP staff included:

- High-level national government leadership and coordination, including among development partners, which has created an effective enabling environment for nutrition
- PAMN I, which was monitored and assisted in the development of PAMN II
- Building capacity on IMAM and extending health service reach to communities
- Colocation of USAID health projects created synergies
- USAID internal coordination among offices to mitigate the effects of food insecurity during the lean season (June-September)

Challenges identified by USAID, IP, and EP staff included:

Nutrition-Specific and Nutrition-Sensitive Interventions Implemented by USAID-Funded Projects

Nutrition-Specific

- Infant and young child feeding IMAM
- VAS in children 6-59 months

Nutrition-Sensitive

- Nutrition-sensitive homestead agriculture
- Water, sanitation, and hygiene
- Food safety and processing
- Economic strengthening, livelihoods, and social protection
- Girls' and women's education

- Insecurity and conflict deterred delivering health services and project activities for vulnerable populations
- Financing only for approaches that did not prevent malnutrition and relapse
- Insufficient capacity of local government to implement MSN activities
- High turnover rates for health staff and stockouts at facilities
- Challenges in effectively engaging the private sector, which is a potential and important partner for sustaining actions to improve nutrition
- Insufficient internal USAID Mission capacity for MSN programming

There was good progress in MSN programming in Mali. There was strong government and donor coordination for MSN programming at the national level, resulting in two PAMNs. USAID has played a significant role in supporting coordination platforms and funding MSN programming. The interviews revealed that respondents wanted more information on best practices for MSN programming, with robust data to support findings, and wanted better guidance on supply chain management for essential MSN supplements.

Definitions for Six Global Nutrition Targets (2012–2025)

- EBF in children younger than six months: 50% coverage by 2025
- Stunting¹ in children U5: a 40% reduction by 2025
- Wasting¹ in children U5: reducing it or maintaining it at less than 5% by 2025
- Overweight in children U5¹: no change in overweight between 2012–2025
- Obesity in WRA 15–49 years¹: halt the rise of obesity between 2012–2025
- Anemia in WRA 15–49 years¹: a 50% reduction by 2025

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Appendix 2c. Nepal Case Study - Second Periodic Assessment for the Multi-Sectoral Nutrition Strategy (2023)

NEPAL CASE STUDY

Introduction and Methods

Over the past several decades, Nepal has made impressive progress in reducing under-five (U5) mortality in children, from 139 deaths per 1,000 live births in 1990 to 28 deaths per 1,000 live births in 2020 (WHO, 2022¹³). This case study explored the progress Nepal has made in reducing malnutrition, a contributor to U5 mortality, and implementing multi-sector nutrition (MSN) programs.

The case study drew on the findings from the Second Periodic Assessment for USAID’s Multi-Sectoral Nutrition Strategy (MSNS) 2014–2025. The methodology included a review of documents and interviews with three USAID Mission staff, three USAID-funded implementing partners (IPs), and three USAID external partners (EPs).

Progress in Achieving Key Global Nutrition Targets and Improving Nutritional Status, Key Nutrition Practices, and MSN Programming

The graphic below shows Nepal’s progress as of 2022 in achieving the six global nutrition targets (GNTs) for the period 2012–2025. (Definitions for the six GNTs are given on this case study’s final page.)

	Exclusive Breastfeeding (EBF) in Children <6 Months	Stunting in Children U5	Wasting in Children U5	Overweight in Children U5	Obesity in Women of Reproductive Age (WRA)	Anemia in WRA
Progress in Achieving the GNTs	Yellow	Green	Yellow	Red	Red	Yellow

Source: Global Nutrition Report, 2022. The colors for the categories were used by the MSNS Second Periodic Assessment: green: on course; blue: some progress; yellow: no progress or worsening; red: off course.

The progress categories (e.g., on course) are assigned and the analysis is conducted by the Global Nutrition Report.

In 2022 GNR analysis, Nepal was on course for achieving the GNT for stunting but made no progress or was off course on the GNTs for EBF, wasting, anemia in WRA, childhood overweight, and obesity in WRA. The recent 2022 NDHS shows Nepal has made good progress in reducing stunting in children U5—from 32 percent in 2019 to 25 percent in 2022; wasting in children U5—from 10 percent in 2019 to 8 percent in 2022; overweight in children U5—from 3 percent in 2019

¹³ A new Demographic and Health Survey (DHS) for 2022 is complete for Nepal. In this case study, we use WHO and GNT data for consistency with the other country case studies.

to 1 percent in 2022; anemia in children ages 6–59 months—from 53 percent in 2016 to 43 percent in 2022; and anemia in WRA—from 41 percent in 2016 to 34 percent in 2022. Nepal had high or improved coverage for vitamin A supplements in children ages 6–59 months (83%), and zinc treatment for diarrhea in children U5 increased by 110 percent between 2016 and 2019 (Government of Nepal [GON], 2016; GON, 2019). Iron-folic acid supplements (IFAS) (90+) for pregnancy women increased by 116 percent between 2011 and 2016 (GON, 2011; GON, 2016), making Nepal one of the few countries where three-quarters of pregnant women were receiving 90+ IFAS. However, optimal complementary feeding practices were poor, with 30 percent of children ages 6–23 months being fed a minimum acceptable diet in 2019 (GON, 2019). The coverage for the MAD indicator may increase as well. The 2022 NDHS show Nepal has increased minimum dietary diversity (MDD) for children ages 6–23 months (which is one indicator determining MAD)—from 45 percent in 2016 to 78 percent in 2022.

Since the GNR was published, Nepal has reported a decrease in EBF prevalence to 56%, alongside reductions in stunting prevalence to 25%, wasting prevalence to 8%, and prevalence of anemia in WRA to 34%.

Nepal has developed two Multi-Sector Nutrition Plans (MSNP) that cover the 2013–2022 period (GON, 2012; GON, 2017). One output for MSNP II was enhanced preparedness for nutrition before and during emergencies. Both plans recommended interventions to address the immediate and underlying determinants of malnutrition. At the time of the assessment, Nepal was developing the MSNP III.

The nutrition-specific and nutrition-sensitive interventions implemented by USAID projects in Nepal are shown in the box. USAID’s health Government to Government and integrated flagship projects, which cover 60 percent of the country, implemented both nutrition-specific and nutrition-sensitive interventions. USAID’s economic growth flagship implemented commercial agriculture activities to increase the availability of staple crops and vegetables, and improve farmers’ livelihoods and incomes, including for women farmers. The most common approaches used to improve outcomes were working with local government and CBOs, gender and female empowerment, social inclusion, and private sector engagement.

Facilitating factors identified by USAID, IP, and EP staff included:

Nutrition-Specific and Nutrition-Sensitive Interventions Implemented by USAID-Funded Projects

Nutrition-Specific

- Infant and young child feeding
- Vitamin A supplements for children 6–59 mos.
- Zinc treatment during diarrhea for children
- Integrated management of acute malnutrition
- Iron-folic acid supplements in pregnancy

Nutrition Sensitive

- Nutrition-sensitive commercial agriculture
- Nutrition-sensitive homestead agriculture
- Economic strengthening, livelihoods, and social protection
- Water, sanitation & hygiene
- Girls’ & women’s education
- Food safety & processing
- Family planning

- High-level national government leadership and coordination, which has created an effective enabling environment for nutrition
- Two national MSNPs that have helped set priorities, identify interventions, and monitor progress
- Well-designed projects
- Good coordination among development partners to ensure geographic coverage
- Social and behavior change approaches that have increased the uptake of optimal nutrition practices
- Tailoring interventions to meet beneficiaries' needs
- Good internal MSN coordination at USAID

Challenges identified by USAID, IP, and EP staff included:

- Insufficient capacity and commitment of some policymakers, line ministries, and local government to implement MSN activities
- Lack of government funding to fully rollout the MSNP
- Difficulty reaching vulnerable and remote populations
- Challenges in effectively engaging the private sector, which is a potential and important partner for sustaining actions to improve nutrition
- Missed opportunities when projects are not co-located or working with the same beneficiaries

There was good progress in MSN programming in Nepal. There was a strong commitment and coordination of sectors and partners at the national level, as shown by the two MSNPs that Nepal had developed. USAID has played a significant role in supporting coordination platforms and funding MSN programming. The interviews revealed that respondents wanted more technical support on specific activities, and guidance on localizing programs and reaching vulnerable populations, as well as more guidance to improve implementation and strengthen systems, and more sharing of best practices, especially on coordination.

Definitions for Six Global Nutrition Targets (2012–2025)

- EBF in children younger than six months: 50% coverage by 2025
- Stunting¹ in children U5: a 40% reduction by 2025
- Wasting¹ in children U5: reducing it or maintaining it at less than 5% by 2025
- Overweight in children U5¹: no change in overweight between 2012–2025
- Obesity in WRA 15–49 years¹: halt the rise of obesity between 2012–2025
- Anemia in WRA 15–49 years¹: a 50% reduction by 2025

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Appendix 2d. Rwanda Case Study - Second Periodic Assessment for the Multi-Sectoral Nutrition Strategy (2023)

RWANDA CASE STUDY

Introduction and Methods

Over the past several decades, Rwanda has made impressive progress in reducing under-five (U5) mortality in children, from 185 deaths per 1,000 live births in 2000 to 40 deaths per 1,000 live births in 2020 (WHO, 2022). This case study explored the progress Rwanda has made in reducing malnutrition, a contributor to U5 mortality, and implementing multi-sector nutrition (MSN) programs.

The case study drew on the findings from the Second Periodic Assessment for USAID’s Multi-Sectoral Nutrition Strategy (MSNS) 2014–2025. The methodology included a review of documents and interviews with two USAID Mission staff and two USAID-funded implementing partners (IPs) in Rwanda.

Progress in Achieving Key Global Nutrition Targets and Improving Nutritional Status, Key Nutrition Practices, and MSN Programming

The graphic below shows Rwanda’s progress as of 2022 in achieving the six global nutrition targets (GNTs) for the period 2012–2025. (Definitions for the six GNTs are given on this case study’s final page.)

	Exclusive Breastfeeding (EBF) in Children <6 Months	Stunting in Children U5	Wasting in Children U5	Overweight in Children U5	Obesity in Women of Reproductive Age (WRA)	Anemia in WRA
Progress in Achieving the GNTs						

Source: Global Nutrition Report, 2022. The colors for the categories were used by the MSNS Second Periodic Assessment: green: on course; blue: some progress; yellow: no progress or worsening; red: off course.

The progress categories (e.g., on course) are assigned and the analysis is conducted by the Global Nutrition Report.

In 2022, Rwanda was on course for achieving the GNTs for EBF, wasting, and overweight¹⁴ in children. It was making progress in the GNTs for stunting and anemia in WRA but was off course for the GNT on obesity in WRA.

¹⁴ While overweight in children U5 declined from 8 percent in 2014-15 to 6 percent in 2019-20, it is unclear why Rwanda is on-course for this GNT. It is true there was no increase in overweight; however, Rwanda has very high prevalence of overweight in children compared to other countries.

Rwanda had high coverage for vitamin A supplements (VAS) in 2019–20, with 87 percent of children ages 6–59 months receiving VAS. Coverage of iron-folic acid supplements (90+) for pregnant women was still low (16% in 2019–20). Moreover, optimal complementary feeding practices were poor, with only 22 percent of children ages 6–23 months being fed a minimum acceptable diet in 2019–20 (Government of Rwanda [GOR], 2019–20).

Rwanda has developed two multi-sector nutrition plan (MSNP)-related documents (GOR, 2010; GOR, 2014). The most recent is the National Food and Nutrition Policy 2013–2018. One output of this plan was a strategic objective to strengthen emergency preparedness and response in areas of nutrition and food insecurity.

The nutrition-specific and nutrition-sensitive interventions implemented by five USAID projects in Rwanda are shown in the box which does not represent all activities funded under all USAID projects. Improving infant and young child feeding practices was the most common nutrition-specific intervention. Economic strengthening and improving livelihoods, girls’ and women’s education, and homestead agriculture were the most common nutrition-sensitive interventions.

Increasing the supply, demand, and consumption for animal-source foods was a goal of two projects. USAID projects also included a focus on early childhood development, in line with Government of Rwanda priorities. The most common approaches used to improve outcomes were working with local government, gender and female empowerment, social inclusion, and social and behavior change.

Facilitating factors identified by USAID and IP staff included:

- High-level national government leadership and coordination, which has created an effective enabling environment for nutrition
- Collaborating with local government, donors, and structures on annual district workplans and implementation has been the key to success
- Internal USAID collaboration from designing to co-managing projects to ensure MSN integration and programming
- USAID facilitating collaboration across IP projects
- USAID’s MSNS Result Framework helped achieve results
- Formative research to understand behaviors and demand

Nutrition-Specific and Nutrition-Sensitive Interventions Implemented by USAID-Funded Projects

Nutrition-Specific

- Infant and young child feeding
- Integrated management of acute malnutrition

Nutrition-sensitive

- Economic strengthening, livelihoods, and social protection
- Girls’ and women’s education
- Homestead agriculture
- Nutrition-sensitive commercial agriculture
- Food safety and processing
- Early childhood development

Challenges identified by USAID and IP staff included:

- Insufficient capacity and systems at the local level to implement MSN activities
- Lack of government funding to fully rollout the MSNP
- Difficulty reaching vulnerable and remote populations
- Challenges in effectively engaging the private sector, which is a potential and important partner for sustaining actions to improve nutrition
- Having a static and centralized approach that does not evolve as the nutrition situation changes

There was good progress in MSN programming in Rwanda. There was strong leadership and coordination of sectors and partners at the national level. Collaboration was high within USAID Mission offices, with co-design and co-management processes in place. USAID also facilitated good collaboration across USAID-funded projects to ensure an MSN approach. The interviews revealed that respondents wanted more sharing of best practices for implementation and scale-up across the Mission, ideas and evidence on nutrition-sensitive social protection, how technology was being used to reach the most vulnerable, and examples of how to better engage the private sector to benefit MSN programming.

Definitions for Six Global Nutrition Targets (2012–2025)

- EBF in children younger than six months: 50% coverage by 2025
- Stunting¹ in children U5: a 40% reduction by 2025
- Wasting¹ in children U5: reducing it or maintaining it at less than 5% by 2025
- Overweight in children U5¹: no change in overweight between 2012–2025
- Obesity in WRA 15–49 years¹: halt the rise of obesity between 2012–2025
- Anemia in WRA 15–49 years¹: a 50% reduction by 2025

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Appendix 2e. Uganda Case Study- Second Periodic Assessment for the Multi-Sectoral Nutrition Strategy (2023)

Uganda Case Study

Introduction and Methods

Over the past several decades, Uganda has made impressive progress in reducing under-five (U5) mortality in children, from 146 deaths per 1,000 live births in 2000 to 43 deaths per 1,000 live births in 2020 (WHO, 2022). This case study explored the progress Uganda has made in reducing malnutrition, a contributor to U5 mortality, and implementing multi-sector nutrition (MSN) programs.

The case study drew on the findings from the Second Periodic Assessment for USAID’s Multi-Sectoral Nutrition Strategy (MSNS) 2014–2025. The methodology included a review of documents and interviews with three USAID Mission staff, four USAID-funded implementing partners (IPs), and one USAID external partner (EP).

Progress in Achieving Key Global Nutrition Targets and Improving Nutritional Status, Key Nutrition Practices, and MSN Programming

The graphic below shows Uganda’s progress as of 2022 in achieving the six global nutrition targets (GNTs) for the period 2012–2025. (Definitions for the six GNTs are given on this case study’s final page.)

	Exclusive Breastfeeding (EBF) in Children <6 Months	Stunting in Children U5	Wasting in Children U5	Overweight in Children U5	Obesity in Women of Reproductive Age (WRA)	Anemia in WRA
Progress in Achieving the GNTs						

Source: Global Nutrition Report, 2022. The colors for the categories were used by the MSNS Second Periodic Assessment: green: on course; blue: some progress; yellow: no progress or worsening; red: off course.

The progress categories (e.g., on course) are assigned and the analysis is conducted by the Global Nutrition Report.

In 2022, Uganda was on course for achieving the GNTs for wasting and overweight in children. The country was making some progress for the GNTs for EBF and stunting, but making no progress on anemia in WRA and was off course for obesity in WRA (Government of Uganda [GOU], 2016).

In 2016, Uganda had medium-high coverage for vitamin A supplements in children ages 6–59 months (62%), and coverage for zinc treatment for diarrhea in children U5 increased from 2 percent in 2011 to 40 percent in 2016 (GOU, 2016). However, in the same year, the coverage for

iron-folic acid supplements (90+) during pregnancy was low (23%) and only 14 percent of children ages 6–23 months were being fed a minimum acceptable diet in 2016 (GOU, 2016).

Uganda has developed two Uganda Nutrition Action Plans (UNAPs) that cover the 2011–2025 period (GOU, 2011; GOU, 2018). UNAP II mentions preparing disaster response plans.

The nutrition-specific and nutrition-sensitive interventions implemented by USAID projects in Uganda are shown in the box which does not represent all activities funded under all USAID projects. Activities to improve infant and young child feeding, integrated management of acute malnutrition, and micronutrient supplements and fortification were the most commonly implemented nutrition-specific interventions. The three most commonly implemented nutrition-sensitive interventions were girls' and women's education; water, sanitation and hygiene; and economic strengthening, livelihoods, and social protection. The most common approaches used to improve outcomes were working with local government, private sector engagement, gender and female empowerment, social inclusion, and social and behavior change.

Facilitating factors identified by USAID, IP, and EP staff included:

- High-level national government leadership and coordination led by the Office of the Prime Minister, which has created an effective enabling environment for nutrition among sectors and development partners
- Pro-integration and co-management of MSN programming at the USAID Mission and support from USAID Washington
- Well-designed USAID-funded projects using MSN approaches
- Two national UNAPs that have helped set priorities, identify interventions, and monitor progress
- Local government and actor involvement improves implementation and ownership

Challenges identified by USAID, IP, and EP staff included:

- Insufficient capacity and commitment of government and sectors at all levels to translate the UNAP into action and implementation
- Lack of government funding to fully rollout the UNAP and cover all components across sectors

Nutrition-Specific and Nutrition-Sensitive Interventions Implemented by USAID-Funded Projects

Nutrition-Specific

- Infant and young child feeding
- Integrated management of acute malnutrition
- Vitamin A supplements for children 6–59 months
- Iron-folic acid supplements in pregnancy
- Folic acid fortification

Nutrition-Sensitive

- Girls' and women's education
- Water, sanitation, and hygiene
- Economic strengthening, livelihoods, and social protection
- Nutrition-sensitive commercial agriculture
- Nutrition-sensitive homestead agriculture
- Family planning

- Difficulty reaching vulnerable and remote populations
- Lack of monitoring MSN indicators appropriate for different sectors

There was good progress in MSN programming in Uganda at the policy level with the development of two UNAPs, but challenges in translating policies into action. USAID has played a significant role in supporting coordination platforms, especially internally, and funding MSN programming. The interviews revealed that respondents wanted information about best practices, learning, and innovations for sustainable MSN programming. Some respondents wanted USAID to assist the Office of the Prime Minister in identifying and addressing gaps that impede implementation of the UNAP at all levels of administration. Examples of implementation modalities for nutrition-sensitive interventions and private sector engagement were also requested.

Definitions for Six Global Nutrition Targets (2012–2025)

- EBF in children younger than six months: 50% coverage by 2025
- Stunting¹ in children U5: a 40% reduction by 2025
- Wasting¹ in children U5: reducing it or maintaining it at less than 5% by 2025
- Overweight in children U5¹: no change in overweight between 2012–2025
- Obesity in WRA 15–49 years¹: halt the rise of obesity between 2012–2025
- Anemia in WRA 15–49 years¹: a 50% reduction by 2025

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Appendix 3. Key Information for Projects in Five Countries

Appendix 3a: Key Information for Projects in Bangladesh

Bangladesh Project Information

Project	USAID Offices	Amount	Dates	Description
Bandarban Agriculture & Nutrition Initiative (BANI)	EG	NA	2020–2022	BANI improves agricultural production and livelihoods, and nutrition in pregnant and lactating women (PLW), their children, and adolescent girls in five sub-districts of Bandarban district of Chittagong Hill Tracts. BANI, 2021
Bangladesh Aquaculture & Nutrition Activity (BANA)	EG	US\$24.5 m	2018–2023	BANA strengthens aquaculture systems by improving production, markets, and private sector approaches, and increasing consumption of aquaculture products using social and behavior change (SBC) with a focus on women and youth in 21 southwest districts and two southwest districts in the Feed the Future (FTF) zone of influence (ZOI) and zone of resilience (ZOR) in Bangladesh. Feed the Future BANA, 2019, 2020 (1-2), nd; BANA, 2019; Karim, 2021
Bangladesh Nutrition Activity (BNA)	EG	US\$23 m	2018–2023	BNA uses market systems, private sector actors, and SBC to improve nutrition, and water, sanitation, and hygiene (WASH) outcomes, especially for PLW, their children, and adolescent girls in the FTF ZOR in Bangladesh. BNA and Abt Associates, 2019.
Improving Nutrition through Community-Based Approaches (INCA)	Health Office	\$4.4 m	2017–2020	INCA improved nutrition practices in the First 1,000 Days and among adolescent girls, and access to health services at the community level in 11 disadvantaged and hard-to-reach coastal districts (Bhola, Laxmipur, and Noakhali). Khan, 2020; Data for Impact 2020
Livestock Production for Improved Nutrition Activity	EG	\$10.9 m	2015–2021	LPIN increased livestock productivity through improved livestock management, private sector engagement, and animal healthcare, and increased access to and consumption of diverse and high-quality foods of rural households, especially for women and children, along with improved hygiene practices in four divisions, eight districts, and 31 Upazilas in the FTF ZOI in Barisal, Dhaka, and Khulna

(LPIN)				Divisions, and in FTF ZOR in Cox's Bazar District under Chattogram Division. ME&A Inc., 2021
Nobo Jatra— Development Food Security Activity	BHA	NA	2015–2022	The Nobo Jatra project improved the nutritional status of PLW, children under five (U5), and adolescent girls through livelihood, food security, WASH, gender, equity, and resilience activities to improve resilience in 40 unions of Khulna and Sotkhira districts of Bangladesh. Development Technicians, 2018, World Vision, n.d., 2020, 2021
Sapling (Sustainable Agriculture & Production Linked to Improved Nutrition Status, Resilience & Gender Equity)	BHA /EG	NA	2015–2021	The Sapling project worked on activities to improve gender equitable food security, nutrition and resilience of PLW, children U5, and adolescent girls in five sub-districts of Chittagong (Chattogram) Hill Tracts in Bandarban District of Bangladesh. Hellen Keller International, 2017, 2018, 2021 (1–3), 2022, nd; TANGO, 2019
Shouhardo III (Strengthening Households' Ability to Respond to Development Opportunities)	BHA	NA	NA	The Shouhardo III project improves non-farm and on-farm livelihoods; health and nutrition of PLW, children U5, and adolescent girls; WASH; and disaster risk in eight target districts with poor and extremely poor populations in Northern Bangladesh. Care Bangladesh, n.d. (1); Care Bangladesh, n.d. (2); Care Bangladesh, 2017 (1-2); CARE Bangladesh, 2021; TANGO, 2015

Appendix 3b. Key Information for Projects in Mali

Mali Project Information

Project	USAID Office	Amount	Dates	Description
Keneya Sinsi Wale Systems Strengthening, Governance & Finance Activity (SSG&FA)	Health	\$45 m	2020–2025	SSG&FA works to strengthen the health system and increase demand for and use of health services and citizen’s participation in the management, performance, and accountability of the health system in three regions (Mopti, Ségou, and Sikasso) of Mali. USAID, 2022
Kènèya Nieta Household & Community Health Activity (HCHA)	Health	\$54 m	2020–2025	HCHA works to increase demand for and use of health services, improve the adoption of healthy behaviors of households, improve financial planning and savings for health by households, and community oversight of and engagement with local health services in three regions (Mopti, Segou, and Sikasso) of Mali. Engender Health 2023; Palladium, 2021; URC, 2023.
Momentum: Integrated Health Resilience (MIHR): Improved Health Services & Systems in North of Mali	Health	\$3.75 m (to date)	2020–2025	MIHR improves equitable access to and use of maternal, newborn, and child health, family planning, and nutrition services; increases accountability of district and other local government; and increase cross-sectoral collaboration to improve (or prevent the deterioration) of health outcomes in two regions (Gao and Timbuktu) of Mali.
Integrated Rural Program to Improve Nutrition & Hygiene (IRP)	EG	\$25 m	2013–2018	IRP provides integrated support for nutrition, agriculture, and WASH in four regions (Sikasso, Mopti, Segou, and Koulikoro) of Mali.
Cereal Value Chain Activity (CVCA)	EG	\$24.9 m	2014–?	CVCA increases production of staple crops (millet, sorghum, and rice) and promotes inclusive and equitable agriculture sector growth through increased value chain integration and competitiveness.
Resilience & Food Security Activity (Albarka)	BHA	\$60 m	2020–2025	The Albarka project improves food security and resilience of communities and changing household behaviors through SBC in conflict areas through multi-sectoral approaches focusing on strengthening local systems and community participation in three regions (Gao, Mopti, & Tombouctou) of Mali. PEEL 2022

Project	USAID Office	Amount	Dates	Description
Human Capital, Accountability & Resilience Advancing Nutrition Security, Diversified Livelihoods, & Empowerment (Harande) Project	BHA	\$45 m	2015–2020	The Harande Project increases access to sustainable food, nutrition, and income security for vulnerable households in four districts of the Mopti region of Mali. https://reliefweb.int/report/mali/final-report-baseline-study-food-peace-development-food-assistance-project-mali-may-2017

Appendix 3c: Key Information for Projects in Nepal

Nepal Project Information

Project	USAID Office	Amount	Dates	Description
Suaahara (Good Nutrition) I & II Project	Health	I: US\$46 m II: US\$91.4 m	I: 2011–2016 II: 2016–2023	<p>Suaahara I worked to improve maternal nutrition and reduce stunting and wasting in children U5 by improving infant and young child feeding (IYCF), dietary diversity, WASH, use of health services, and strengthen multi-sectoral nutrition (MSN) coordination in 41 districts in Nepal.</p> <p>Suaahara II works to improve health and nutrition status children, adolescent and women covering in 389 municipalities of 42 underserved districts in Nepal.</p> <p>The goal of Suaahara II is to improve the nutritional status of women and children in all “first 1,000-days” households in 42 out of 77 districts in Nepal. It is a comprehensive, household-based program that works to improve household nutrition and health behaviors; improve the use of quality health and nutrition services; increase access to diverse nutrient-rich food; and accelerate the roll-out of the national Multisectoral Nutrition Plan through strengthened local governance. The project focuses on improving nutrition; maternal, newborn, and child health (MNCH) services; reproductive health/family planning services; WASH; and home-based gardening.</p>
Promoting Agriculture, Health & Alternative Livelihoods (PAHAL) Program	BHA	Not Available	2014–2020	The PAHAL project used a resilience approach to strengthen livelihoods, improve nutritional status, and increase the capacity of vulnerable households to mitigate, adapt to, and recover from shocks and stresses in rural communities of 14 districts in Mid-Western and Far-Western regions of Nepal.

Project	USAID Office	Amount	Dates	Description
Knowledge Based Integrated Sustainable Agriculture in Nepal (KISAN I & II) Projects	EG	I: US\$20 m II: US\$42.4 m	I: 2013–2017 II: 2017–2024	<p>KISAN I improved food security and incomes through integrated agricultural activities in 25 districts of Nepal.</p> <p>KISAN II worked to help poor farmers and individuals build their capacity to participate in market-oriented intensification, diversification, and value-addition activities. KISAN II increased demand for smallholder production, labor, and related goods and services; and improved affordability and accessibility of skills, resources, inputs, and supporting services needed to participate in competitive markets. The project focused on maize, rice, lentils, high-value vegetables, and goats to improve local nutrition. KISAN II worked in 20 districts in the Lumbini, Karnali, and Sudurpashim provinces and four earthquake districts in the Bagmati province.</p> <p>Social Impact Inc. (2022), USAID Fact sheet n.d., 2, 4; FTF, n.d.</p>

Appendix 3d: Key Information for Projects in Rwanda

Rwanda Project Information

Project	USAID Office	Amount	Dates	Description
Gikuriro Nutrition & WASH Activity	Health	Not Available	2015–2020	The Gikuriro Activity improved the nutritional status of women of reproductive age (WRA), including PLW and children U5, with an emphasis on the First 1,000 days through community-level service delivery and district-level capacity strengthening in eight districts of Rwanda. Catholic Relief Services 2016, 2018
Inclusive Nutrition & Early Childhood Development (INECD) Activity	Health	US\$38 m	2021–2026	The INECD Activity improves nutrition and some development outcomes by promoting nurturing and responsive caring practices in health, nutrition and ECD. The INECD Activity improves health and nutrition in WRA and adolescents, infant and young child feeding (IYCF), and child development in eight districts of Rwanda.
Gimbuka Project	Health	Not Available	2012–2020	The Gimbuka Project improved the nutritional status of PLW and children U5, strengthened the well-being of orphans and vulnerable children and their families, and empowered adolescent girls and young women to prevent new HIV infections and gender-based violence in 11 districts of Rwanda.
Hinga Weze Project	EG	US\$32.6 m	2017–2022	The Feed the Future Rwanda Hinga Weze Project sustainably increased farmers' incomes, improved the nutritional status of women and children, and increased the resilience of the agriculture and food systems in changing climates in ten districts of Rwanda. Feed the Future Hinga Waze (2018, 2023); Gordon 2020
Orora Wihaze Activity	EG	US\$13.8 m	2019–2024	The Feed the Future Rwanda Orora Wihaze Activity increases the production of animals for self-sufficiency; works with local partners and the private sector to strengthen the animal-source food (ASF) market system; targets ASF producers and consumer households; uses a Market System Development approach to increase incomes; and integrates evidence-based gender and social inclusion (women, youth, people with disabilities). The project uses SBC strategies to increase demand for ASF in eight districts in Rwanda. Feed the Future nd; USAID nd; Land o lakes 2020

Appendix 3e: Key Information for Projects in Uganda

Uganda Project Information

Project	USAID Office	Amount	Dates	Description
Maternal & Child Health & Nutrition Activity (MCHNA)	Health	Not Available	2020–2024	MCHNA improves maternal, newborn, and child health and nutrition outcomes by strengthening systems and governance, the rollout of national strategies and programs, and coordination and cooperation across government and local partners. MCHNA works at national and subnational levels. Information on geographic areas was not available. Maternal Child Health and Nutrition Baseline Report. Draft Outline (ugandamchn.org)
Regional Health Integration to Enhance Services in East Central Uganda Activity (RHITES-EC)	Health	US\$85 m	2016–2023	RHITES-EC supports the health sector to attain higher service utilization by supporting quality integration of services (HIV/AIDS; tuberculosis; maternal, newborn, and child health; reproductive health; nutrition; malaria) and the adoption of healthy behaviors. RHITES-EC works in the east-central region of Uganda. USAID'S REGIONAL HEALTH INTEGRATION TO ENHANCE SERVICES IN EAST CENTRAL UGANDA (USAID RHITES-EC) ANNUAL REPORT OCT 1, 2019-SEPT 30,2020
Advancing Nutrition (USAID's Global Nutrition Flagship Project)	Health	Not Available	Not Available	Advancing Nutrition provided technical assistance to national food fortification efforts. Uganda USAID Advancing Nutrition
Nuyok Activity	BHA	Not Available	2018–2023	Nuyok improves food security through integrated activities in four districts in the Karamoja sub-region in north-east Uganda. PA00T4NZ.pdf (usaid.gov) PA00TVPS.pdf (usaid.gov)
Integrated Community Nutrition & Agriculture Activity (ICAN)	EG	Not Available	2018–2023	ICAN is USAID's Resilience Flagship Project. It works with community groups to maximize economic opportunities for vulnerable households, and to stabilize their access to and consumption of diverse and nutritious diets. ICAN increases social capital by reinforcing relationships among formal governance systems and communities. ICAN works in two districts of Karamoja sub-region, three districts of Acholi sub-region, and three districts of Kigezi sub-region. PA00ZRHf.pdf (usaid.gov)

Project	USAID Office	Amount	Dates	Description
Harvest Plus Meals for Nutrition in Uganda (MENU) Project	EG	Not Available	2016–2021	<p>The MENU project increases production and consumption of high yielding iron-rich beans, orange-fleshed sweet potatoes, orange maize, and iron-rich pearl millet to increase farmers' incomes and livelihoods, and to contribute to improved nutrition of households in 25 districts of Uganda.</p> <p>e8d84903fb67af47ae1fdf4e397e3187 (cgjar.org)</p>

Appendix 4. Quantitative Indicators for Five Countries

Explanation and key for the abbreviations (**bolded**): national prevalence from the two most recent Demographic and Health Surveys (**DHS**), and/or Multiple Indicator Cluster Surveys (**MICS**) (with data for the indicator), other national surveys (National Micronutrient Survey in Bangladesh or **NMS**), or USAID Performance Plan and Reports (**PPR**) and, when possible, disaggregated for urban (**U**) and rural (**R**) areas and poorest (**PQ**) and richest (**RQ**) wealth quintiles for the most recent survey. In some cases, information was not reported (**NR**).

Domain	Factor	Indicator	Country					
Goal: Improve nutrition to save lives, build resilience, increase economic productivity, and advance development								
NA	Country-level nutrition outcome (impact) measures		Bangladesh (DHS '17–'18 & '11; NMS '11–'12; MICS '19)	Mali (DHS '12–'13 & '18; MICS '15)	Nepal (DHS '11, '16 & '22; MICS '19)	Rwanda (DHS '14–'15 & '19–'20)	Uganda (DHS '11 & '16)	
		Q1.1a	Prevalence of stunted children 0–59 months (%) (national level)	28 ('19) 31 ('17/18)	27 ('18) 30 ('15)	25 ('22) 32 ('19)	33 ('19–'20) 38 ('14–'15)	29 ('16) 33 ('11)
		Q1.1b	Prevalence of stunted children 0–59 months (%) (urban/rural; PQ/RQ)	U: 26 R: 28 PQ: 38 RQ: 20 All: 2019	U: 17 R: 29 PQ: 33 RQ: 13 All: 2018	U: 22 R: 31 PQ: 37 RQ: 13 All: 2022	U: 20 R: 36 PQ: 49 RQ: 11 All: 2019–'20	U: 24 R: 30 PQ: 32 RQ: 17 All: 2016
		Q1.2a	Prevalence of wasted children 0–59 months (%) (national level)	10 ('19) 8 ('17/18)	9 ('18) 14 ('15)	8 ('22) 12 ('19)	1 ('19–'20) 2 ('14–'15)	4 ('16) 5 ('11)
		Q1.2b	Prevalence of wasted children 0–59 months (%) (urban/rural; PQ/RQ)	U: 9 R: 10 PQ: 12 RQ: 8 All: 2019	U: 8 R: 9 PQ: 11 RQ: 8 All: 2018	U: 8 R: 8 PQ: 6 RQ: 9 All: 2022	U: 2 R: 1 PQ: 1 RQ: 1 All: 2019–'20	U: 3 R: 4 PQ: 6 RQ: 2 All: 2016
		Q1.3a	Prevalence of overweight children 0–59 months (%) (national level)	2 ('19) 2 ('17/18)	2 ('18) 2 ('15)	1 ('22) 3 ('19)	6 ('19–'20) 8 ('14–'15)	4 ('16) 3 ('11)

Domain	Factor	Indicator	Country				
		Q1.3b Prevalence of overweight children 0–59 months (%) (urban/rural; PQ/RQ)	U: 5 R: 2 PQ: 2 RQ: 5 All: 2019	U: 1 R: 1 PQ: 1 RQ: 2 All: 2018	U: 2 R: 21 PQ: 1 RQ: 3 All: 2022	U: 7 R: 5 PQ: 6 RQ: 7 All: 2019–20	U: 2 R: 2 PQ: 1 RQ: 2 All: 2016
		Q1.4a Prevalence of anemic children 6–59 months (%) (national level)	33 ('11–12) 51 ('11)	77 ('21; MIS) 82 ('18)	43 ('22) 53 ('16)	37 ('19–20) 37 ('14–15)	51 ('18–19; MIS) 53 ('16)
		Q1.4b Prevalence of anemic children 6–59 months (%) (urban/rural; PQ/RQ)	U: 37 R: 23 PQ: NA RQ: NA All: 2011–12	U: 66 R: 53 PQ: 56 RQ: 44 All: 2021	U: 44 R: 43 PQ: 42 RQ: 32 All: 2022	U: 34 R: 37 PQ: 42 RQ: 30 All: 2019–20	U: 47 R: 52 PQ: 62 RQ: 47 All: 2018–19
		Q1.5a Prevalence of anemic women of reproductive age (%) (national level)	26 ('11–12) 42 ('11)	63 ('18) 51 ('12–13)	34 ('22) 41 ('16)	13 ('19–20) 19 ('14–15)	32 ('16) 23 ('11)
		Q1.5b Prevalence of anemic women of reproductive age (%) (urban/rural; PQ/RQ)	U: 27 R: 21 PQ: NA RQ: NA All: 2011–12	U: 52 R: 67 PQ: 71 RQ: 49 All: 2018	U: 34 R: 34 PQ: 26 RQ: 30 All: 2022	U: 12 R: 13 PQ: 16 RQ: 13 All: 2019–20	U: 27 R: 33 PQ: 41 RQ: 25 All: 2016
		Q1.6a Prevalence of healthy weight in women of reproductive age (%) (national level)	56 ('17–18) 58 ('14)	62 ('18) 70 ('12–13)	61 ('16) 68 ('11)	68 ('19–20) 73 ('14–15)	67 ('16) 70 ('11)
		Q1.6b Prevalence of healthy weight in women of reproductive age (%) (urban/rural; PQ/RQ)	U: 48 R: 59 PQ: 63 RQ: 42 All: 2017–18	U: 49 R: 66 PQ: 71 RQ: 47 All: 2018	U: 58 R: 65 PQ: 71 RQ: 47 All: 2016	U: 54 R: 71 PQ: 79 RQ: 53 All: 2019–20	U: 59 R: 71 PQ: 76 RQ: 54 All: 2016

Domain	Factor	Indicator	Country					
Strategic Objective: Scale up effective, integrated nutrition-specific and -sensitive interventions, programs, and systems across humanitarian and development contexts								
NA	Country-level nutritional outcome measures	SO1.1a	Prevalence of exclusive breastfeeding of children younger than six months of age (%) (national)	63 ('19) 65 ('17–18)	40 ('18) 33 ('15)	56 ('22) 62 ('19)	81 ('19–20) 88 ('14–15)	66 ('16) 63 ('11)
		SO1.1b	Prevalence of exclusive breastfeeding of children younger than six months of age (%) (urban/rural; PQ/RQ)	U: 59 R: 64 PQ: 66 RQ: 61 All: 2019	U: 32 R: 33 PQ: 30 RQ: 33 All: 2015 (NR in '18)	U: 59 R: 68 PQ: 61 RQ: 51 All: 2019	NR	NR
		SO1.2a	Prevalence of children 6–23 months receiving a minimum acceptable diet (%) (national)	27 ('19) 35 ('17–18)	9 ('18) 3 ('15)	30 ('19) 36 ('16)	22 ('19–20) 18 ('14–15)	14 ('16) 6 ('11)
		SO1.2b	Prevalence of children 6–23 months receiving a minimum acceptable diet (%) (urban/rural; PQ/RQ)	U: 35 R: 25 PQ: 17 RQ: 40 All: 2019	U: 18 R: 6 PQ: 6 RQ: 19 All: 2018	U: 30 R: 31 PQ: 27 RQ: 39 All: 2019	U: 32 R: 19 PQ: 10 RQ: 30 All: 2019–20	U: 16 R: 14 PQ: 10 RQ: 20 All: 2016
		SO1.3a	Prevalence of women of reproductive age consuming a diet of minimum diversity (%) (national)	(M&L plan says FTF as reported in DHS, but it is not in DHS)	(M&L plan says FTF as reported in DHS, but it is not in DHS)	(M&L plan says FTF as reported in DHS, but it is not in DHS)	(M&L plan says FTF as reported in DHS, but it is not in DHS)	(M&L plan says FTF as reported in DHS, but it is not in DHS)
		SO1.3b	Prevalence of women of reproductive age consuming a diet of minimum diversity (%) (urban/rural; PQ/RQ)	(M&L plan says FTF as reported in DHS, but it is not in DHS)	(M&L plan says FTF as reported in DHS, but it is not in DHS)	(M&L plan says FTF as reported in DHS, but it is not in DHS)	(M&L plan says FTF as reported in DHS, but it is not in DHS)	(M&L plan says FTF as reported in DHS, but it is not in DHS)
		SO1.4	Prevalence of moderate or severe food insecurity in the population (%) (FAO, 2021)	31 ('18–'20) 31 ('14–'16)	NR	36 ('18–'20) 30 ('14–'16)	NR	69 ('18–'20) 58 ('14–'16)

Domain	Factor	Indicator	Country					
IR1: Increased equitable provision and utilization of high-quality nutrition services								
Service Provision & Utilization	Reach of Nutrition-Specific Service Provision and Utilization	IR1.1a	Percentage of women who took iron tablets or syrup during most recent pregnancy for at least 90 days (%) (national)	46 ('17– '18) NR ('14 or '19)	28 ('18) NR ('15)	71 ('16) 56 ('11)	16 ('19–'20) 3 ('14–'15)	23 ('16) 4 ('11)
		IR1.1b	Percentage of women of who took iron tablets or syrup during most recent pregnancy for at least 90 days (%) (urban/rural; PQ/RQ)	U: 51 R: 44 PQ: 34 RQ: 64 All: 2017–18	U: 35 R: 26 PQ: 22 RQ: 38 All: 2018	U: 74 R: 67 PQ: 67 RQ: 84 All: 2016	U: 13 R: 16 PQ: 16 RQ: 16 All: 2019–20	U: 32 R: 20 PQ: 17 RQ: 34 All: 2016
		IR1.2a	Percentage of children 6–59 months who were given vitamin A supplements in the past six months (%) (national)	79 ('17–18) 62 ('11)	68 ('18) 61 ('12–13)	83 ('16) 87 ('11)	87 ('19–'20) 86 ('14–'15)	62 ('16) 57 ('11)
		IR1.2b	Percentage of children 6–59 months who were given vitamin A supplements in the past six months (%) (urban/rural; PQ/RQ)	U: 80 R: 79 PQ: 79 RQ: 83 All: 2017–18	U: 77 R: 66 PQ: 68 RQ: 81 All: 2018	U: 82 R: 83 PQ: 86 RQ: 84 All: 2016	U: 84 R: 87 PQ: 86 RQ: 86 All: 2019–20	U: 62 R: 62 PQ: 57 RQ: 61 All: 2016
		IR1.2c	Number of children 6–59 months who were given vitamin A in the past six months through USG programs ¹⁵	128,168 (FY'21)	2,301,875 (FY'21)	1,002,708 (FY'21)	NR	NR
		IR1.3	Number of children 0–59 months who were reached with nutrition-specific interventions through USG-supported nutrition programs	487, 040 (FY'21)	2,301,875 (FY'21)	1,913,012 (FY'21)	494,984 (FY'21)	2,486,316 (FY'21)
		IR1.4	Number of children 0–59 months who were admitted for treatment of moderate acute malnutrition (and % who received treatment)	NR NR	NR 5 ('18)	NR NR	NR NR	NR 1 ('16)

¹⁵ This is not an indicator in the MSNS M&L Plan. However, these numbers are included in the USAID Nutrition Report to Congress (FY'22).

Domain	Factor	Indicator		Country				
		IR1.5	Number of children 0–59 months who were admitted for treatment of severe acute malnutrition (% who received treatment)	15,871 (FY'21) NR	105,567 (FY'21) 8 ('18)	NR (FY'21) NR	NR (FY'21) NR	NR (FY'21) 1 ('16)
		IR1.6	Number of children 0–59 months who received zinc supplementation during episode of diarrhea through USG-support programs (and % who received zinc)	NR (FY'21) 44 ('19) 50 ('17–18)	NR (FY'21) 15 ('18) 2 ('12–13)	NR (FY'21) 38 ('19) 18 ('16)	NR (FY'21) 37 ('19– '20) 0 ('07– '08)	NR (FY'21) 40 ('16) 2 ('11)
		IR1.7	Number of children 0–59 months whose parents/caregivers received behavior change communication interventions to promote essential infant and young child feeding behaviors through USG-supported programs	NR (FY'21)	NR (FY'21)	566274 (PPR 2021) (FY'21)	NR (FY'21)	NR (FY'21)
		IR1.8	Number of pregnant women reached with nutrition-specific interventions through USG-supported programs	400,690 (FY'21)	702,456 (FY'21)	399,358 (PPR 2021)	66,077 (FY'21)	706,069 (FY'21)
		IR1.9	Number of children 0–23 months reached with community-level interventions through USG-supported programs	NR (FY'21)	NR (FY'21)	502769 (PPR 2021)	NR (FY'21)	NR (FY'21)
Service Provision & Utilization (cont.)	Reach of Nutrition-Sensitive Programming	IR1.10	Number of learners in primary schools or equivalent non-school based settings reached with USG education assistance (M/F/Age)	NR	NR	NR	NR	NR
		IR1.11a	Percentage of children 12–23 months with all basic vaccines (%) (national)	89 ('17–18) 84 ('14)	45 ('18) 39 ('12– '13)	78 ('16) 87 ('11)	96 ('19– '20) 93 ('14– '15)	55 ('16) 52 ('11)

Domain	Factor	Indicator	Country				
		IR1.11b Percentage of children 12–23 months with all basic vaccines (%) (M/F; U/R; PQ/RQ)	M: 88 F: 90 U: 90 R: 89 PQ: 87 RQ: 93 All: 2017–18	M: 44 F: 45 U: 48 R: 44 PQ: 37 RQ: 53 All: 2018	M: 74 F: 78 U: 79 R: 77 PQ: 77 RQ: 82 All: 2016	M: 95 F: 96 U: 97 R: 95 PQ: 93 RQ: 97 All: 2019–20	M: 56 F: 55 U: 55 R: 56 PQ: 56 RQ: 54 All: 2016
		IR1.12a Couple years protection in USG-supported programs (national)	Not reported in DHS	Not reported in DHS	Not reported in DHS	Not reported in DHS	Not reported in DHS
		IR1.12b Couple years protection in USG-supported programs (U/R)	Not reported in DHS	Not reported in DHS	Not reported in DHS	Not reported in DHS	Not reported in DHS
		IR1.13 Percentage of female direct beneficiaries of USG nutrition-sensitive agriculture activities consuming a diet minimum diversity) (numerator/denominator)	NR	NR	NR	NR	NR
		IR1.14 Number of female direct beneficiaries participating in USG nutrition-sensitive agriculture	NR	NR	NR	NR	NR
		IR1.15a Number of people gaining access to basic sanitation because of USG assistance	NR	NR	NR	NR	NR
		IR1.15b Number of people gaining access to basic sanitation because of USG assistance (U/R; PQ/RQ)	NR	NR	NR	NR	NR
		IR1.16a Percentage of households with soap and water at a handwashing station commonly used by family members	38 ('17– '18) 28 ('14)	15 ('18) 10 ('12– '13)	47 ('16) 48 ('11)	25 ('19– '20) 6 ('14– '15)	30 ('16) 9 ('11)
		IR1.16b Percentage of households with soap and water at a handwashing station commonly used by family members (U/R)	U: 56 R: 31 PQ: 10 RQ: 84 All 2017–18	U: 30 R: 10 PQ: 5 RQ: 34 All 2018	U: 57 R: 31 PQ: 17 RQ: 86 All 2016	U: 35 R: 22 PQ: 12 RQ: 42 All 2019–20	U: 45 R: 25 PQ: 13 RQ: 52 All 2016

Domain	Factor	Indicator	Country					
IR2: Increased country capacity and commitment to nutrition								
		IR2.1	Budget for nutrition in place (yes/no)/Hunger & Nutrition Commitment Index (HANCI)	No	No	No	No	No
		IR2.2	A national multi-sectoral nutrition plan or policy is in place that includes responding to emergency nutrition needs (yes/no)	Yes	Yes	Yes	Yes	No (Pending roll-out)
		IR2.3	Number of individuals receiving nutrition-related professional training through USG-supported programs (yes/no) (M/F)	FY21 Target: 7,555 Actual: 7,679 FY22: Target: 6,312 Actual: 6,726	NR	4433 (male: 1941, female: 2492) (PPR 2021)	NR	NR
		IR2.4	Demographic and Health Survey, Multiple Indicator Cluster Survey, or comparable national nutrition survey conducted in the last three years (yes/no)	Yes 2017–18 (DHS) 2019 (MICS) 2022 (DHS-but not final)	No 2015 (MICS) 2018 (DHS)	Yes 2016 (DHS) 2019 (MICS)	No 2014–15 (DHS) 2019–20 (DHS)	No 2011 (DHS) 2016 (DHS)
IR3: Increased multi-sectoral programming and coordination for improved nutrition outcomes								
Multi-sectoral Design & Planning	Structures for coordination and collaboration across sectors and stakeholders	IR3.1	Presence of a multi-sectoral and multi-sectoral coordination mechanism (yes/no) (HANCI) (through interviews)	Yes	Yes	Yes	Yes	Yes

Domain	Factor	Indicator		Country				
Cross-cutting								
	Gender equality/female empowerment	CG1.1	Percentage of women participating in decisions on major household purchases (alone or jointly)	72 ('17–'18) 62 ('14)	21 ('18) 18 ('12–'13)	53 ('16) 58 ('11)	78 ('19–'20) 73 ('14–'15)	63 ('16) 57 ('11)
		CG1.2	Percentage of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income, or employment)	NR	NR	NR	NR	NR

*Note DHS does not disaggregate the prevalence (%) of exclusive breastfeeding by geographic location or wealth quintile.

Appendix 5. Data Collection Tools and Informed Consent

Appendix 5a. Multi-Sectoral Nutrition Strategy Assessment Online Survey Questions

Introduction to the Survey: The following was used in the cover email sent to Missions, which included a link to the survey.

Purpose of the survey: To obtain from USAID Mission staff information about multi-sectoral nutrition (MSN) programming and the use of the USAID Multi-Sectoral Nutrition Strategy (MSNS) (2014–2025). The survey is being sent to staff in all former and current USAID nutrition priority countries.

Time commitment: There are 23 multiple choice questions below. Completing the survey should take between 15–20 minutes.

How this information will be used: The information from this survey will be used in the Report for the Second MSNS Assessment which will be completed by the end of 2022. The survey will provide “broad-based” information about the MSN programming including the types of interventions and activities supported by USAID and how the MSNS was used to assist MSN programming. The survey results will complement a review of documents, key-informant interviews, and focus-group discussions about MSN programming in five countries.

Privacy and confidentiality: The assessment team will take all possible precautions to ensure that your privacy and the confidentiality of the information you provide are maintained. Your name will not be used in the Second MSNS Assessment Report. Answers from specific countries will not be identified in the report. Answers to questions may be synthesized and aggregated for USAID Missions regionally (i.e., Africa, Asia) and globally (all countries). The data will be kept on a secure service, and only the assessment team will have access to them.

Voluntary participation: You are not required to fill out this survey, although it would be helpful to assess MSN programming. Please see the link to the survey below. Clicking on the link constitutes your consent to participate. You do not have to answer every question if it makes you uncomfortable to do so or you do not know the answer to the question.

How to fill out this questionnaire: Please answer the questions to the best of your knowledge. Some questions may have more than one answer. Please click the “finished/completed” button after you complete the survey.

1. What office do you work for at the Mission? (Check one)
 - Health
 - BHA
 - Economic Growth
 - Other, please specify which _____

2. How long have you been working at the Mission? (Check one)
- Less than 1 year
 - 1 to <2 years
 - 2 to <5 years
 - 5+ years
3. Are there staff at the Mission with expertise in the following areas? (Check all that apply)
- Nutrition
 - Yes
 - No
 - Don't know
 - Health
 - Yes
 - No
 - Don't know
 - Agriculture
 - Yes
 - No
 - Don't know
 - Livelihoods
 - Yes
 - No
 - Don't know
 - Education
 - Yes
 - No
 - Don't know
 - Water, sanitation, and hygiene (WASH)
 - Yes
 - No
 - Don't know
 - Private sector/business
 - Yes
 - No
 - Don't know
 - Gender
 - Yes
 - No
 - Don't know
 - Social and behavior change
 - Yes
 - No
 - Don't know
 - Monitoring and evaluation

- Yes
- No
- Don't know

4. Are there staff at the Mission with experience implementing nutrition-specific interventions (nutrition interventions delivered by a facility- or community-based health worker or volunteer) and/or nutrition-sensitive interventions (nutrition-related interventions delivered through a non-health sector)? (Check all that apply)

- Nutrition-specific in health
 - Yes
 - No
 - Don't know
- Nutrition-sensitive in agriculture
 - Yes
 - No
 - Don't know
- Nutrition-sensitive in water, sanitation, and hygiene (WASH)
 - Yes
 - No
 - Don't know
- Private sector/business approaches to nutrition
 - Yes
 - No
 - Don't know
- Nutrition-specific or nutrition-sensitive in gender
 - Yes
 - No
 - Don't know
- Conducting research and developing social and behavior change (SBC) materials related to nutrition-specific or nutrition-sensitive interventions
 - Yes
 - No
 - Don't know
- Designing nutrition-specific or nutrition-sensitive monitoring and evaluation plans
 - Yes
 - No
 - Don't know
- Other (specify _____)
- None of the above

5. What other sources of nutrition expertise has the Mission used to develop strategies, conduct research, design/supervise projects? (Check all that apply)

- USAID/Washington
- USAID-regional office
- Consultants

- Implementing partners
 - Government
 - External partners
 - Other
 - Don't know
6. How has the Mission coordinated with BHA colleagues on humanitarian nutrition actions? What kind of programs does the Mission have that connect humanitarian and development nutrition actions? (Use the list below)
- Strengthening early warning systems to respond to potential shocks affecting food and nutrition situation
 - Tracking food security (e.g., prices, food production, national food supply)
 - Strengthening commodities logistic and supply chains in health (drugs, therapeutic products to treat malnutrition, micronutrient supplements)
 - Developing a robust system to connect CMAM programming in emergencies to CMAM programming in development contexts
 - Support for government development of emergency nutrition preparedness planning and guidance
 - Other
 - None of the above
 - Don't know
7. Is the Mission currently funding a “Nutrition Flagship” project? (i.e., a project with an overall goal to reduce malnutrition and/or improve nutrition practices)
- Yes
 - No
 - Don't know

(If the answer is yes, skip to Q9; if the answer is no, continue to Q8)

8. What is the reason the Mission is not currently funding a “Nutrition Flagship” project? (Check all that apply)
- A project is under preparation
 - Funding was not available
 - Nutrition activities are integrated with other sector projects (i.e., maternal and child health, agriculture, education)
 - The Mission has other priorities
 - Government asked the Mission to fund other types of projects
 - Other (specify _____)
 - None of the above
 - Don't know

(If there is no Nutrition Flagship project currently or under preparation, skip to Q13)

9. What nutrition-specific interventions are being implemented in the “Nutrition Flagship” project? (Check all that apply)
- Promotion of breastfeeding by health workers in health facilities (hospitals, health centers, health posts, health outreach in the community)
 - Promotion of breastfeeding at the community level by community workers/volunteers
 - Promotion of optimal complementary feeding by health workers at health facilities (hospitals, health centers, health outreach in the community)
 - Promotion of optimal complementary feeding by community workers/volunteers
 - Preventive zinc supplementation for children
 - CMAM/IMAM (in hospitals, health centers, health outreach in the community)
 - Periconceptual folic acid supplementation
 - Folic acid fortification of staple foods
 - Folic acid fortification of non-staple foods
 - Maternal balanced energy protein supplementation during pregnancy
 - Multiple micronutrient supplements during pregnancy
 - Daily
 - Intermittent (i.e., twice weekly, weekly, or other)
 - Multiple micronutrient supplements for women of reproductive age (WRA)
 - Daily
 - Intermittent (i.e., twice weekly, weekly, or other)
 - Multiple micronutrient supplements for adolescents
 - Daily
 - Intermittent (i.e., twice weekly, weekly, or other)
 - Iron or iron-folic acid supplements during pregnancy
 - Daily
 - Intermittent (i.e., twice weekly, weekly, or other)
 - Iron or iron-folic acid supplements for WRA
 - Daily
 - Intermittent (i.e., twice weekly, weekly, or other)
 - Iron or iron-folic acid supplements for adolescents
 - Daily
 - Intermittent (i.e., twice weekly, weekly, or other)
 - Vitamin A supplementation for children 6–59 months
 - Calcium supplementation during pregnancy
 - Promotion of a diverse and nutritious diet for pregnant women (health facilities or in the community)
 - Promotion of a diverse and nutritious diet for lactating women (health facilities or in the community)
 - Promotion of a diverse and nutritious diet for all family members (health facilities or in the community)
 - Other (specify: _____)
 - Don’t know

10. What nutrition-sensitive interventions have been implemented in the “Nutrition Flagship” project? (Check all that apply)

- Family planning, healthy timing and spacing of pregnancy
 - Promotion of the lactational amenorrhea method (LAM)
 - Other (e.g., contraceptives, counseling on family planning)
- Water, sanitation, and hygiene (WASH)
 - Promotion of optimal hygiene practices including food safety measures and handwashing
 - Promotion of ending the practice of open defecation
 - Support for improved sanitation infrastructure
 - Support for improved water infrastructure
 - Support for non-infrastructure improved water supply (i.e., purification commodities, filtration)
 - Other (specify: _____)
 - Nutrition-sensitive agriculture
 - Support for increase dietary diversity at community & household levels by increasing production (e.g., home gardens, school gardens, animal husbandry)
 - Support for community or home-based food processing & storage (e.g., drying, storage, cooking demonstrations)
 - Support to make agriculture value chains nutrition-sensitive
 - Other (specify: _____)
 - Girls’ and women’s education
 - Early childhood development (<2 years or 2-5 years)
 - Health education for school age children (5-9 years)
 - Health education for adolescent girls and boys (10-18 years)
 - School feeding
 - Deworming for school-age children
 - Iron supplements for school-age children
 - Other (specify: _____)
 - Economic strengthening, livelihoods, and social protection
 - Maternal and/or child cash transfers
 - Family cash transfers
 - Selling own-produced fruits, vegetables, and/or animals/animal products
 - Small business and other employment opportunities
 - For women
 - For adolescents
 - For men
 - Other (specify: _____)
 - Don’t know

11. Which cross-cutting areas have been included in the “Nutrition Flagship” project? (Check all that apply)

- Gender equality
- Female empowerment

- Targeting women and children in the First 1,000 Days
- Targeting poor households
- Sustainable approaches
- Accountability and/or transparency
- Resilience
- Evidence-based programs/interventions
- Engagement with private sector
- Community-based programs
- Social and behavior change approaches
- Other (specify: _____)
- Don't know

12. Does the “Nutrition Flagship” project use the following implementation modalities/approaches? (Check all that apply)

- The Care Group Model
- Prioritizing the First 1,000 Days (from pregnancy through two years of age)
- Conducting original formative research to identify key maternal, infant, and young child nutrition behaviors and facilitating factors and barriers affecting them
- Developing an SBC strategy for the project
- Monitoring for changes in behaviors and continuing barriers to behavior change throughout the project
- Monitoring participation of eligible beneficiaries in project activities
- Monitoring changes in nutritional status over the course of the project
- None of the above
- Other (specify: _____)
- Don't know

13. Are there currently other types of Mission-funded projects that include nutrition-specific and/or nutrition-sensitive interventions/ activities?

- Yes
- No
- Don't know

(If the answer is no or don't know skip to Q16)

14. What other sector projects are nutrition-specific or nutrition-sensitive interventions implemented through? (Check all that apply)

- Agriculture
- Livestock
- Livelihoods
- Maternal and child health
- WASH
- Education

- Social protection
- Other (specify: _____)
- Don't know

15. What nutrition-specific activities do the projects you checked in #14 support? (Check all that apply)

- Support for optimal breastfeeding
- Support for optimal complementary feeding
- Promotion of a diverse and nutritious diet during pregnancy and/or lactation
- Micronutrient supplementation for children <5 years
- Deworming in children 1-5 years
- Micronutrient supplementation for pregnant women
- Micronutrient supplementation for school-aged children, adolescents and/or WRA
- Deworming for school-aged children and/or adolescents
- School feeding for school-aged children and/or adolescents
- Increase small-scale food production (e.g., home gardens, school gardens, poultry husbandry)
- Cash transfers targeted to pregnant women and/or lactating women with children <2 years
- Other (specify: _____)
- Don't know

16. Is the Mission involved with joint planning in nutrition within USAID or with government and stakeholders? (Check all that apply)

- Attending MSN joint planning meetings at the Mission
- Attending MSN joint planning meetings at country level on planning for future and current humanitarian crises
- Attending joint planning meetings at the country level on MSN programming in a development context
- Helps fund and/or develop key planning documents such as a national multi-sectoral nutrition strategy
- Meets with government staff and stakeholders to advocate for MSN planning
- Engages private sector in joint MSN planning
- Other (specify: _____)
- Don't know

17. Have you read the USAID Multi-Sectoral Nutrition Strategy 2014-2025?

- Yes
- No

18. Have you used the USAID Multi-Sectoral Nutrition Strategy 2014-2025 to guide nutrition programming?

- Yes
- No

(If yes, continue to Q19; if no, skip to Q21)

19. How have you used the USAID Multi-Sectoral Nutrition Strategy 2014-2025? (Check all that apply)

- As a general reference
- As a reference for recommended nutrition-specific interventions
- As a reference for recommended nutrition-sensitive interventions/areas
- As a reference for recommended cross-cutting areas important to nutrition programming
- To design projects
- To help develop project results frameworks (goals, strategic objectives, intermediate results)
- To help develop a monitoring and evaluation plan for projects
- To help in developing Mission strategies or background documents
- To share with government
- To share with other stakeholders
- Other (specify: _____)
- Don't know

20. Please check the one answer that best describes how useful the MSNS was to you.

- Very useful; an essential guide
- Very useful when used with other documents
- Moderately useful
- Country-level produced guidance documents were more useful
- Other donor-produced guidance documents were more useful
- Other (specify: _____)
- Don't know

21. In your opinion, how can implementation of MSN programming be improved in the next few years (through 2025)? (Check all that apply)

- More evidence-based information on the most effective nutrition-specific interventions
- More evidence-based information on the most effective nutrition-sensitive interventions
- More evidence-based information on how to implement effective nutrition programs
- More technical assistance from USAID/Washington
- More support from government
- Other (specify: _____)
- Don't know

22. Do you have any thoughts about how the next USAID MSNS might help Missions further MSN programming? (Check all that apply)

- Provision of the latest research on the most cost-effective nutrition-specific interventions
- Provision of the latest research on the most cost-effective nutrition-sensitive interventions
- Guidance on how to effectively implement nutrition-specific interventions
- Guidance on how to effectively implement nutrition-sensitive interventions
- Guidance on how to integrate nutrition-specific and nutrition-sensitive interventions
- Guidance on how to increase political will and funding for nutrition
- More illustrative examples for each intermediate result (IR)
- Information on how the first MSNS has changed MSN programming in countries
- Other (specify: _____)
- Don't know

23. What would assist you in using the USAID MSNS? (Check all that apply)

- Help from USAID/Washington in reviewing the principles and interventions in the MSNS
- Brainstorming with Mission staff on how to use and incorporate the principles and interventions in the MSNS
- More guidance on how to implement nutrition-specific interventions effectively
- More guidance on how to implement nutrition-sensitive interventions effectively
- More support from Mission management to use the principles and interventions in the MSNS
- Other (specify: _____)
- Don't know

Appendix 5b. Multi-Sectoral Nutrition Strategy Assessment Key Informant Interviews: Mission Staff

To be read to interviewee: USAID/Washington has asked D4I to conduct the second assessment for the 2014-2025 Multi-Sectoral Nutrition Strategy. As part of the assessment, USAID/Washington has selected five countries, including (insert the name of the country related to this interview), for an in-depth review of multi-sectoral nutrition (MSN) programming. This in-depth review started with a review of country-level documents (e.g., USAID-funded programs and relevant government documents). You are being invited to participate in this interview to provide information for this in-depth review.

We would like your opinion and experience with MSN programming at the Mission and in the country and the use of the MSNS at the mission. We are particularly interested in any lessons learned you can share including barriers, facilitating factors, continuing challenges, and opportunities for effective MSN programming. We encourage you to respond to our questions with as much detail as possible. We may ask some follow-up questions based on your responses.

The interview should take no more than 60 minutes.

The information from this interview will be used to develop a case study as part of the Report for the Second MSNS Assessment which will be completed by the end of 2022.

You are not required to answer every question we ask if you feel uncomfortable about providing an answer or do not know the answer to the question. Your name will not be used in the Second MSNS Assessment Report. Responses from specific countries will not be identified in the main body of the report. Responses from questions may be synthesized and aggregated for USAID Missions regionally (i.e., Africa, Asia) and globally (all countries). Due to the limited number of people who will be participating in each country, we cannot guarantee confidentiality. However, the assessment team will take all possible precautions to keep the information you provide confidential.

With your permission, our conversation will be audio-recorded and auto-transcribed.

Do you have any questions for me?

May we start?

Key Informant Interview Guide

Thank you for agreeing to participate in this interview! Please tell me what your title is, how long you have been at the mission, and how you support MSN programming.

We are going to start with questions about MSN programming.

1. Please describe how the Mission supports MSN programming in the humanitarian and/or development context in the country.

Probes:

- Prospective planning for a humanitarian crisis

- Supporting BHA staff for planning or other actions during a recent or current humanitarian crisis
 - Critical nutrition services
 - Nutrition-specific interventions
 - Nutrition-sensitive interventions
 - SBC formative research
 - Development of SBC strategies and approaches
2. Are there any factors that have helped MSN programming in a humanitarian and/or development context in projects that the mission supported in your country?

Probes:

- Hosting BHA teams working on humanitarian response
 - Defining critical services
 - Staff with expertise in critical interventions (probe: expertise still needed)
 - Mission Director and managers
 - The CDCS or other Mission documents
 - USAID/Washington backstopping
 - Country commitment
 - Co-locating Mission projects in the same geographic location
 - SBC approaches
3. What are the barriers to MSN programming in a humanitarian and/or development context in projects that the Mission has supported in your country?

Probes:

- Critical services
 - USAID MSN programming team
 - Staff with expertise in critical interventions (probe: expertise still needed)
 - Mission Director and managers
 - The CDCS and other Mission documents
 - USAID/Washington backstopping
 - Country commitment
 - Co-locating Mission projects in the same geographic location
 - SBC approaches
4. What successes would you like to highlight regarding MSN programming at the Mission? In the country?
5. Are there any “lessons learned” about MSN programming in your country which would be helpful to program managers in other countries?

The next set of questions will focus on political will, resources for nutrition programs and stakeholder engagement around nutrition.

6. What do you think about the commitment to nutrition or reducing malnutrition in the country?

Probes:

- Government leadership in MSN programming
 - Donors or partners leadership in MSN programming
 - Government funding for nutrition
 - Donor and other partner funding for nutrition
 - Government coordination
 - National MSN guidance documents for the country or specific sectors
7. How has the Mission worked to improve commitment of government to reduce malnutrition and improve nutrition programming?

Probes:

- Advocacy, studies and surveys, surveillance systems, quality assurance, and meetings with government on MSN programming.
 - Professional skills in nutrition across sectors
 - Legal frameworks (e.g., fortification, food safety)
8. How do you think expertise and capacity in MSN programming can be improved at the country level?

Probes:

- MSN expertise across all sectors in government
 - MSN expertise at lower levels of administration (e.g., district)
 - Degree programs at universities
 - Study-abroad programs
 - Pre-service trainings
 - In-service training
 - Expertise in NGOs and/or external partners
9. How does the Mission support nutrition expertise/capacity at the country-level?

Probes:

- Discusses with government (Probe: human resource plans)
 - Funded revision of curriculums and trainings
 - Funded training of government staff Funded government staff to attend conferences
 - Funded degree programs for government staff
 - Funded training for IPs and private sector staff
10. How does the Mission support stakeholder engagement in MSN programming at the country level?

Probes:

- Beneficiaries and local authorities

- Task force meetings or coordinating committees (Probe: MSN, humanitarian)
 - Geographic programming and coverage
 - Reporting on nutrition program activities
 - Shares global evidence on MSN programming guidance
11. What are the barriers related to joint planning, country commitment & political will in MSN programming at the Mission and in the country?

Probes:

- Government commitment, capacity, and/ or political environment
 - USAID's capacity
 - Implementing partners' capacity
 - Stakeholders' capacity
 - Government funding
 - USAID funding
 - Donor funding
12. What are the things or factors that have helped related to joint planning, country commitment, and political will in MSN programming at the Mission and in the country?

Probes:

- Government commitment, capacity and/or political environment
- USAID's capacity
- Implementing partners' capacity
- Stakeholders' capacity
- Government funding
- USAID funding
- Donor funding

The next set of questions will focus on nutrition leadership and the MSNS.

13. Has the Mission been a leader for MSN programming in the country? How?

Probes:

- Disseminated global findings and analyses
 - Funded original research
 - Organizes and leads meetings on MSN programming
 - Disseminated the MSNS
 - Funded Mission staff and IPs to attend global meetings
 - Funded government staff to attend global meetings
 - Publishes original research in journals or research briefs
14. What should USAID do more of to further enhance concrete nutrition outcomes in your country?

Probes:

- Increase funding (Probe: geographic areas, nutrition-specific, nutrition-sensitive, integration)
- Build capacity of government
- Build capacity of IPs
- Coordination and/or planning
- Co-locating projects geographically
- Monitoring barriers and solutions
- Sharing best practices (probe: government, other USAID Missions, and USAID Washington)
- Increase engagement with private sector

15. How has the MSNS been used at the Mission to advance MSN programming?

Probes:

- As a reference
- Types of nutrition-specific and nutrition-sensitive interventions
- Cross-cutting areas
- To disseminate (probe: government and external partners)

16. Are there other documents in the country or globally that have been used by the Mission to advance MSN programming at the Mission? Which ones are most useful?

Probes:

- National surveys
- Regional survey
- Policies, briefs, strategies, and other documents from external partners (e.g., World Bank)
- Journal articles (e.g., the Lancet series)
- Country Development Strategy
- Country multi-sectoral nutrition strategy
- Country individual sector strategies

17. How can USAID scale-up MSN programming through 2025?

Probes:

- Disseminate recent global evidence on best practices for MSN programming (probe: targeting, effective interventions, how to implement them, how to monitor them)
- Disseminate evidence on best practices from Mission or other country programming

18. Do you have any recommendations on developing the next version of the MSNS, so it gives more effective guidance on MSN programming? What kind of guidance?

Probes:

- Nutrition-specific interventions
- Nutrition-sensitive interventions
- Integration
- Cross-cutting areas
- Implementation modalities (probes)
- SBC strategies (e.g., counseling, group sessions)
- The number of beneficiaries per community worker
- Sustaining community workers
- Monitoring and evaluation

19. Is there anything you want to add about anything that we talked about today?

Appendix 5c. Multi-Sectoral Nutrition Strategy Assessment Key Informant Interviews: Implementing Partners

To be read to interviewee: USAID/Washington has asked D4I to conduct the second assessment for the 2014-2025 Multi-Sectoral Nutrition Strategy. As part of the assessment, USAID/Washington has selected five countries, including (insert the name of the country related to this interview), for an in-depth review of multi-sectoral nutrition (MSN) programming. This in-depth review started with a review of country-level documents (e.g., USAID-funded programs and relevant government documents). You are being invited to participate in this interview to provide information for this in-depth review.

We would like your opinion and experience with MSN programming at the Mission and in the country and the use of the MSNS at the mission. We are particularly interested in any lessons learned you can share including barriers, facilitating factors, continuing challenges, and opportunities for effective MSN programming. We encourage you to respond to our questions with as much detail as possible. We may ask some follow-up questions based on your responses.

The interview should take no more than 60 minutes.

The information from this interview will be used in the Report for the Second MSNS Assessment which will be completed by the end of 2022.

You are not required to answer every question we ask if you feel uncomfortable about providing an answer or do not know the answer to the question. Your name will not be used in the Second MSNS Assessment Report. Responses from specific countries will not be identified in the body of the report. Responses from questions may be synthesized and aggregated for USAID Missions regionally (i.e., Africa, Asia) and globally (all countries). Due to the limited number of people who will be participating in each country, we cannot guarantee confidentiality. However, the assessment team will take all possible precautions to keep the information you provide confidential.

With your permission, our conversation will be audio-recorded and auto-transcribed.

Do you have any questions for me?

May we start?

Key Informant Interview Guide

Thank you for agreeing to participate in this interview! Please tell me what your title is, how long you have been working for your organization, and the project(s) you are working on.

We are going to start with questions about MSN programming.

1. What has helped you in implementing nutrition-specific and nutrition-sensitive interventions within your project?

Probes:

- Coordination (probe: national government, regional government, Mission, USAID IPs, external partners)

- Capacity and technical assistance (probe: USAID/Washington, USAID Mission, my organization, other IPs, government, external country partners)
- Meetings about MSN programming at national level
- Formative research and assessments
- SBC strategy and approaches
- Nutrition-specific interventions
- Nutrition-sensitive interventions
- Co-locating our project with other projects
- Monitoring progress
- Cross-cutting areas (list from MNSN)
- Implementation modalities

2. What have been the challenges for implementing your project?

Probes:

- Coordination (probe: national government, regional government, Mission, USAID IPs, external partners)
- Capacity and technical assistance (probe: USAID/Washington, USAID Mission, my organization, other IPs, government, external country partners)
- Meetings about MSN programming at national level
- Formative research and assessments
- SBC strategy and approaches
- Nutrition-specific interventions
- Nutrition-sensitive interventions
- Co-locating our project with other projects
- Monitoring progress
- Cross-cutting areas (list from MSN S)
- Implementation modalities
- Unplanned events

3. How your organization has been involved in planning for humanitarian crises in the country, if at all?

Probes:

- Meetings (probes: government, USAID Mission, other IPs)
- Training (probe: what kind of training?)
- Country documents on planning and or response for a Humanitarian crisis
- Logistics and delivery of commodities

4. (If applicable) What nutrition-specific interventions in your project do you think have made a difference? Why?

Probes (listed in the MSNS and others):

- Promotion of breastfeeding
 - Promotion of complementary feeding
 - Promotion of maternal diet (balanced-energy protein supplementation in crisis or where underweight prevalence is high)
 - Micronutrient fortification (folic acid)
 - Micronutrient supplementation (iron, calcium, folic acid, zinc, vitamin A)
 - CMAM/IMAM
5. (If applicable) What nutrition-sensitive interventions in your project do you think have made a difference? Why?

Probes (listed in the MSNS):

- Family planning counseling & commodities
 - Small scale agriculture (home gardens)
 - Small scale animal husbandry (poultry)
 - Water infrastructure
 - Sanitation infrastructure
 - Hygiene promotion
 - Early childhood care and development
 - Livelihoods opportunities (training, small grants, small businesses)
 - Social protection
6. How did you decide to use these nutrition-specific interventions in your project?
7. How did you decide to use these nutrition-sensitive interventions in your project?
8. What things or factors have helped in integrating nutrition-specific interventions in your project?

Probes:

- Trained staff, capacity to implement
 - Buy-in/interest from government
 - Coordination with government
 - Buy-in/interest from the community
9. What things or factors have helped in integrating nutrition-sensitive interventions in your project?

Probes:

- Trained staff, capacity to implement

- Buy-in/interest from government
- Coordination with government
- Buy-in/interest from the community

10. What have been the challenges for integrating nutrition-specific interventions in your project?

Probes:

- Trained staff, capacity to implement
- Buy-in/interest from government
- Coordination with government
- Buy-in/interest from the community

11. What have been the challenges for integrating nutrition-sensitive interventions in your project?

Probes:

- Trained staff, capacity to implement
- Buy-in/interest from government
- Coordination with government
- Buy-in/interest from the community

12. What cross-cutting areas have been used in your project? Why and how have they been addressed?

Probes (what is listed in the MSNS):

- Gender equity
- Female empowerment
- Targeting poor households and vulnerable populations
- Sustainability/sustainable approaches (ask about sustaining the work of the community volunteer)
- Resilience
- Accountability and transparency
- Evidence-based
- Country-led policies and processes
- Coordinated MS approaches
- USG and international/regional partnerships
- Private sector engagement

13. What implementation modalities or approaches have been used in your project? Why? Which have been most effective?

Probes:

- Community-based approaches
- Paying volunteers
- Social mobilization
- The Care Group model
- Linking community-based nutrition activities with the health facility
- Working with government sectors (probe: nutrition-specific/sensitive)
- Linking treatment of wasting with prevention
- Conducting formative research on behaviors
- Developing an SBC strategy
- Conducting a baseline survey
- Monitoring behavior change or the uptake of interventions/practices

14. What do you think are the challenges for MSN programming and scale-up in projects like yours?

Probes:

- Coordination (probe: Mission, government, partners)
- Joint planning (probe: humanitarian and development partners)
- Lack of information for evidence-base programming
- Behavior change
- Country commitment (probe: national, district)
- Capacity (probe: Mission, government, partners)
- Government services (probe: health, agriculture, others)
- Funding (probe: government, donor)

15. What successes would you like to highlight regarding MSN programming in your project? In the country?

16. Are there any “lessons learned” about MSN programming in your project which would be helpful to program managers in other countries?

We are now going to ask you about political will and resources for MSN programming.

17. How committed do you think the country is to nutrition or reducing malnutrition? Please explain.

Probes:

- Government (probe: planning, coordination, budget line item for nutrition)
- Development partners (planning, coordination, funding)
- MSN strategies to guide programs (national)

We are now going to ask your opinion about Leadership, how to improve future MSN programming, and the use of the MSNS.

Has the Mission been a leader for MSN programming in the country? If so, how?

Probes:

- Disseminated global findings and analyses (probe: which ones, MSNS)
- Funded original research (probe: prevalence, causes, consequences of malnutrition, best practices in implementation)
- Organizes and leads meetings
- Funded Mission staff and IPs to attend global meetings
- Funded government staff to attend global meetings
- Publishes original research in journals or research briefs

What should USAID do more of to further enhance concrete nutrition outcomes?

Probes:

- Leadership and coordination
- Increase funding (probe: geographic areas, nutrition-specific/sensitive interventions)
- Build capacity (probe: government, IPs)
- Integration of interventions
- Co-locating projects geographically
- Monitoring barriers and solutions
- Sharing best practices
- Engage the private sector

18. Have you used the MSNS to improve MSN programming in your project or organization? If so, how?

Probes:

- As a reference
- Nutrition-specific and nutrition-sensitive interventions
- Cross-cutting areas
- To disseminate (probe: government and external partners)

19. Are there other documents in the country or globally you have used to improve MSN programming in your project or organization? Please describe. Which ones are most useful?

Probes:

- National surveys
- Regional survey
- Policies, briefs, strategies, and other documents from external partners (e.g., World Bank)
- Journal articles (e.g., the Lancet series)
- Country Development Strategy
- Country multi-sectoral nutrition strategy
- Country individual sector strategies

20. How can USAID scale-up MSN programming through 2025 in your country?

Probes:

- Disseminate recent evidence on MSN programming (probe: targeting, effective interventions, how to implement them, how to monitor them)
- Disseminate evidence on best practices from Mission or other country programming

21. Do you have any recommendations on developing the next version of the USAID MSNS, so it gives more effective guidance on MSN programming? What kind of guidance should the next version of the USAID MSNS include?

Probes:

- Nutrition-specific interventions
- Nutrition-sensitive interventions
- Integration
- Cross-cutting areas
- Implementation modalities (probes)
 - Behavior-change strategies (e.g., counseling, group sessions)
 - The number of beneficiaries per community worker
 - Sustaining community workers
- Monitoring and evaluation

22. Is there anything you want to add about anything that we talked about today?

Appendix 5d. Multi-Sectoral Nutrition Strategy Assessment Key Informant Interviews: Country (External) Partners

To be read to interviewee: USAID/Washington has asked D4I to conduct the second assessment for the 2014-2025 Multi-Sectoral Nutrition Strategy. As part of the assessment, USAID/Washington has selected five countries, including (insert the name of the country related to this interview), for an in-depth review of multi-sectoral nutrition (MSN) programming. This in-depth review started with a review of country-level documents (e.g., USAID-funded programs and relevant government documents).

USAID identified your organization as an external partner important to MSN programming. We would like your opinion and experience with MSN programming in the country and how your organization is supporting that. We are particularly interested in any lessons learned you can share including barriers, facilitating factors, continuing challenges, and opportunities for effective MSN programming. We encourage you to respond to our questions with as much detail as possible. We may ask some follow-up questions based on your responses.

The interview should take no more than 60 minutes.

The information from this interview will be used in the Report for the Second MSNS Assessment which will be completed by the end of 2022.

You are not required to answer every question we ask if you feel uncomfortable about providing an answer or do not know the answer to the question. Your name will not be used in the Second MSNS Assessment Report. Responses from specific countries will not be identified in the body of the report. Responses from questions may be synthesized and aggregated for USAID Missions regionally (i.e., Africa, Asia) and globally (all countries). Due to the limited number of people who will be participating in each country, we cannot guarantee confidentiality. However, the assessment team will take all possible precautions to keep the information you provide confidential.

With your permission, our conversation will be audio-recorded and auto-transcribed.

Do you have any questions for me?

May we start?

Key Informant Interview Guide

Thank you for agreeing to participate in this interview! Please tell me what your title is, how long you have been with your organization and in the country, and the projects you are funding or working on.

We are going to start with questions about MSN programming.

1. How are you and your organization involved in MSN programming in the country?

Probes:

- Coordination (probe: national government, partners)
- MSN projects (probe: government, NGOs, others; funding, TA)
- Country-level MSN documents (probe: which documents)
- MSN-related research (probe: which ones)

2. Have you been involved in planning for Humanitarian crises related to food security and nutrition in the country? How?

Probes:

- Meetings (probe: government, partners)
- Training (probe: what kind of training?)
- Country documents on planning and responses for a Humanitarian crisis
- Logistics and delivery of commodities
- Conduction or funding research (probe: what research?)

3. What are the factors that help MSN programming in development and/or humanitarian contexts in the country?

Probes:

- Commitment (probe: government, partners)
 - Coordination (probe: government, partners; what kind of coordination—on funding, geographic for implementing projects)
 - Capacity (probe: government, partners)
 - Nutrition-specific interventions (probe: what and how to implement)
 - Nutrition-sensitive interventions (probe: what and how to implement)
 - Country development strategies (probe: economic, MSN)
4. What are the barriers for MSN programming in development and/or humanitarian contexts in the country?

Probes:

- Commitment (probe: government, partners)
 - Coordination (probe: government, partners; what kind of coordination—on funding, geographic for implementing projects)
 - Capacity (probe: government, partners)
 - Nutrition-specific interventions (probe: what and how to implement)
 - Nutrition-sensitive interventions (probe: what and how to implement)
 - Country development strategies (probe: economic, MSN)
5. What nutrition-specific interventions still need more funding and attention to significantly increase coverage in the country? Why?

Probes (listed in the MSNS and others):

- Breastfeeding
 - Complementary feeding
 - Maternal diet (probe: balanced-energy protein supplementation)
 - Micronutrient fortification (probe: folic acid, others)
 - Micronutrient supplementation (probe: iron, calcium, folic acid, zinc, vitamin A)
 - CMAM/IMAM
6. What nutrition-sensitive interventions still need more funding and attention to significantly increase coverage in the country? Why?

Probes (listed in the MSNS):

- Family planning counseling & commodities
- Small scale agriculture (home gardens)
- Small scale animal husbandry (poultry)
- Water infrastructure
- Sanitation infrastructure

- Hygiene promotion
 - Early childhood care and development
 - Livelihoods opportunities (training, small grants, small businesses)
 - Social protection
7. What cross-cutting areas do you think are critical to make MSN programs and interventions effective in the country?

Probes (what is listed in the MSNS):

- Gender equity
 - Female empowerment
 - Targeting poor households and vulnerable populations
 - Sustainability/sustainable approaches (ask about sustaining the work of the community volunteer)
 - Resilience
 - Accountability and transparency
 - Evidence-based
 - Country-led policies and processes
 - Coordinated MS approaches
 - USG and international/regional partnerships
 - Private sector engagement
8. What implementation modalities or approaches do you think are critical to make MSN programs and interventions effective in the country? Why?

Probes:

- Community-based approaches
 - Paying volunteers
 - Social mobilization
 - The Care Group model
 - Linking community-based nutrition activities with the health facility
 - Working with government sectors (probe: nutrition-specific/sensitive)
 - Linking treatment of wasting with prevention
 - Conducting formative research on behaviors
 - Developing an SBC strategy
 - Conducting a baseline survey
 - Monitoring behavior change or the uptake of interventions/practices
9. What successes would you like to highlight regarding MSN programming in the country?
10. Are there any “lessons learned” about MSN programming in your country which would be helpful to program managers in other countries?

Political will and resources for nutrition programs/increased stakeholder engagement around nutrition

11. What do you think about the commitment to nutrition or reducing malnutrition in the country?

Probes:

- Government (probe: national & district: planning, coordination, budget line item for nutrition)
- Development partners (probe: planning, coordination, planning)
- Other stakeholders (probe: private sector, beneficiaries)

12. What should donors do more of to improve MSN programming to further enhance concrete nutrition outcomes in the country?

Probes:

- Leadership and coordination
- Increase funding (probe: geographic areas, nutrition specific/sensitive interventions)
- Build capacity (probe: government, IPs)
- Integration of interventions
- Monitoring barriers and solutions
- Sharing best practices
- Engage the private sector

13. Has USAID been a leader for MSN programming in the country? How?

Probes:

- Disseminated global findings and analyses (probe: which ones, MSNS)
- Funding (probe: projects, research)
- Funded staff and IPs to attend global meetings
- Funded government staff to attend global meetings
- Publishes original research in journals or research brief

14. Have you used the MSNS; how have you and your organization used the MSNS?

Probes:

- Have not used it
- As a reference
- Types of nutrition-specific and nutrition-sensitive interventions
- Cross-cutting areas to include in projects

15. Have there been other documents in the country or globally that have been used by you and your organization to advance MSN programming?

Probes:

- National surveys

- Regional surveys
- Policies, briefs, strategies, and other documents from external partners (e.g., World Bank)
- Journal articles
- Country Development Strategy
- Country multi-sector nutrition strategy
- Country individual sector strategies
- Other donor strategies or documents

16. Do you have any recommendations on developing the next version of the USAID MSNS, so it gives effective guidance on MSN programming? What kind of guidance?

Probes:

- Nutrition-specific interventions
- Nutrition-sensitive interventions
- Cross-cutting areas
- Implementation modalities (probes:)
 - Behavior-change strategies (e.g., counseling, group sessions)
 - The number of beneficiaries per community worker
 - Sustaining community workers
- Monitoring and evaluation

17. Is there anything you want to add about anything that we talked about today?

Appendix 5e. Multi-Sectoral Nutrition Strategy Assessment Focus Group Discussions: USAID/Washington Country Backstop Team

To be read to the participants: My name is XXX and with me is YY. We are representing the Data for Impact project. USAID/Washington has asked the project to conduct the second assessment for the 2014-2025 Multi-Sectoral Nutrition Strategy. As part of the assessment, USAID/Washington has selected five countries, including (insert the name of the country related to this interview), for an in-depth review of multi-sectoral nutrition (MSN) programming. This in-depth review started with a review of country-level documents (e.g., USAID-funded programs and relevant government documents). You are being invited to participate in this interview to provide information for this in-depth review.

We would like your opinion and experience with MSN programming at the Mission and in the country and the use of the MSNS at the mission. We are particularly interested in any lessons learned you can share including barriers, facilitating factors, continuing challenges, and opportunities for effective MSN programming. We encourage you to respond to our questions with as much detail as possible. We may ask some follow-up questions based on your responses.

The FGD should take no more than 60 minutes.

The information from this interview will be used in the Report for the Second MSNS Assessment which will be completed by the end of 2022.

You are not required to answer every question we ask if you feel uncomfortable about providing an answer or do not know the answer to the question. Your name will not be used in the Second MSNS Assessment Report. Responses from specific countries will not be identified in the body of the report. Responses from questions may be synthesized and aggregated for USAID Missions regionally (i.e., Africa, Asia) and globally (all countries). Since this is a group discussion, we ask that everyone participating in this group discussion protect the confidentiality of your group participants. Please do not talk with anyone outside the group about anything that was discussed in the group.

Due to the limited number of people who will be participating in each country, we cannot guarantee confidentiality. However, the assessment team will take all possible precautions to keep the information you provide confidential.

The conversation will be audio-recorded and auto transcribed. We hope that this is OK with everyone. If you don't agree, then please say bye and leave.

Before we start, I want to establish some ground rules.

- Please allow one person to speak at a time. You may be tempted to jump in when someone is talking but please wait until they have finished.
- Please keep yourself muted when others are talking.
- When you wish to respond, raise your 'hand'.
- Don't use the chat function – this is a conversation, so we are not going to monitor it.
- There are no right or wrong answers.
- You do not have to speak in any particular order.

You do not have to agree with the views of other people in the group – we welcome a diversity of responses.

Do you have any questions for me?

May we start?

Focus Group Discussion Guide

Thank you for agreeing to participate in this focus group discussion! We are going to start with introductions and then questions about MSN programming.

1. Please tell me your name, how long you have worked for USAID/Washington, and how long you have been backstopping (insert the name of the country)
2. Please describe how the Mission supports MSN programming in the country.

Probes:

- Planning for a future or current Humanitarian crisis
 - Critical nutrition services
 - Nutrition-specific interventions (listed in MSNS & others)
 - Nutrition-sensitive interventions listed in the MSNS & others)
3. What has been the role of the USAID back-stopping team in assisting the Mission in MSN programming?

Probes:

- Responding to requests for TA
 - Frequent virtual meetings with the mission (probe: define frequency)
 - In-country visits (probe: state frequency)
 - Direct technical assistance (probe: designing projects, by conducting research, supervising projects, commenting on reports)
4. What are the factors or things that have helped MSN programming at the Mission and in Mission-supported projects?

Probes:

- Country planning and coordination (probe: with government, partners)
- Country commitment (probe: government, partners)
- MSN programming team at the Mission
- Nutrition expertise (probe: what expertise is still needed?)

- Mission Director and managers
- CDCS and other Mission documents
- Backstopping from USAID/Washington
- Country strategy documents (probe: national MSNS)
- Co-locating projects in the same geographic location

5. What are the barriers to MSN programming at the Mission and in Mission-supported projects?

Probes:

- Country planning and coordination (probe: with government, partners)
- Country commitment (probe: government, partners)
- MSN programming team at the Mission (probe: development/humanitarian crisis)
- Nutrition expertise (probe: what expertise is still needed?)
- Mission Director and managers
- CDCS and other Mission documents
- Backstopping from USAID/Washington
- Country strategy documents (probe: national MSNS)
- Co-locating projects in the same geographic location

6. What nutrition-specific interventions has the Mission been implementing/supporting in the country? Are there nutrition-specific interventions they should focus more on?

Probes (listed in the MSNS and others):

- Breastfeeding
- Complementary feeding
- Maternal diet (probe: balanced-energy protein supplementation in crisis or where underweight prevalence is high)
- Micronutrient fortification (folic acid, others)
- Micronutrient supplementation (iron, calcium, folic acid, zinc, vitamin A)
- CMAM/IMAM

7. What nutrition-sensitive interventions has the Mission been implementing/supporting in the country? Are there nutrition-sensitive interventions they should focus more on?

Probes (listed in the MSNS):

- Family planning
- Small scale agriculture

- Small scale animal husbandry
- Water infrastructure
- Sanitation infrastructure
- Hygiene promotion
- Early childhood care and development
- Livelihoods opportunities (probe: training, small grants, small businesses)
- Social protection (probe: cash transfers, food)

8. What cross-cutting areas has the Mission been using in its projects in the country? Are there other cross-cutting areas they should focus more on?

Probes (what is listed in the MSNS):

- Gender equity
- Female empowerment
- Targeting poor households and vulnerable populations
- Sustainability/sustainable approaches (ask about sustaining the work of the community volunteer)
- Resilience
- Accountability and transparency
- Evidence-based
- Country-led policies and processes
- Coordinated MS approaches
- USG and international/regional partnerships
- Private sector engagement

9. What implementation modalities or approaches has the Mission been using in its projects? Are there other implementation modalities they should focus more on?

Probes:

- Community-based approaches
- Paying volunteers
- Social mobilization
- The Care Group model
- Linking community-based nutrition activities with the health facility
- Working with government sectors (probe: nutrition specific/sensitive)
- Linking treatment of wasting with prevention
- Conducting formative research on behaviors
- Developing an SBC strategy
- Conducting a baseline survey
- Monitoring behavior change or the uptake of interventions/practices

10. Has the MSNS been used by your team to improve MSNS programming at the Mission?
If so, how?

Probes:

- As a reference
- Nutrition-specific and nutrition-sensitive interventions
- Cross-cutting areas to include in projects
- To share with government and external partners

11. How has the MSNS been used by the Mission to improve MSN programming in the country?

Probes:

- As a reference
- To obtain ideas for the types of nutrition-specific and nutrition-sensitive interventions
- To obtain ideas of cross-cutting areas to include in projects
- To share with government and external partners

12. How useful would you say the MSNS has been for MSN programming at the Mission?

Probes:

- Especially useful and consulted often
- Somewhat useful and consulted occasionally
- Critical in helping government with their planning
- Not that useful

13. Are there other documents in the country or globally that have been used by the Mission and your team to advance MSN programming at the Mission? Which ones are most useful?

Probes:

- National surveys
- Regional survey
- Policies, briefs, strategies, and other documents from external partners (e.g., World Bank)
- Journal articles (e.g., the Lancet series)
- Country Development Strategy
- Country multi-sectoral nutrition strategy

- Country individual sector strategies

14. Are there other documents that guide the Mission in MSN programming?

Probes:

- The CDCS
- The MSNS M&L Plan
- Findings from the first MSNS Assessment
- Documents from the SPRING project/Advancing Nutrition
- Mission created strategies (probe: which ones?)
- Other global documents (probe: which ones?)

15. What are the factors or things that help MSN programming at the Mission and in Mission-funded projects?

Probes:

- Coordination (probe: Mission, country, partners)
 - Nutrition-specific implementation
 - Nutrition-sensitive implementation
 - Behavior change
 - Country commitment (probe: government, partners)
 - Expertise (probe: government, Mission, partners)
 - Government services in health, agriculture, and others
 - USAID/Washington backstopping & expertise
 - Funding (government, USAID, partners)
16. What are the barriers for MSN programming at the Mission and in Mission-funded projects?

Probes:

- Coordination (probe: Mission, country, partners)
- Nutrition-specific implementation
- Nutrition-sensitive implementation
- Behavior change
- Country commitment (probe: government, partners)
- Expertise (probe: government, Mission, partners)
- Government services in health, agriculture, and others
- USAID/Washington backstopping & expertise
- Funding (government, USAID, partners)

We would now like to discuss commitment in the country.

17. What do you think about commitment to nutrition or reducing malnutrition in the country? Why?

Probes:

- Government commitment (coordination, budget line item for nutrition)
- Donor and other partner commitment (coordination, funding)
- Can you tell me more about that?
- Is there anything else you want to tell me?

18. How has the Mission worked to improve commitment of government to reduce malnutrition and improve nutrition programming? How has this backstopping team assisted with this?

Probes:

- Advocacy, studies, and surveys, surveillance systems, quality assurance, and meetings with government on MSN programming
- Professional skills in nutrition across sectors
- Legal frameworks (e.g., fortification, food safety)

19. What can improve expertise/capacity in MSN programming at the Mission and at the country level?

Probes:

- MSN expertise across all sectors in government (probe: national, district)
- Degree programs at universities
- Study-abroad programs
- Trainings (probe: pre-service, in-service)
- Increase nutrition-expertise in NGOs and/or external partners

20. How does the Mission support stakeholder engagement in MSN programming at the country level? How has your team assisted with this?

Probes:

- MSN related meetings (probe: government, partners, beneficiaries, private sector)
- Geographic programming and coverage
- Reporting on project activities
- Shares global evidence and MSN programming guidance

21. What should USAID do more of to further enhance concrete nutrition outcomes? At the Mission and in general.

Probes:

- Increase funding (Probe: geographic areas, nutrition specific/sensitive interventions, integration)
- Build capacity of government (probe: at all levels?)
- Build capacity of IPs
- Coordination and/or planning
- Co-locating projects geographically
- Monitoring barriers and solutions
- Sharing best practices (probe: government, other USAID Missions, and USAID Washington)
- Increase engagement with private sector

We are now going to discuss nutrition leadership and future MSN programming.

22. Has the Mission been a leader for MSN programming in the country? How?

Probes:

- Disseminated global findings and analyses
- Funded original research
- Organizes and leads meetings on MSN programming
- Disseminated the MSNS
- Funded staff and IPs to attend global meetings
- Funded government staff to attend global meetings
- Publishes original research in journals or research briefs

23. How can USAID scale-up MSN programming through 2025?

Probes:

- Disseminate recent evidence on best practices for MSN programming (probe: targeting, effective interventions, how to implement them, how to monitor them)
- Disseminate evidence on best practices from Mission or other country programming

24. Do you have any recommendations on developing the next version of the MSNS, so it gives more effective guidance on MSN programming in the country and in general? What kind of guidance?

Probes:

- Nutrition-specific interventions

- Nutrition-sensitive interventions
- Cross-cutting areas
- Implementation modalities (probe)
 - Behavior-change strategies (e.g., counseling, group sessions)
 - The number of beneficiaries per community worker
 - Sustaining community workers
- Monitoring and evaluation

25. Is there anything you want to add about anything that we talked about today?

Appendix 5f. Multi-Sectoral Nutrition Strategy Assessment Focus Group Discussions: USAID/Washington MSN Team

To be read to the participants: My name is XXX and with me is YY. We are representing the Data for Impact project. USAID/Washington has asked the project to conduct the second assessment for the 2014-2025 Multi-Sectoral Nutrition Strategy.

We would like your opinion and experience with MSN programming at USAID and the use of the MSNS at USAID. We are particularly interested in any lessons learned you can share including barriers, facilitating factors, continuing challenges, and opportunities for effective MSN programming. We encourage you to respond to our questions with as much detail as possible. We may ask some follow-up questions based on your responses.

The focus group discussion should take no more than 60 minutes.

The information from this interview will be used in the Report for the Second MSNS Assessment which will be completed by the end of 2022.

You are not required to answer every question we ask if you feel uncomfortable about providing an answer or do not know the answer to the question. Your name will not be used in the Second MSNS Assessment Report. Responses from specific countries will not be identified in the body of the report. Responses from questions may be synthesized and aggregated for USAID Missions regionally (i.e., Africa, Asia) and globally (all countries). Since this is a group discussion, we ask that everyone participating in this group discussion protect the confidentiality of your group participants. Please do not talk with anyone outside the group about anything that was discussed in the group.

Due to the limited number of people who will be participating in each country, we cannot guarantee confidentiality. However, the assessment team will take all possible precautions to keep the information you provide confidential.

The conversation will be audio-recorded and auto transcribed. We hope that this is OK with everyone. If you don't agree, then please say bye and leave.

Before we start, I want to establish some ground rules.

- Please allow one person to speak at a time. You may be tempted to jump in when someone is talking but please wait until they have finished.
- Please keep yourself muted when others are talking.
- When you wish to respond, raise your 'hand'.
- Don't use the chat function – this is a conversation, so we are not going to monitor it.
- There are no right or wrong answers.
- You do not have to speak in any order.

You do not have to agree with the views of other people in the group – we welcome a diversity of responses.

Do you have any questions for me?

May we start?

Focus Group Discussion Guide

Thank you for agreeing to participate in this focus group discussion! We will start with introductions and then start with questions about MSN programming.

1. Please describe the progress that is being made in MSN programming globally.

Probes:

- Making other sectors more nutrition sensitive (how?)
- Including nutrition-sensitive interventions in nutrition projects (which ones)
- Nutrition-specific interventions
- Nutrition-sensitive interventions
- How to implement projects
- Funding for nutrition
- Commitment (donors, countries, USAID)

2. What are the factors that help MSN programming globally and in USAID countries?

Probes:

- Analyses on the evidence on the most cost-effective interventions
- Coordination (probe: globally, donors, country)
- Commitment (probe: globally, donors, country)
- Funding (multi-lateral donors, bi-lateral donors, private donors, country)

3. What are the barriers to MSN programming globally and in USAID countries?

Probes:

- Analyses on the evidence on the most cost-effective interventions
- Coordination (probe: globally, donors, country)
- Commitment (probe: globally, donors, country)
- Funding (multi-lateral donors, bi-lateral donors, private donors, country)

4. What nutrition-specific interventions have been implemented/funded by USAID, governments, and other organizations (donors, NGOs) in USAID countries? What are most effective?

Probes (listed in the MSNS and others):

- Breastfeeding
- Complementary feeding

- Maternal diet (probe: balanced-energy protein supplementation in crisis or where underweight prevalence is high)
 - Micronutrient fortification (folic acid, others)
 - Micronutrient supplementation (iron, calcium, folic acid, zinc, vitamin A)
 - CMAM/IMAM
5. What nutrition-sensitive interventions have been implemented by other organizations and in USAID countries? What are most effective?

Probes (listed in the MSNS):

- Family planning
 - Small scale agriculture (home gardens)
 - Small scale animal husbandry (poultry)
 - Water infrastructure
 - Sanitation infrastructure
 - Hygiene promotion
 - Early childhood care and development
 - Livelihoods opportunities (training, small grants, small businesses)
 - Social protection
6. What cross-cutting areas have been implemented by other organizations and in USAID countries. What are most effective?

Probes (what is listed in the MSNS):

- Gender equity
 - Female empowerment
 - Targeting poor households and vulnerable populations
 - Sustainability/sustainable approaches (ask about sustaining the work of the community volunteer)
 - Resilience
 - Accountability and transparency
 - Evidence-based
 - Country-led policies and processes
 - Coordinated MS approaches
 - USG and international/regional partnerships
 - Private sector engagement
7. What implementation modalities or approaches have been implemented by other organizations and in USAID countries? What are most effective?

Probes:

- Community-based approaches
- Paying volunteers
- Social mobilization
- The Care Group model
- Linking community-based nutrition activities with the health facility
- Working with government sections (probe: nutrition specific/sensitive) Linking treatment of wasting with prevention
- Conducting formative research on behaviors
- Developing an SBC strategy
- Conducting a baseline survey
- Monitoring behavior change or the uptake of interventions/practices

8. How has the MSNS been used by you to increase attention to MSN programming by other organizations and in USAID countries?

Probes:

- As a reference
- To obtain ideas for the types of nutrition-specific and nutrition-sensitive interventions
- To obtain ideas of cross-cutting areas to include in projects
- To share with government and external partners

9. How useful would you say the MSNS has been for MSN programming at USAID Washington, at USAID Missions, and by other organizations?

Probes:

- Especially useful and consulted often (USAID/others)
- Somewhat useful and consulted occasionally (USAID/others)
- Critical in helping government with their planning (USAID/others)
- Not that useful (USAID/others)

10. Are there other documents that have been used by USAID/Washington or by other organizations to advance MSN programming? Which ones are most useful?

Probes:

- National surveys
- Regional survey
- Policies, briefs, strategies, and other documents from external partners (e.g., World Bank)
- Journal articles (e.g., the Lancet series)

- Country Development Strategy
- Country multi-sectoral nutrition strategy
- Country individual sector strategies

11. What are the factors or things that will help MSN programming and scale-up at the global and country levels?

Probes:

- Coordination (probe: governments, USAID, bi-laterals donors, multi-lateral donors, private donors, other private organizations)
- Evidence-base for effective nutrition-specific implementation
- Evidence-base for effective nutrition-sensitive implementation
- Evidence-base for behavior change
- Commitment (probe: governments, USAID, bi-laterals donors, multi-lateral donors, private donors, other private organizations)
- Government services in health, agriculture, and others
- Funding (probe: governments, USAID, bi-laterals donors, multi-lateral donors, private donors, other private organizations)

12. What are the barriers for MSN programming and scale-up at the global and country levels?

Probes:

- Coordination (probe: governments, USAID, bi-laterals donors, multi-lateral donors, private donors, other private organizations)
- Evidence-base for effective nutrition-specific implementation
- Evidence-base for effective nutrition-sensitive implementation
- Evidence-base for behavior change
- Commitment (probe: governments, USAID, bi-laterals donors, multi-lateral donors, private donors, other private organizations)
- Government services in health, agriculture, and others
- Funding (probe: governments, USAID, bi-laterals donors, multi-lateral donors, private donors, other private organizations)

13. What do you think about the commitment to reducing malnutrition globally? Has this decreased, stayed the same, or increased since 2014 when the MSNS was disseminated?

14. How has your team worked to improve commitment of Missions, other organizations, and governments to reduce malnutrition and improve nutrition programming?

15. What can improve expertise/capacity in MSN programming in organizations or in countries?

16. What should USAID do more of to further enhance concrete nutrition outcomes globally?

Probes:

- Increase funding (probe: geographic areas, nutrition specific/sensitive interventions, integration)
- Build capacity (USAID Missions, countries, IPs, others)
- Coordination and/or planning (USAID Missions, countries, IPs, private sector)
- Monitoring of the uptake of key interventions and behaviors
- Sharing best practices (probe: government, other USAID Mission, USAID, global community)

17. How has USAID/Washington been a leader for MSN programming globally and in the countries since the MSNS was disseminated?

Probes:

- Disseminated global findings and analyses
- Funded original research (probe: what kind of research?)
- Organizes and leads meetings on MSN programming
- Disseminated the MSNS
- Funded staff and IPs to attend global meetings
- Funded government staff to attend global meetings
- Publishes original research in journals or research briefs
- Can you tell me more about that?
- Is there anything else you want to say to me?

18. What do you think USAID/Washington needs to do to improve and scale-up MSN programming at Missions, by countries, by other organizations?

19. How can USAID scale-up MSN programming through 2025?

20. Do you have any recommendations on developing the next version of the MSNS, so it gives more effective guidance on MSN programming? What kind of guidance?

Probes:

- Nutrition-specific interventions
- Nutrition-sensitive interventions
- Cross-cutting areas
- Implementation modalities (probes:)
 - Behavior-change strategies (e.g., counseling, group sessions)
 - The number of beneficiaries per community worker
 - Sustaining community workers
- Monitoring and evaluation

21. Does anyone want to add anything else?

Appendix 6. Consulted National Policy Documents and Studies

Bangladesh

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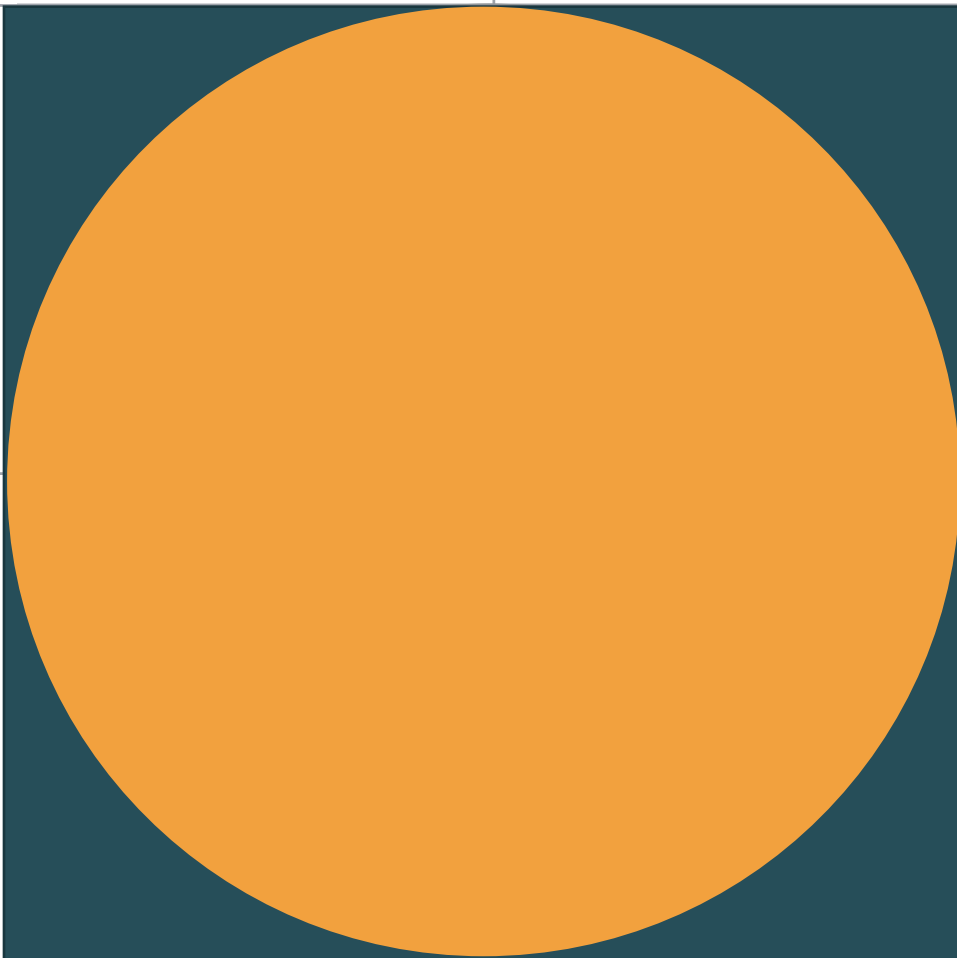
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