

# External Progress Assessment of Technical Assistance Delivered under Nutrition International's TAN Project

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## List of Acronyms

BGD	Bangladesh	NNAP	National Nutrition Action Plan
BNNC	Bangladesh National Nutrition Council	NNP	National Nutrition Programme
CNAP	County Nutrition Action Plan	NPAN	National Plan of Action for Nutrition
CONSAN	National Council for Food and Nutrition Security	NTEAM	Nutrition Technical Assistance Mechanism
DRM	Domestic Resource Mobilization	PAK	Pakistan
EPHI	Ethiopia Public Health Institute	P&D	Planning & Development
ESAN III	Food and Nutrition Security Strategy (2018-2025)	PMARDC	Multi-Sectoral Plan for Reduction of Stunting
ETH	Ethiopia	SBN	SUN Business Network
FCDO	Foreign, Commonwealth and Development Office	SD	Seqota Declaration
FNS	Food and Nutrition Security	SETSAN	Technical Secretariat for Food & Nutrition Security
FPDU	Federal Programme Delivery Unit	SME	Small and Medium Enterprise
FY	Fiscal Year	SUN	Scaling Up Nutrition
HR	Human Resources	SUNAR	SUN Academic and Research Network
KEN	Kenya	SUNCSA	SUN Civil Society Alliance
KM	Knowledge Management	SUN FP	SUN Focal Point
KML	Knowledge Management and Learning	SWOC	Strengths, Weaknesses, Opportunities & Challenges
M&E	Monitoring & Evaluation	TA	Technical Assistance
MOH	Ministry of Health	TAN	Technical Assistance for Nutrition
MOZ	Mozambique	UK	United Kingdom
NGO	Non-Governmental Organizations	WASH	Water, sanitation and hygiene
NIPN	National Information Platform for Nutrition		

## List of Technical Assistance Assignments by Country

TA included in FY 2020-2021 Progress Assessments	Other TAN TA
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### Bangladesh

<b>BGD-02</b> Feb-17 – Feb-18	Support the Revitalization and Restructuring of the Bangladesh National Nutrition Council (BNNC) to Steer National Level Nutrition Actions in the Country
<b>BGD-03, 03 EXT</b> Dec-18 – Nov-21	Operationalization of Second National Plan of Action for Nutrition (NPAN2)
<b>BGD-04</b> Sep-18 – Aug-19	Support strengthening of multi-sectoral nutrition monitoring, evaluation and reporting in Bangladesh
<b>BGD-05</b> Oct-18 – Mar-19	Formulation of Advocacy Plan for Nutrition aligned with Social and Behaviour Change Communication Strategy in Bangladesh
<b>BGD-06</b> Apr-19 – Dec-19	Assessment of human resource need for nutrition in different sectors to achieve the goal of NPAN2 in Bangladesh
<b>BGD-11</b> Jun-20 – Nov-21	Supporting for Gender Mainstreaming in Assessment of Key Health and Nutrition Programs

### Ethiopia

<b>ETH-01</b> Jul-17 – Jul-19	Support to the Seqota Declaration Phase 1 Evaluation, Ethiopia Country
<b>ETH-02</b> Jul-17 – Jul-19	Support to the SUN Focal Point, Ethiopia, and Federal Delivery Unit to advance the Seqota Declaration
<b>ETH-03</b> Aug-18 – Jun-20	Strengthen regional level capacity on nutrition finance analysis, resource tracking, accountability and partnership management
<b>ETH-04</b> Jul-18 – Jan-20	Strengthening the role of the National Nutrition Program (NNP II) Monitoring and Evaluation Steering Committee to Effectively monitor, evaluate and coordinate utilization of Multi-Sectoral nutrition Information
<b>ETH-05</b> Sept-20 – Oct-21	Technical assistance for integrating Seqota Declaration Expansion and Scale-up Plan into the Food and Nutrition Investment Cases EFY 2013-2017 in Ethiopia
<b>ETH-07</b> Jul-19 – Nov-21	Technical assistance to support the Seqota Declaration Implementation Senior Technical Advisor – Seqota Declaration Program Delivery Unit

## Kenya

<b>KEN-01</b> May-17 – Dec-17	Support in-depth review of 2012-2017 National Nutrition Action Plan (NNAP) after 4 years of implementation Country
<b>KEN-02</b> Jun-18 – Feb-19	Support development and finalization of costing, financial tracking, M&E and enabling environment components for the 2018-2022 National Nutrition Action Plan (NNAP)
<b>KEN-03</b> Nov-18 – Feb-20	Support coordination of the Kenya SUN Business Network
<b>KEN-05</b> Jul-19 – Dec-19	Support Updating and Development of County Nutrition Action Plans (CNAP) 2018-2022 (7 counties supported)
<b>KEN-06</b> Mar-20 – Mar-21	Support 5 additional counties to develop their County Nutrition Action Plans (CNAP) 2018-2022

## Mozambique

<b>MOZ-01</b> Sep-17 – Mar-18	Support for mid-term review of the Multi-Sectoral Plan for Reduction of Stunting (PAMRDC)
<b>MOZ-02</b> Apr-18 – Sep-19	Support development of Food Security and Nutrition (FSN) Strategy (2018-2025) and key policy and legal frameworks for effective implementation and coordination of FSN activities in Mozambique
<b>MOZ-03</b> Jan-20 – Sep-21	Develop an overall financing and budgeting framework including mobilization of resources, tracking of allocation, and expenditures in nutrition

## Pakistan

<b>PAK-01</b> Dec-16 – Dec-17	Support to SUN Secretariat of Punjab Province for Development of Multi-Sectoral Implementation Plan for Stunting Reduction Program, including Monitoring & Evaluation Plan Country
<b>PAK-02</b> Mar-17 – Mar-19	Support to SUN Secretariat, Punjab province for Advancing the SUN Agenda in the Province through Multi-stakeholder and Multi-sectoral Platforms
<b>PAK-03</b> Dec-17 – Oct-18	Development of technical food safety & halal food standards and regulations for articles of food under Provincial Food Safety Authority Act 2014 in Khyber Pakhtunkhwa, Pakistan
<b>PAK-04</b> Apr-18 – Jan-20	Designing and Operationalizing National Advocacy Strategy for Nutrition
<b>PAK-06</b> Oct-18 – Jan-20	Support SUN Academia & Research Network (SUNAR) for improving knowledge base and evidence for effective planning and implementation of nutrition actions at national and sub-national levels
<b>PAK-08</b> Oct-19 – Aug-20	Technical assistance for strengthening of Balochistan Food Authority (BFA) and development of technical & operational guidelines for implementation of food authority act
<b>PAK-09</b> Jul-20 – Jul-21	Technical Assistance to Government of Pakistan for Accelerating Multi-sectoral Response to Address Malnutrition in Punjab
<b>PAK-10</b> Nov-19 – Nov-20	Technical assistance for strengthening of AJK Food Authority and development of technical & operational guidelines for implementation of food authority act nutrition actions at national and sub-national levels
<b>PAK-13</b> Dec-20 – Nov-21	Support for the formulation of the National Food Fortification Act and Rules of Business food authority act

# Global Synthesis of Key Findings

## Key Findings from the FY 2020-2021 Progress Assessments

### Building awareness of nutrition and achieving coherence in service delivery across multiple public sectors takes time, effort, and persistence.

Nutrition International technical assistance (TA) played a key role in supporting governments to design and implement multi-sectoral nutrition strategies and plans. Helping different sectors identify their respective roles and converge efforts at all levels takes years to achieve.

#### TA that supported both political and operational processes was more effective in achieving increased SCALE.

The Progress Assessment results show the importance of TA that keeps nutrition as a priority at policy- and decision-making tables, while also strengthening the knowledge and commitment to nutrition of field-level managers and staff responsible for programme delivery.

#### TA embedded within government structures fosters increased ownership and sustainability.

TA providers positioned within government offices created opportunities to strengthen existing systems and leverage resources to deliver expected outcomes. It also enabled continuous and deliberate engagement beyond the design phase, allowing for support to the implementation phase. However, this approach can also delay completion of TA deliverables due to competing priorities of government.

#### TA that strengthens routine monitoring of performance by the different sectors contributes to enhanced accountability, coordination and action.

Results in Ethiopia and Pakistan show how TA support for the development and use of multi-sectoral scorecards motivated sectors to deliver on their commitments and contributed to improved COORDINATION and SCALE.

### Need and demand are high for TA at subnational levels to achieve scale-up of nutrition actions.

Stakeholders in Bangladesh, Pakistan, Ethiopia, and Kenya expressed the need for TA to address the coordination and implementation challenges experienced at subnational levels in the implementation of multi-sectoral nutrition plans.

#### TA increased financial investment by governments and donors and enhanced nutrition finance CAPABILITY.

Advocacy efforts of TA providers and support for proposal development contributed to increased mobilization of both domestic and donor funding for nutrition. TA processes that integrated financial tracking and other financial tools helped build staff CAPABILITY to track budgets for nutrition and quantify cost to deliver nutrition actions. In some contexts, committed funds had not yet been disbursed for implementation.

#### Countries have not achieved an increase in the nutrition-focused workforce CAPACITY needed to deliver services at scale. Dedicated nutrition staff are essential for driving the nutrition agenda forward.

Long-term TA assignments were effective in building enhanced CAPABILITY through mentoring and 'on-the-job' modeling of how to converge sector efforts to achieve nutrition goals.

### GENDER EQUALITY remains a challenge to address (and assess).

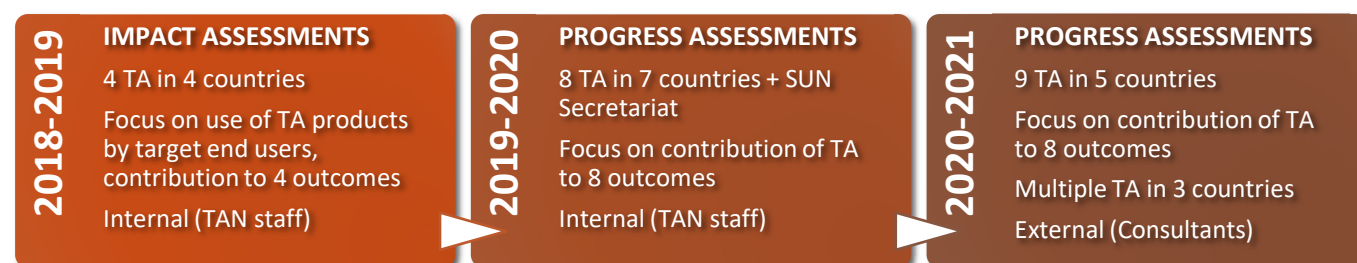
All TA assessed considered gender equality. Nevertheless, better documentation of how it was considered in the TA process and what specific results it can achieve was needed. Many respondents were unable to speak to the effect of TA on gender equality outside of women-focused service delivery or sex-disaggregated data.

## Background

The Technical Assistance for Nutrition (TAN) programme, funded with UK aid from the UK government, is intended to help strengthen the capacity of countries within the Scaling Up Nutrition (SUN) Movement to deliver policies and programmes that reduce malnutrition. The **TAN programme aims to achieve increased coverage of multi-sector interventions to address the causes of malnutrition through delivery of coordinated technical assistance (TA), improved learning and accountability across the SUN Movement, and sustained leadership for nutrition.**

Nutrition International's component of the TAN programme is delivered through its Nutrition Technical Assistance Mechanism (NTEAM)'s TAN project. Through the TAN project (as it will be called in the remainder of this document), NTEAM provides timely and coordinated TA to help SUN countries overcome gaps in capacity, design and delivery of multi-sectoral national nutrition action plans. Taking a gender-sensitive approach, NTEAM works to enhance the quality, scale, and effectiveness of nutrition-related programmes and policies.

As part of efforts to monitor the results achieved through TA and fulfill reporting requirements to the UK government's Foreign, Commonwealth and Development Office (FCDO), Nutrition International has conducted three rounds of assessments designed to assess the medium-term impact and lessons learned in selected TA contexts.



## Objectives of the Fiscal Year (FY) 2020-21 External Progress Assessments

Consistent with the FY 2019-20 Progress Assessments, the objectives of the FY 2020-21 Progress Assessments were:

- **To assess the extent of the contribution made by TA provided to expected TAN programme outcome-level results** (improvements in scale, coordination, quality, effectiveness, gender equality, inclusivity, capacity and capability);
- **To identify factors that are limiting or enabling** the successful contribution of TA products to results;
- **To develop recommendations** for consideration by the SUN Focal Point and/or other stakeholders about ways to accelerate progress to full effective use of the TA products;
- **To derive lessons learned** from the experience to date with this initiative, and to document, disseminate and translate knowledge from that experience to inform future TA support to SUN.

In addition, the Progress Assessments considered several themes: a) ways to better assess inclusion, capacity and gender equality outcomes; b) contribution of TA to outcomes at the subnational level; c) the contribution of multiple TA assignments; d) the potential contribution of the TA provider's knowledge management activities and knowledge products; and e) the effect of the COVID-19 pandemic on stakeholder actions related to the TA provided.

## Description of TA Assessed

TA were selected by the Progress Assessment concept development team (external evaluation consultants) in consultation with TAN staff. Eligible TA were those completed 9 to 24 months prior to assessment. TA were

*excluded* if they were very similar to TA recently assessed, expected to have limited access to stakeholders or had early closure of contract (unlikely to contribute to outcomes).

A total of nine TA assignments in five countries were selected for inclusion and are described below.

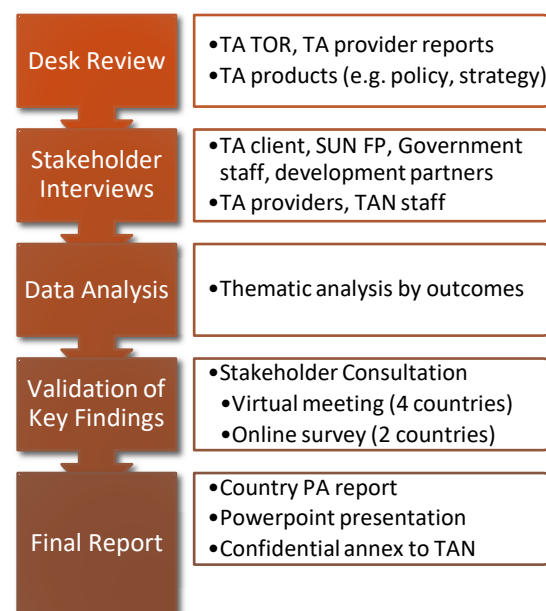
	<b>TA supporting the nutrition enabling environment (legislation, policy, plans, guidelines)</b>	<ul style="list-style-type: none"> <li>• <b>Bangladesh</b> - support Bangladesh National Nutrition Council (BNNC) to develop a costed Advocacy Plan for Nutrition (BGD-05)</li> <li>• <b>Kenya</b> - support 7 counties to develop county nutrition action plans (CNAP) (KEN-05)</li> <li>• <b>Mozambique</b> - support Technical Secretariat for Food and Nutrition Security (SETSAN) to develop a Food and Nutrition Security (FNS) Strategy (ESAN III) (MOZ-02)</li> </ul>
	<b>TA support to develop capacity of SUN Focal Points (SUN FPs), organizational &amp; institutional development</b>	<ul style="list-style-type: none"> <li>• <b>Bangladesh</b> - support BNNC to assess the human resources needed for nutrition (BGD-06)</li> <li>• <b>Pakistan</b> - support the SUN Secretariat, Punjab province to advance the multi-sectoral nutrition agenda (PAK-02)</li> <li>• <b>Ethiopia</b> - Senior Technical Advisor support to SUN FP and Federal Programme Delivery Unit (FPDU) to advance the Seqota Declaration (SD) in two regions (ETH-02)</li> <li>• <b>Kenya</b> – support coordination and develop strategy of SUN Business Network (SBN) (KEN-03)</li> </ul>
	<b>TA support for nutrition data &amp; evidence generation for informed decision-making</b>	<ul style="list-style-type: none"> <li>• <b>Bangladesh</b> – support BNNC to strengthen multi-sectoral nutrition monitoring, evaluation and reporting (BGD-04)</li> <li>• <b>Ethiopia</b> - support the National Nutrition Program Monitoring &amp; Evaluation Steering Committee to coordinate tracking of multisectoral nutrition information (ETH-04)</li> </ul>

## Methodology

Consultants conducted a combination of desk review and stakeholder interviews to gather evidence on the contribution of TA to TAN outcomes. During the desk review, country consultants developed results pathways to describe the TA process, outputs (TA products) and *expected* outcomes. To gather evidence for achievement of outcome-level results, consultants identified the most relevant key stakeholders involved in the TA process or follow-up actions and conducted semi-structured interviews using the Progress Assessment model questionnaires that had been adapted to each context.

Thematic analysis of the data summarized the evidence for progress achieved toward each outcome and identified the key factors (barriers or enablers) that influenced the results observed, including any TA design, process or product factors. This also informed recommendations for key actions needed to advance progress toward achieving the desired results.

After writing a report, country consultants organized virtual stakeholder meetings and/or online surveys to share the findings with key stakeholders and provide an opportunity for feedback and agreement on follow-up actions.





## Key Findings for TAN Programme Outcomes

The nine TA assessed all contributed to two or more TAN programme outcomes (see Table 1). Long-term TA providers who were embedded in the government structure in Ethiopia (ETH-02) and Punjab province in Pakistan (PAK-02) showed the strongest evidence of moderate-to-high levels of achievement for all eight outcomes assessed. Short-term TA in Bangladesh and Kenya were less successful in achieving a broad set of outcomes, although most TA still contributed in at least moderate ways to enhanced SCALE, COORDINATION and QUALITY of nutrition programmes. Several TA also contributed to increased EFFECTIVENESS. Contributions to GENDER EQUALITY and INCLUSION were evident in some but not all TA, similar to findings in 2019-20.

**Table 1: Overview of contribution made to TAN Programme Outcomes based on Progress Assessment findings**

Outcome	Africa Region TA					Asia Region TA			
	ETH-02 SD	ETH-04 M&E	KEN-03 SPSN	KEN-05 CNAP	MOZ-02 FNS	BGD-04 MONITOR	BGD-05 ADVOC	BGD-06 HR	PAK-02 PUNJAB
SCALE									
COORDINATION									
QUALITY									
EFFECTIVENESS									
GENDER EQUALITY									
INCLUSION									
CAPACITY									
CAPABILITY									

Legend:  Evidence of high level of achievement  Evidence of moderate level of achievement  Minimal or no evidence of achievement  Outcome not assessed

### SCALE

- **increased scale of nutrition-related policy and programmes, such as more sectors/levels/groups involved, more interventions delivered at scale, more people reached**

**Nutrition International TA contributed to increased SCALE of nutrition programmes in 7 of 8 TA assessed.** In **Bangladesh, Ethiopia** and **Pakistan**, TA contributed to an increased number of sectors and partners involved. Successful SD implementation in **Ethiopia** has led to government plans to expand it from 40 to 200 woredas. In Punjab province, **Pakistan**, the number of government departments actively participating in the Multi-Sectoral Nutrition Cell increased from 6 to 17 during the TA period and has been sustained to date. TA support to reactivate District Malnutrition Addressing Committees in 11 priority districts is credited with increasing coverage for direct nutrition interventions from 40% in 2017 to 75% in 2020. In **Bangladesh**, TA support for operationalizing the National Plan of Action for Nutrition (NPAN2) Monitoring and Evaluation (M&E) framework has contributed to increased engagement by 5 of the 22 ministries in tracking and reporting on the 25 core indicators of progress; follow-up TA is now piloting these indicators at the district and subdistrict levels.

Evidence of TA contribution to increased scale was more moderate in **Kenya**, where TA support for 7 CNAPs has increased involvement of non-health sector stakeholders and non-governmental organizations (NGOs) in nutrition planning and resource mobilization. In **Mozambique**, the new FNS strategy provides guidance for establishing provincial and district councils to support planning, monitoring and implementation of FNS activities but only three provinces and the districts in one province have set this up to date, with support from UNICEF and Big Win Philanthropy.

## COORDINATION

- **improved coordination and multi-sectoral, multi-level engagement**, such as nutrition governance structures or coordination processes at national or subnational levels, improved reporting for nutrition by sectors or stakeholders

**Nutrition International TA contributed significantly to improved COORDINATION and multi-sectoral, multi-level engagement in all five country contexts assessed, often through establishing platforms that continue to bring together the various sectors involved in nutrition.** Improved multi-sectoral coordination was seen in **Pakistan** and **Ethiopia**, where TA support contributed to regular use of monitoring tools during quarterly performance review meetings. Enhanced accountability and improved multi-sectoral coordination were evident in **Bangladesh** as well. In **Kenya**, TA contributed to close alignment of county-level action plans with the national nutrition action plan; however, strong engagement of county-level public sector, civil society and development partner stakeholders during the design phase was not sustained post-TA in two counties visited (due in part to competing priorities, including the COVID-19 response, and budget allocation issues). In **Mozambique**, TA support to develop a multi-sectoral integrated FNS strategy achieved strong buy-in from government ministries, civil society and development partners; the high-level National Council for FNS (CONSAN) has an important coordination mandate but has met infrequently to date.

## QUALITY

- **improved quality of nutrition-related programmes or policies**, including adoption of approaches to improve quality of care, effectiveness of coverage, services for unreached populations, or tools, systems, processes to monitor, manage and steer service delivery

**Nutrition International TA contributed to improved QUALITY in 7 of 9 TA assessed. TA supported enhanced performance monitoring using tools (scorecards, dashboards) to improve service delivery and reporting quality.** TA support for the revitalization of District Malnutrition Addressing Committees contributed to improved quality of nutrition service delivery, food quality and referral mechanisms at the district level in Punjab province, **Pakistan**. A provincial-level information and knowledge sharing mechanism created during the TA continues to function on a quarterly basis and is valued by stakeholders for its role in building a local evidence-base for policy making. In **Ethiopia**, SD sectors now use an adapted version of the TA-supported National Nutrition Programme (NNP) performance review scorecard to monitor progress on a quarterly basis, which has improved the quality of nutrition-specific and -sensitive interventions at woreda and community levels.

## EFFECTIVENESS

- **effective leveraging of resources within and beyond FCDO**, such as extent of resource mobilization undertaken to support nutrition actions delivered by sectors, and amounts of additional resources committed by government bodies and development partners for nutrition plan components.

**Contribution of TAN TA to increased resources mobilized to support nutrition programmes was observed in 5 of 6 TA assessed, with TA in Ethiopia, Pakistan and Kenya demonstrating the strongest evidence of EFFECTIVENESS in leveraging TAN resources.** In **Pakistan**, TA support for financial tracking of total allocations being made to nutrition actions at the provincial level enabled the SUN secretariat to advocate for higher nutrition budgets. As a result, the public financial allocation to nutrition as a percentage of Punjab province's Annual Development Plan increased from 30% in 2017 to 35% in 2020. TA activities also resulted in mobilization of donor funding, with UNICEF and World Bank committing increased funding. In **Ethiopia**, TA advocacy for commitment of both domestic and donor resources has resulted in the FPDU mobilizing over USD 70 million in increased funding for SD implementation.



In **Kenya**, TA support for county nutrition action plans has contributed to increasing county governments' commitments to funding nutrition in their annual budgets. Each costed CNAP became an advocacy tool that showcased the investment required. Roundtable discussions, organized by Nutrition International in Kenya, also helped to increase the visibility of nutrition actions and acted as a catalyst for further funding. [Match funding from Nutrition International](#) also provided avenues for counties to commit additional resources:

*"The fact that [Nutrition International] committed money was a big motivator for the county to put in the amount of money they did." (County nutrition coordinator)*

In **Mozambique**, while no budget allocations have been made yet for the new costed FNS strategy, follow-up TA is developing a financial framework for FNS activities and the government's Budget Planning System has prioritized FNS as a cross-cutting programme, creating the institutional system needed to support increased funding for these activities.

## GENDER EQUALITY

- **enhanced integration of gender equality in nutrition**, such as increased coverage of nutrition programming in favour of women or girls, development of policies that reduce gender inequities, participation of gender expertise in processes, sensitization of stakeholders to gender dimensions

In most TA assessed, stakeholders reported increased awareness of gender issues related to nutrition, in part due to efforts during the TA process to provide gender equality training for government stakeholders (**Bangladesh, Ethiopia, Kenya**) or TA support to improve service delivery that directly benefited girls and women (**Ethiopia, Pakistan**). Newly developed nutrition-related strategies in **Mozambique** (FNS) and **Kenya** (SBN) explicitly mention gender inequality as an underlying cause of malnutrition and are expected to strengthen the gender-sensitivity of future programme efforts. Stakeholders in both countries identified the need for greater involvement of women in the implementation phase, whether as extension workers or women-led businesses. In **Bangladesh**, TA efforts to mainstream gender through BNNC staff training have not yet achieved measurable results. The assessment found insufficient consideration of gender and nutrition issues in the TA supporting the Advocacy Plan and Human Resources (HR) for Nutrition Assessment; however, steps have been taken to increase the involvement of gender experts in follow-up TA and BNNC's staff positions.

## INCLUSION

- **enhanced inclusion of less advantaged groups**, such as involvement of relevant sector and subnational representatives in prioritizing nutrition actions to be included in planning and budgeting processes, or direct involvement of disadvantaged populations, or other inclusive measures

**Nutrition International TA contributed to increased involvement of subnational stakeholders or other sectors in the TA process and subsequent coordination mechanisms in three contexts, and to inclusion of disadvantaged populations in three contexts.** In **Pakistan**, the TA increased representation of nutrition-sensitive departments in the provincial Multi-Sectoral Nutrition Cell from 6 in 2017 to 17 in 2020. **Ethiopia's** SD community lab model also increased involvement of subnational stakeholders in addressing local nutrition problems. TA to operationalize the NPAN2 M&E framework in **Bangladesh** is now being piloted at the district and Upazilla levels.

TA contribution to increased prioritization of nutrition needs among disadvantaged groups was observed in **Ethiopia** and **Pakistan**. For example, a review of monitoring data resulted in more inclusive programming by identifying and prioritizing unreached populations in the South Punjab districts. In **Kenya**, inclusion of marginalized groups (e.g. women-led enterprises) was embedded in the SBN strategy but stakeholders noted

the need to articulate in more detail how to address barriers faced by women as well as people with disabilities and youth.

## CAPACITY

- **greater capacity in country for more delivery of nutrition actions**, such as number of service providers mobilized to deliver nutrition actions or level of effort in relevant sectors and at subnational level aimed at enabling nutrition results.

Strong evidence of TA contribution to increased government CAPACITY for delivery of nutrition actions was found in Punjab province, **Pakistan**, where District Nutrition Coordinators were appointed in 11 districts and non-health sector staff are also delivering more nutrition actions because of increased multi-sectoral nutrition awareness. In **Bangladesh**, TA support continues to improve BNNC's organizational capacity as the country's apex coordinating body for nutrition, although understaffing at BNNC remains a major constraint. Frequent staff transfers among ministry focal persons for nutrition have made capacity difficult to sustain. TA nutrition leadership and technical trainings provided to SD sectors in **Ethiopia** have contributed to the improved capacity for delivery of nutrition actions for each sector. The Ministry of Women, Children and Youth Affairs has also increased its level of effort for nutrition because of TA-supported trainings and meetings, assigning three nutrition focal persons and integrating gender-sensitive NNP indicators into its annual plan aligned to the NNP. While TA supporting CNAP development in **Kenya** is expected to increase county capacity for nutrition planning and service delivery across multiple sectors, this has not yet been realized. The SBN has also struggled to implement activities proposed in the strategy and needs a different funding model to build its capacity to act.

## CAPABILITY

- **enhanced capability (i.e. knowledge, skills and practices) for steering, managing and tracking nutrition programme scale-up**, on the part of sectoral leaders and managers, subnational leaders and managers, and frontline service providers

**Nutrition International TA has contributed to enhanced nutrition CAPABILITIES among political and sectoral leaders as well as a wide range of government staff in 7 of the 9 TA assessed.** In **Kenya**, the TA 'learning by doing' approach increased county stakeholder knowledge and understanding of nutrition interventions and skills for planning nutrition actions. Similarly, private sector stakeholders reported improved understanding of their role in influencing the nutrition landscape and increased knowledge and skills to produce and sell more nutritious products. TA training activities and on-the-job mentoring in **Pakistan** increased the provincial SUN FP's leadership and technical understanding of nutrition, and also motivated sector staff to focus on their nutrition responsibilities. Training on financial tracking and budget advocacy for government staff and civil society organizations strengthened their ability to advocate for a higher nutrition budget during planning meetings. SD sectoral focal persons in **Ethiopia** now have better knowledge and skills in nutrition-related planning, monitoring and reporting as a result of TA support. While shorter-term TA targeting the NNP M&E framework was unable to fill capability gaps due to competing priorities, the National Information Platform for Nutrition (NIPN) initiative helped fill this gap.

### Effect of the COVID-19 pandemic on stakeholder ability to implement follow-up actions

The Progress Assessments started approximately 9 months after the COVID-19 pandemic was declared. When asked how the pandemic had impacted nutrition-related activities, stakeholders in **Bangladesh**, **Ethiopia**, and **Kenya** reported lower intensity of nutrition interventions and shifting of all meetings to virtual platforms, which resulted in reduced level of participation. In Punjab province of **Pakistan**, the pandemic primarily affected nutrition advocacy and mobilization activities, while coordination, monitoring, technical support and planning activities remained on track. In **Mozambique**, the pandemic disrupted decision-making processes and the establishment of decentralized structures which are needed to support the new FNS strategy. In **Kenya**, where most direct nutrition actions fall within the Ministry of Health (MOH) sector, the pandemic resulted in diversion

of health sector priorities and resources. However, the pandemic has also raised the profile of nutrition issues, such as disruption of food supplies, increased poverty due to loss of livelihoods, and increases in child malnutrition. In **Bangladesh** and **Kenya**, the pandemic response by government has resulted in the need to pivot the nutrition activities planned. In **Bangladesh**, ongoing TAN TA has been instrumental in developing a policy brief and recommendations for addressing the impact of COVID-19 on nutrition, which in turn informed the extended five-year workplan of development partners.

## Recommendations

Country-specific recommendations for consideration by the SUN FP and/or other stakeholders about ways to accelerate progress to full effective use of the TA products are made in each country report. The following recommendations are directed to Nutrition International with the aim to build on the successes and address the challenges observed in these Progress Assessments.

It is recommended that Nutrition International...
<p><b>1. Increase its investment in TA that supports subnational level operationalization of multi-sectoral nutrition strategies and plans.</b> Wherever relevant, future TA should be designed with field-level implementation as the goal, seeking to fill capacity gaps at this level in technical oversight and leadership.</p>
<p><b>2. Continue to identify contexts where embedding a nutrition technical professional within the government structure for an extended period can be transformational.</b> TA providers with a mix of technical and political skills can play a key role in building government stakeholder awareness and multi-sectoral coordination, keeping nutrition high on the agenda for both political and managerial discussions. Ensuring sustainability and government ownership after capability is strengthened is also important.</p>
<p><b>3. Leverage TA to advocate for governments to fulfill their commitments for nutrition-related human resources.</b> Insufficient trained human resources for nutrition was a common barrier to achieving increased capacity across all countries. While TAN TA can help fill vacant technical posts in the short-term, future TA should hold governments accountable for filling nutrition-focused staff positions and invest more resources in training the staff hired to fill the observed capability gaps.</p>
<p><b>4. Support government leaders to prioritize the most effective actions when resources are not sufficient to fund the whole plan.</b> TA that is designed to support sectoral managers to translate complex action plans into shorter work plans that are feasible to fund, implement and monitor in annual programme cycles is expected to demonstrate success, deliver <i>'more nutrition for the money'</i>, and build greater political buy-in and commitment to sustain funding for nutrition.</p>
<p><b>5. Build on its success in support for costing of nutrition action plans and increase its focus on supporting government stakeholders to track actual spending on nutrition.</b> Now that more governments have costed nutrition action plans in place, there is a need to ensure the budgets committed are disbursed and spending for nutrition tracked.</p>
<p><b>6. Continue to build the knowledge base on what works to integrate gender equality in nutrition programme efforts.</b> Working with TA providers to develop results pathways for gender equality actions and results will help to understand enablers and barriers to achieving this outcome. TAN could also support the development of field-friendly tools that assist TA providers in their efforts to increase stakeholder awareness on the links between gender and nutrition, conduct gender analysis of data, identify context-specific gender-sensitive performance indicators, and engage more women in decision-making processes.</p>

## Key Findings from Selected Countries in Africa

This section summarizes key findings from the Progress Assessment on five TA assignments delivered in Ethiopia, Kenya and Mozambique.

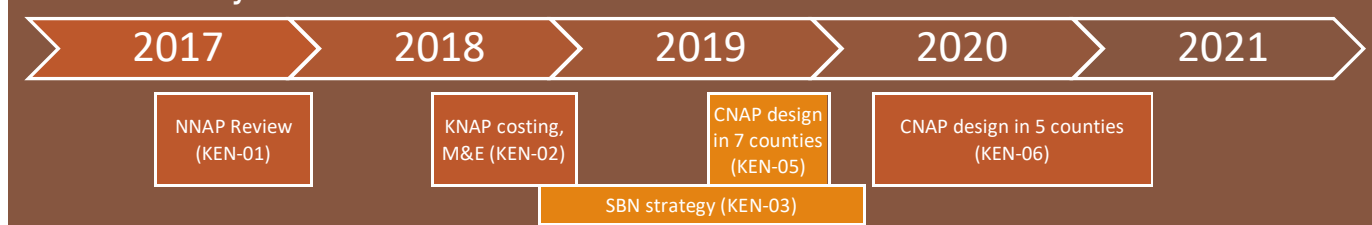
### Nutrition International TA Support to Scale-up Nutrition in KENYA

Nutrition International has provided a series of TA through the TAN project for strengthening the nutrition enabling environment in Kenya, with the first TA in 2016 (KEN-01) supporting a review of the national nutrition action plan (NNAP), and the second TA (KEN-02) supporting the development of the KNAP 2018-2022, specifically the costing and M&E framework (see figure below for a timeline of TA provided in Kenya).

The FY 2020-21 Progress Assessment focused on results achieved by two TA provided in 2018 and 2019:

- 1) **Support to counties to develop their nutrition action plans (Kajiado, Elgeyo Marakwet, Nandi, Busia, Vihiga, Tharaka Nithi, Makueni counties, KEN-05)** – From Jul-2019 to Dec-2019, a team of TA providers facilitated a consultative process to support seven counties to develop a costed multi-sectoral nutrition action plan, including a financial tracking and resource mobilization framework and common results and accountability framework.
- 2) **Support coordination of the Kenya SUN Private Sector Network (SBN, KEN-03)** – From Nov-2018 to Feb-2020, an individual TA provider conducted a series of stakeholder consultations to develop a 5-year network strategy and support the network secretariat in its initial coordination efforts.

#### Overview of Kenya TA Timeline



The added value of “sequential packages” of TA for the achievement of outcomes was observed in Kenya, as the Progress Assessment found that involving the same TA providers for support to both national and county-level nutrition action plans helped improve alignment between these levels and provided an opportunity to test out the county guidance and financial tracking tools developed in the first TA (KEN-02 to support development of the national nutrition action plan). This contributed to improved quality of TA products and enabled continuity of efforts. Similarly, the SBN strategy aligned well with national and county-level action plans, although the SBN still needs to establish county-level chapters to engage effectively with CNAPs.



#### What worked well?

Successfully delivered over a short period of six months, the CNAP TA process was highly consultative and contributed to close alignment of county-level plans with the national nutrition action plan, enhancing COORDINATION between national and subnational levels. Strong engagement of county-level public sector, civil society and development partner stakeholders during the design phase was reported by stakeholders,

contributing moderately to increased SCALE as the TA support increased involvement of non-health sector stakeholders and NGOs in nutrition planning and resource mobilization. The assessment found little evidence of any increased SCALE of multi-sectoral implementation of nutrition actions following the launch of the CNAPs.

The involvement of multiple stakeholders and domestication of national nutrition priorities was also seen as contributing to increased QUALITY of the CNAPs, enhancing local ownership and better reflecting the local context for nutrition. Full adoption of the results frameworks is expected to enhance accountability and transparency due to ability to track progress once implementation begins.

### Resource Mobilization for Nutrition



- In Kenya, TA support for the costing of CNAPs has contributed to an increased commitment of funds towards implementing nutrition-related interventions outlined in the action plan. In 4 of 7 counties supported, the CNAP had attracted new funding through innovations such as Nutrition International's match fund which is expected to act as a catalyst for further funding.
- The CNAPs are also expected to help in advocating for more county resources for nutrition programmes and tracking the resources used for nutrition, contributing to enhanced transparency in use of resources and ease of future costing of nutrition activities.

TA support to the development of the **Kenya SBN 5-year strategy** was aimed at maximizing private sector contribution to scaling up nutrition in the country and complement government efforts in realizing the national action plan goals. The development of the SBN strategy took longer than anticipated, in part due to the challenge in engaging private sector stakeholders and helping them understand their roles in influencing the nutrition landscape. Yet the strategy was launched at national level in 2019.

The SBN Secretariat is currently supporting private sector stakeholders to implement various pillars of the strategy. This has led to improved CAPABILITY of small and medium businesses to produce and sell products that promote healthy diets, as well as see the value of improved quality of products through their involvement in the network. For example, in supporting small and medium enterprise (SME) efforts to develop food products, the SBN helps identify key issues such as food quality, safety, risk assessment and storage, helping them consider how to meet national standards.



### What could be improved?

**While TA support for the development of CNAPs was expected to increase county CAPACITY for nutrition service delivery and increased level of effort by multiple sectors, this has not yet been realized due to delays in dissemination and implementation.** The Progress Assessment found that post-TA, there had been little engagement of stakeholders in the two counties visited (Busia and Makueni) and there were bottlenecks in the release of funding committed for nutrition. With limited resources available for a long list of interventions in the CNAPs, there is a need for county leaders to prioritize and ensure that resources are invested in the most effective actions that address the main causes of malnutrition in each county - *'more nutrition for the money'*.

**The Progress Assessment also heard from civil society stakeholders that there had not been sufficient engagement of target communities in the CNAP design process.** Consultation with communities themselves on the priorities for action can help create better ownership and demand for services.

**While inclusion of marginalized groups, including women-led businesses, was embedded in the SBN strategy, stakeholders noted the need to articulate in more detail how to address barriers to doing business faced by**

**women business owners as well as people with disabilities and youth.** The SBN secretariat has struggled to support activities at the scale proposed in the strategy and recognizes the **need to develop a different funding model** to strengthen its capacity to fully support implementation in the future.

#### Role of KNOWLEDGE MANAGEMENT in Kenya TA

- Knowledge transfer through engagement with TA providers contributed to improved understanding of multi-sectoral actions for nutrition among both national and subnational stakeholders. This was catalyzed through mentorship, workshops and training as TA products were being developed.
- At county-level, the "learn by doing" approach was appreciated by stakeholders, as they felt they were given opportunity to learn and practice new skills in a supportive way, contributing to increased CAPABILITY. The financial tracking tool used during training to help county stakeholders start thinking about the different sources of money was also intended to be a tool that helped them track the sources of funding for nutrition prospectively. Inclusion of gender experts during the TA process supported increased understanding of the role of gender in nutrition among stakeholders; however, there is a need for local gender expertise to help shape the approaches used to improve GENDER EQUALITY.
- The KEN-03 TA provider supported the link with the global SUN Business Network and helped Kenya's Private Sector Network adapt the model results framework and tracking tool to define its goals and show how the network's actions contribute to those goals. *"...she was a really good example of coordinators that understood the value of the data being collected and turning it around to be useful to the network members..."*



#### Key dependencies

**County level coordination is challenged by lack of political leadership and influence for nutrition.** Nutrition coordinators working within the MOH have limited influence on other sectors regarding their nutrition-related commitments. This is an important political economy challenge for multi-sectoral nutrition coordination at both national and county levels. There is a need to involve political leaders to achieve a positive political environment that supports allocation of resources and implementation at the highest levels. It may be helpful to create a **cross-sector focal point for nutrition** with political power and influence to ensure the various county departments are held to account for their commitments to nutrition activities and monitoring of results.

**Dependence on external donor funding for nutrition** – Stakeholders consulted during the Progress Assessment recognize the need to develop different funding models to support nutrition actions at county level and by the SBN secretariat. The Kenya assessment recommends for sustainability to weed out overdependence on donors and instead advocate for county governments to give more priority to funding nutrition activities using their annual budgets.



## TAN Support to Scale-up Nutrition in MOZAMBIQUE

TAN has invested in a portfolio of three TA in Mozambique between 2017 and 2021 that have responded to country TA demands and capacity gaps, without having a Nutrition International office or staff in-country. Three TAs have built on each other, engaging stakeholders in participatory ways to strengthen the policy environment for integrating FNS and provide tools for implementation.

The FY 2020-21 Progress Assessment focused on results achieved by TA support for the **development of Mozambique's FNS Strategy (ESAN III 2018-2025) (MOZ-02)**. From Apr-2018 to Sep-2019, a team of TA providers supported the government's coordinating body, SETSAN, to conduct a series of consultations with stakeholders from different sectors to draft the next 5-year multi-sectoral FNS strategy.

### Overview of Mozambique TA Timeline



### What worked well?

**The TA was successful in conducting a highly participatory process that ultimately achieved strong buy-in from government ministries, civil society and development partners for the first official FNS strategy that outlines an integrated approach.** Multiple training and review sessions helped align stakeholders' knowledge of the current FNS situation in the country and increased awareness of their respective roles.

The ESAN III strategy reflects very well the government's efforts to decentralize, providing guidance for the **establishment of provincial and district councils to support planning, monitoring and implementation of FNS activities**. The strategy also includes a **budget framework** to show the level of resources required to support its implementation. While no budget allocations have been made yet, follow-up TA (MOZ-03) is supporting the development of a Financing and Budgeting Framework and development of a Domestic Resource Mobilization (DRM) Strategy for FNS activities. The Ministry of Finance has also prioritized FNS as a cross-cutting programme in the government's Budget Planning System and will take into consideration the DRM Strategy under development. This prioritization will strengthen the institutional structure to support increased investment in FNS activities in the future.



### What could be improved?

**Inclusion of a M&E framework in the strategy provided an opportunity for stakeholders to take stock of the data available on FNS from each sector.** Stakeholders interviewed for the assessment identified the **need to strengthen the quality of indicators proposed in the M&E framework**. Improved district-level capacity for FNS planning and budgeting will also be needed for the success of the bottom-up approach recommended by ESAN III.



## Key dependencies

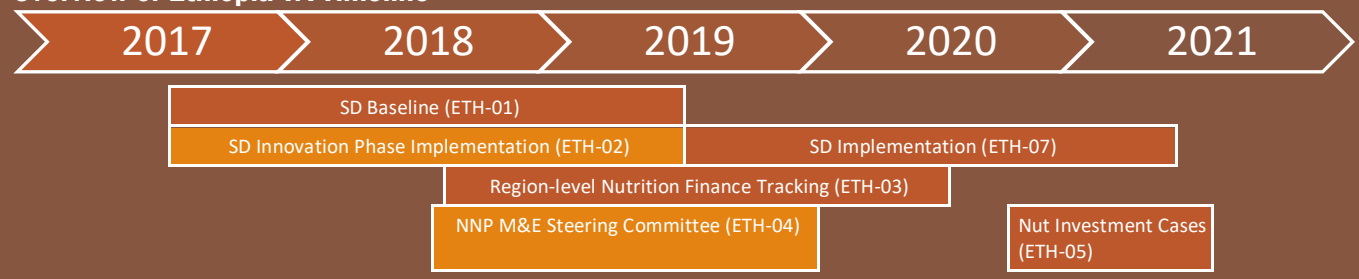
A recent shift in the level of political commitment for an integrated approach to FNS has contributed to delays in approval and implementation of ESAN III. During CONSAN's review of ESAN III, the **lack of current data on FNS** to inform the strategy was raised as a critical issue to be resolved before the strategy could be approved. While the design process for ESAN III has done a lot to bridge the gap between nutrition and food security, there is a need to continue sensitizing SETSAN (sitting within the Ministry of Agriculture) and line ministries' leadership on giving equal priority to food and nutrition security. CONSAN, the coordinating body that is chaired by the prime minister and attended by all relevant government ministries, civil society and private sector stakeholders, has only met twice since it was established in 2017 (once in 2018 and 2019) and no meeting was organized in 2020 due to the COVID-19 pandemic.

## TAN Support to Scale-up Nutrition in ETHIOPIA

Nutrition International has provided TA in Ethiopia through the TAN project to support the implementation of the SD and the NNP since 2017. The FY 2020-21 Progress Assessment focused on results achieved by two TA assignments provided between 2017 and 2019.

- 1) **Senior Technical Advisor for SD innovation phase (ETH-02)** – From Jul-2017 to Jul-2019, a senior technical nutrition consultant worked in the FPDU at the Federal MOH to support successful implementation of the SD innovation phase in two regions. The TA provider developed performance tracking tools and a multi-year investment plan, as well as providing managerial and technical leadership support for implementing SD innovations.
- 2) **Support to NNP M&E Steering Committee (ETH-04)** – From Jul-2018 to Jan-2020, an individual consultant worked full-time at the Ethiopia Public Health Institute (EPHI) Food Science and Nutrition Research Directorate to strengthen the role of the NNP II M&E Steering Committee to effectively monitor, evaluate and coordinate utilization of multi-sectoral nutrition information. The TA provider mapped the various M&E stakeholders and conducted a Strengths, Weaknesses, Opportunities and Challenges (known as SWOC) and capacity needs assessment.

### Overview of Ethiopia TA Timeline





## What worked well?

**Provision of high-level TA like the one provided by TAN for SD innovation phase implementation was effective in proactively engaging political leaders and securing their political commitment; this contributed to improved multisectoral COORDINATION and accountability among the implementing sectors.** Embedding a TA provider within a government office created opportunities for strengthening the existing government system and leveraging resources to deliver expected outcomes. This TA contributed to an **increased number of sectors and partners involved in SD implementation** and influenced government plans for scale-up from 40 to 200 woredas.

Increased financial investment from government and development partners is critical for the success of multi-sectoral nutrition program implementation. Advocacy efforts of TA providers and technical support for proposal development contributed to **increased domestic and donor resources mobilized for SD implementation.**

The NNP **performance reporting scorecard** developed by the Monitoring, Evaluation and Reporting Steering Committee with TA support under ETH-04 was successfully adapted and used by the FPDU with TA support under ETH-02 to improve COORDINATION of the various sectors, as evidenced by their regular use of this monitoring tool during quarterly performance review meetings. Each SD implementing sector now has clear and measurable performance indicators that are reported on from kebele level to woreda, region and federal levels.

**The TA provider played a key knowledge brokering role** in supporting the FPDU to document knowledge and lessons learnt from SD implementation and learning visits and then facilitating high level advocacy forums with political leaders and sector leaders to use the knowledge for sector policy and strategy revisions as well as resource mobilization decisions in support of the SD implementation.

**The nutrition leadership and technical trainings by both TA providers have contributed to improved CAPACITY for delivery and monitoring of nutrition actions.** SD sectoral focal persons are now reported to have better knowledge and skills in nutrition-related planning, implementation, monitoring and reporting because of TA support.

The Progress Assessment also found that the NNP M&E TA training of all NNP sectors resulted in more active engagement in nutrition by the **Ministry of Women, Children and Youth Affairs**. Following training workshops and coordination meetings organized by EPHI with support from the TA provider, **the Ministry assigned three nutrition focal persons representing its three major directorates and integrated gender sensitive NNP indicators into its annual plan which are reported on during quarterly performance review meetings.** Participation in trainings and review meetings with other nutrition partners has also improved the Ministry's capacity to influence other government sectors to integrate gender sensitive nutrition indicators in their plans.



## What could be improved?

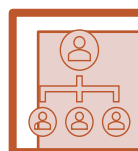
Stakeholder interviews revealed that **NNP M&E TA did not make a meaningful contribution to enhance capability of the EPHI team**, as the TA provider was unable to carry out training to fill gaps shown by the capability needs assessment, including advanced data analysis software training needs among Steering Committee members. The intensive work and duration of the TA made it difficult to achieve a higher level of knowledge and skills transfer to EPHI staff. Post-TA, the NIPN initiative has helped fill this gap with trainings.



## Key dependencies

**Political economy for nutrition** - Although the TA was instrumental in conducting a review of the NNP II key performance indicators tracked by all sectors and development of a **multi-sectoral nutrition scorecard** for use in measuring each sector's performance, the Progress Assessment found **little progress so far in adoption of the indicators within NNP sectoral information systems**. Because EPHI does not have a direct structure at subnational level, support for adoption of the scorecard by NNP sectors at subnational levels is being channeled through the Federal MOH structure. However, the assessment was not able to document any concrete evidence on the contribution to improved quality of nutrition actions.

**COVID-19 pandemic impact** - Assessment respondents reported that the intensity of nutrition interventions & other government programs had decreased following COVID-related travel restrictions. While most coordination meetings for SD sectors and NNP interventions were held virtually, participation of key stakeholders was reportedly lower compared to in-person meetings. In addition, nonessential in-person supervision visits were scaled down. Travel restrictions were lifted after a few months and nutrition interventions have resumed by taking precautionary measures to prevent COVID-19.



### Nutrition Governance Structures

Based on knowledge and evidence gathered during ETH-02 and ETH-04 TA processes, a **decision was made to establish a higher government body, the Food and Nutrition Council, led by the prime minister to take responsibility for multi-sectoral coordination for the National Nutrition Program**. The establishment of the council is expected to sustain the SD multisectoral coordination systems established and strengthened with TA support. Both TA providers provided technical support for the preparation of documents to this effect which have been submitted to the parliament and the Attorney General.

## Key Findings from Selected Countries in Asia

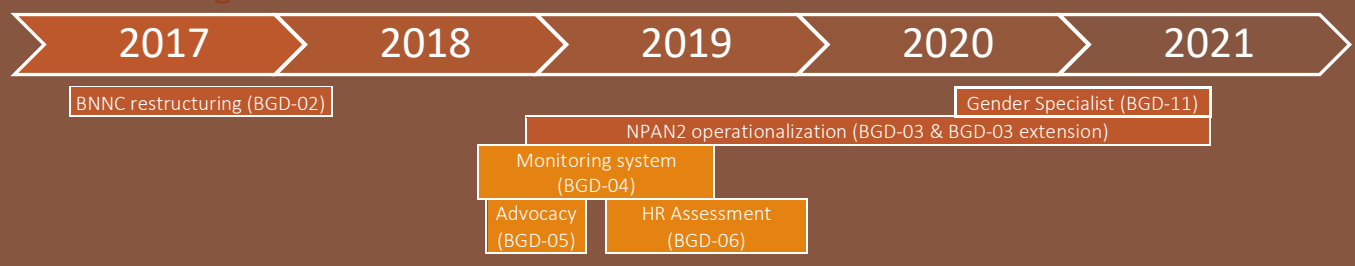
This section summarizes key findings from the Progress Assessment on four TA assignments delivered in Bangladesh and Pakistan.

### TAN Support to BNNC

Nutrition International has been providing TA through the TAN project to BNNC since 2017, supporting its revitalization as the apex body for nutrition in the country and its efforts to guide the operationalization of the NPAN2 at national and subnational levels through strengthened multi-sectoral and multi-stakeholder coordination. The FY 2020-21 Progress Assessment focused on results achieved by three short-term TAs (duration of 12 months or less) provided to BNNC in 2018 and 2019.

- 1) **Support strengthening of multi-sectoral nutrition monitoring, evaluation and reporting in Bangladesh (BGD-04)** – From Sep-2018 to Aug-2019, a team of TA providers supported BNNC to work with five government ministries to develop a coordinated system for collecting and reporting on a list of 25 priority NPAN2 indicators.
- 2) **Formulation of Advocacy Plan for Nutrition aligned with Social and Behaviour Change Communication Strategy in Bangladesh (BGD-05)** – From Oct-2018 to Mar-2019, TA providers conducted a series of stakeholder consultations that resulted in an Advocacy Plan for Nutrition that was aligned with the national Social and Behaviour Change Communication strategy and was expected to help BNNC raise the profile of nutrition among government, donors and development partners.
- 3) **Assessment of human resource need for nutrition in different sectors to achieve the goal of NPAN2 in Bangladesh (BGD-06)** – From Apr-2019 to Dec-2019, a team of TA providers conducted a comprehensive review across 22 government ministries to map the existing workforce for nutrition and assess the gaps and requirements in each sector to achieve NPAN2 goals.

### Overview of Bangladesh TA Timeline



### What worked well?

**TA has played a key role in supporting BNNC in its efforts to overcome the challenges of working in a multi-stakeholder, multi-sectoral manner.** While NPAN2 is a valuable guide for multi-sectoral efforts to improve nutrition in Bangladesh, the practical steps that need to be taken to achieve its goals are monumental and require increased awareness and capacity of all relevant ministries. The Progress Assessment confirmed that Nutrition International's TA has supported the BNNC to strengthen governance and planning processes for government stakeholders to figure out the implementation process, one step at a time.

**The greatest achievement of the TAs was increased COORDINATION of all government ministries by BNNC, resulting in workplans generated by each of the ministries along with the budget.** This was achieved because of support from TAN TA and other development partners (World Health Organization, Global Alliance for Improved Nutrition, Save the Children, UNICEF).

**TA to strengthen the NPAN2 monitoring and reporting system has contributed to increased SCALE in terms of the number of ministries who are contributing data to a central monitoring system for the 25 priority outcome-level indicators.** It is now being rolled out and pilot-tested in six districts and sub-districts with support from a follow-up TA, Operationalization of NPAN2 (BGD-03 Ext). Other development partners (UNICEF and CARE) are also including the priority indicators in their district plans.

**The Advocacy Plan for Nutrition was launched in December 2019 and officially approved by the government in July 2020.** BNNC is spearheading its implementation, including the preparation of policy briefs and inclusion of budgeted advocacy items in workplans.

**Although each of the three TA contributed in small but tangible ways to advancing the nutrition agenda,** follow-up TA (BGD-03 Ext.) and the involvement of a gender expert (BGD-11) in the years following these short-term TA have been invaluable in supporting BNNC to operationalize the TA products from previous TA, extend the work to the subnational level and adapt to the change in context due to the COVID-19 pandemic.



### What could be improved?

**TA support needs to combine national policy work with service delivery realities.** The assessment found that some TA processes did not sufficiently consult with field-level stakeholders. This is now happening as part of follow-up TA focused on piloting the M&E framework in six districts and subdistricts, as well as the orientation and training activities planned to support government ministries in addressing nutrition advocacy and HR gaps.

**Efforts to improve Gender Equality** - TA efforts to mainstream gender through BNNC staff training for nutrition monitoring and reporting have not yet achieved measurable results. The assessment found insufficient consideration of gender and nutrition issues in the TA supporting the Advocacy Plan and HR for Nutrition Assessment. Recent steps have been taken to involve gender experts in follow-up TA (BGD-11) and build BNNC's staff gender expertise, including BNNC's appointment of a Director who will act as a gender focal point.

**More institutional approaches to staff training for nutrition** – Individual TA contribution to improved CAPABILITY was limited due to frequent staff turnover and a reliance on one-off training sessions during TA assignments. Many staff in both health and other sectors need training to improve their knowledge and skills for nutrition actions, at all levels. The follow-up TA (BGD-03 Ext.) support to BNNC to develop a nutrition training strategy and guidelines for HR capacity development across the various government ministries is expected to help institutionalize staff in-service training on nutrition and gender equality at all levels.



### Key dependencies

**Nutrition coordinating bodies are essential, but must have the right mix of political and technical leadership to effectively perform their role.** Although BNNC has a strong policy role, it also needs to strengthen its technical capacity to lead/coordinate the follow-up actions needed by ministries in implementing those policies, such as overseeing the rollout of the nutrition monitoring and reporting framework across all ministries, implementing the Advocacy Plan, and supporting government ministries to address HR gaps for nutrition action.



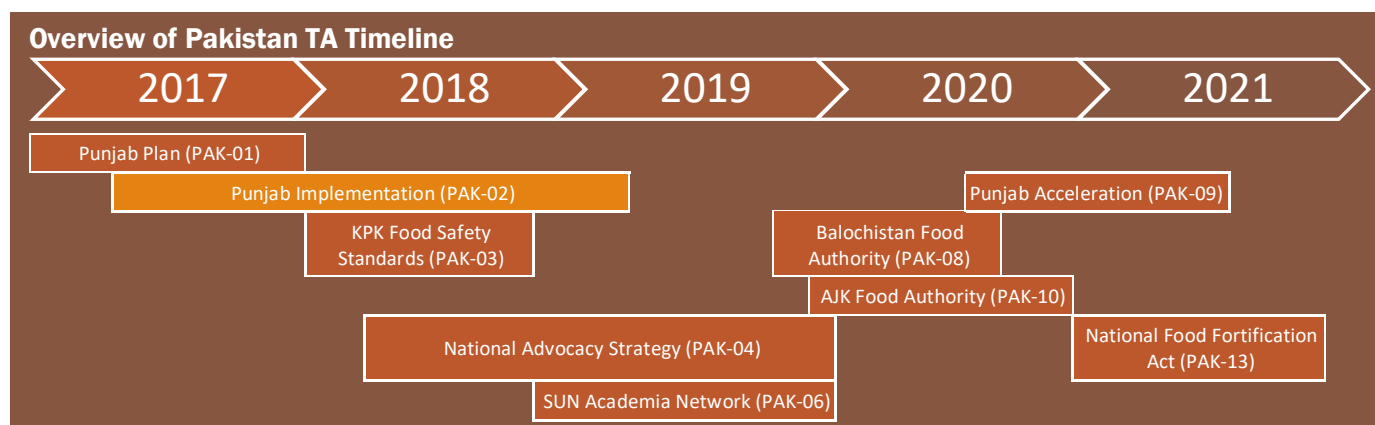
**BNNC's understaffing**, with only 18 of 50 positions currently filled, limits its capacity to carry forward the TA products and processes supported by TA. Staff turnover took place at an unusually high rate in the past year. This seriously disrupted BNNC's ability to carry out follow-up actions.

The **COVID-19 pandemic** has had an extensive negative impact on the government's priorities and ability to carry out the follow-up actions required to achieve the desired results. BNNC has done well at adapting its approach and current TAN TA providers have helped fill technical gaps throughout.

## TAN Support to SUN Secretariat in Punjab province, Pakistan

Nutrition International has provided a series of TA through the TAN project at both national and provincial levels in Pakistan since December 2016 (see figure below for a timeline of TA provided). The FY 2020-21 Progress Assessment focused on results achieved by TA **support to the SUN Secretariat in Punjab province for Advancing the SUN Agenda in the Province through Multi-stakeholder and Multi-sectoral Platforms (PAK-02)**.

From March 2017 to March 2019, a senior technical nutrition TA provider worked within the provincial SUN Secretariat hosted within the Planning & Development (P&D) Board and reported directly to the SUN Focal Point, while also liaising with other officials of the P&D Department, provincial departments involved in nutrition, other stakeholders, and the SUN FP at the federal level. The overall objective of the TA was to support and build the strategic capacity of the SUN FP of Punjab province in achieving the provincial nutrition goals and advancing the federal SUN agenda, through collective and collaborative engagement of sector partners, stakeholders and SUN Networks.



## What worked well?

**Knowledge management and capacity building contributions were integral:** The TA played a pivotal role in developing an understanding of nutrition as a multi-sectoral issue. TA products developed, establishment of an information and knowledge sharing mechanism, formal trainings, regular meetings and involvement of key players in planning and monitoring all helped develop an understanding among relevant stakeholders about their role in forwarding the nutrition agenda. The TA support helped actors identify how to prioritize nutrition and what actions they needed to undertake within their scope to improve nutrition in the province.

**Progress observed in this context appears to be a result of finding the right balance between acting at both the higher, political levels and the local, implementation levels.** High-level and senior government officials need to be fully engaged in, and committed to, supporting the nutrition policy/strategy, including mobilizing government funding. However, it is equally important to consider what is needed at the field level to ensure that implementing these nutrition actions is sustainably prioritized. **TA support to reactivate District Malnutrition Addressing Committees in 11 priority districts** is credited with contributing to increased coverage for direct nutrition interventions from 40% in 2017 to 75% in 2020, along with improved QUALITY of these programmes.

**The number of government departments actively participating in the Multi-Sectoral Nutrition Cell in Punjab province increased from 6 to 17 during the TA period and has been sustained.** The success in mobilizing more nutrition-sensitive departments has also contributed to **increased government CAPACITY for delivery of nutrition actions**, as non-health sector staff are delivering more nutrition actions because of increased nutrition awareness.

**TA support for financial tracking of total allocations being made to nutrition actions in the province enabled the SUN secretariat to advocate for higher nutrition budgets.** As a result, the public financial allocation to nutrition as a percentage of Punjab province's Annual Development Plan **increased from 30% in 2017 to 35% in 2020.** The TA also resulted in mobilization of increased donor funding by UNICEF and World Bank. A multi-year resource mobilization plan has provided a common reference point and improved predictability of state funding.

**Improved COORDINATION of the various sectors involved in nutrition has been achieved through establishing a platform for quarterly performance review meetings.** TA support contributed to the development of a **monitoring framework to track sector performance** during these meetings.

**A province-wide information and knowledge sharing mechanism** created with the support of the TA provider continues to meet on a quarterly basis and provides a forum for public sector and civil society stakeholders to report on workplans, identify gaps in service delivery and share field learning with parliamentarians from across the province.

TA support **enhanced nutrition CAPABILITIES among political and sectoral staff.** The TA contributed directly to increasing the provincial SUN FP's leadership and technical understanding of nutrition. Both formal training and informal on-the-job capacity building helped guide and motivate sector specialists and staff to focus on their nutrition responsibilities. TA-supported training on financial tracking and budget advocacy for government staff and civil society organizations strengthened their ability to advocate for a higher nutrition budget during planning meetings.



### What could be improved?

Although the TA was seen to contribute to gender equality, the result was evident largely in the prioritization of women as direct beneficiaries of nutrition services, including deliberate emphasis on women as beneficiaries for nutrition-sensitive agriculture and water, sanitation and hygiene (WASH) activities. **Integration of gender considerations into the overall TA process was not evident** – for example, availability or value addition of specific gender expertise in the design phase, financial tracking of gender focused nutrition interventions, or deliberate representation of women in the policy making process at senior levels.

**Improve coordination within SUN networks:** Inter-network coordination within the SUN secretariat needs to be strengthened under the leadership of the SUN FP Punjab. Currently, each network operates separately. Some avenues to explore include how Corporate Social Responsibility activities of SUN Business Network members

may support SUN Civil Society Alliance (SUNCSA) or SUN Academic and Research Network (SUNAR) activities, or how SUNCSA can facilitate fieldwork for SUNAR research projects.

**Enhance scope of financial tracking:** To increase its impact, the P&D Department should support financial tracking at the district level for district development plans as it would increase follow-up, accountability and transparency at the implementation level. Furthermore, it is also important to track the actual release and spending of budgets for nutrition, as these are not always equal to the original allocation.



### Key dependencies

**Having dedicated staff for nutrition is instrumental for driving the nutrition agenda.** Most of the staff working on nutrition are also engaged in other tasks and have their attention divided. Hiring district Nutrition Coordinators to lead the District Malnutrition Addressing Committees and follow-up nutrition activities in the field was critical for achieving increased SCALE. Keeping multisectoral coordination structures and processes active requires dynamic and sustained facilitation, underscoring the importance of dedicated nutrition staff.

## Key findings from TA support to nutrition scale-up at subnational levels

This section summarizes the key findings from the FY 2020-21 Progress Assessment on the topic of how TA can support the operationalization of nutrition plans at subnational level.

### Why subnational level TA is important

Nutrition International's TAN TA supports SUN governments to translate high-level political expressions of commitment to reducing malnutrition into institutional<sup>1</sup> and operational commitment whereby empowered institutions have the capacity to drive action and achieve on-the-ground results.<sup>2</sup> To achieve nutrition results at scale, there is a need for successful subnational-level planning, budgeting, implementation and monitoring of nutrition actions. This requires sustained allocation of human, technical and financial resources for nutrition at subnational levels and the commitment of sectoral staff responsible for managing these programmes.

Recent evidence highlights the importance of indirect (nutrition-sensitive) interventions for achieving nutrition goals such as reduced child stunting.<sup>3</sup> Other important enabling factors include high-level political and donor commitment, strong leadership for mainstreaming nutrition across sectors, increased use of data for monitoring and decision making, as well as support for improving both horizontal (cross-sectoral) and vertical coherence in nutrition planning and implementation.<sup>4</sup> Since many sectors already deliver programmes with the potential to improve nutrition, they are not being asked to do new things but rather to converge efforts at all levels.

Nutrition TA plays an important role in supporting government stakeholders and their development partners to operationalize multi-sectoral nutrition plans and increase horizontal and vertical coherence in implementation at the subnational level.

### How TA assessed worked at subnational levels - direct and indirect results pathways

**Two of the nine TA assignments included in this year's Progress Assessments provided support directly at the subnational level.** In Punjab province, **Pakistan**, a senior technical nutrition TA provider worked for two years within the provincial SUN Secretariat, reporting to the SUN FP and liaising with stakeholders including the P&D Department. The TA sought to build the strategic capacity of the SUN Secretariat in achieving the provincial nutrition goals through collaborative engagement of sector partners and SUN Networks. In **Kenya**, a team of TA providers facilitated a consultative process to support seven counties to develop a costed multi-sectoral nutrition action plan, including a financial tracking and resource mobilization framework and common results and accountability framework. The county plans were expected to align closely with the national action plan.

In **Ethiopia**, the SD TA provided support to both federal and regional levels. In **Bangladesh**, **Ethiopia** (NNP M&E), **Kenya** (SBN Strategy) and **Mozambique**, TA support focused primarily at the national level, although efforts were made in most TA to include subnational stakeholders in consultations, where appropriate.

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<sup>1</sup> Examples of institutional commitment include establishing coordinating agencies and adoption of enabling policies and plans.

<sup>2</sup> Baker P, Hawkes C, Wingrove K, et al. (2018) What drives political commitment for nutrition? A review and framework synthesis to inform the United Nations Decade of Action on Nutrition. *BMJ Global Health* 3:e000485. <http://dx.doi.org/10.1136/bmjgh-2017-000485>  
Fracassi P, Siekmans K, Baker P (2020) Galvanizing political commitment in the UN Decade of Action for Nutrition: Assessing commitment in member-countries of the Scaling Up Nutrition (SUN) Movement. *Food Policy* 90:e101788. <https://doi.org/10.1016/j.foodpol.2019.101788>

<sup>3</sup> Bhutta ZA, Akseer N, Keats EC, et al. (2020) How countries can reduce child stunting at scale: lessons from exemplar countries. *Am J Clin Nut* 112(S2):894–904. <https://doi.org/10.1093/ajcn/nqaa153>

<sup>4</sup> Heidkamp RA, Piwoz E, Gillespie S et al. (2021) Mobilising evidence, data, and resources to achieve global maternal and child undernutrition targets and the Sustainable Development Goals: an agenda for action. *Lancet* 397:1400-1418. [https://doi.org/10.1016/S0140-6736\(21\)00568-7](https://doi.org/10.1016/S0140-6736(21)00568-7)

## TA contribution to the desired outcomes at subnational level

**Progress Assessment results show the importance of TA provision at the subnational level to directly address many of the coordination and implementation challenges experienced in the operationalization of multi-sectoral nutrition plans.** The long-term (2 years) TA provided in Punjab province (**Pakistan**) to operationalize the multi-sectoral nutrition strategy contributed to increased SCALE and COORDINATION in various ways, ensuring that high-level political commitment to nutrition was sustained, supporting government bureaucrats to track funding for nutrition and advocate for its integration in annual workplans across sectors, and ensuring that district-level 'Malnutrition Addressing Committees' were reinvigorated to monitor and scale-up delivery of direct and indirect nutrition activities at the frontlines.

Similarly, the assessment of outcomes associated with the long-term (2 years and ongoing) TA provided in **Ethiopia** for SD implementation also demonstrated the value of the TA provider's support at federal, regional and woreda levels to increase the number of sectors and partners involved and number of interventions delivered (SCALE) as well as improving COORDINATION mechanisms both horizontally, across multi-sectoral stakeholders at woreda level, and vertically. As a result of nutrition leadership support and technical trainings provided to sectors by the FPDU under the leadership of the TA provider, sectors' CAPACITY for planning, implementation and reporting has improved. Key informants noted that this achievement is now being showcased at nutrition events as an example of improved sector capacity for nutrition planning, implementation and reporting.

In **Kenya**, results from the short-term (6 months) TA provided at subnational level to support 7 counties in developing multi-sectoral nutrition action plans showed that the involvement of TA providers in supporting both national & county-level Nutrition Action Plans has helped improve alignment between these levels AND provided an opportunity to test out the NNAP guidance and financial tracking tools developed in an earlier TA, KEN-02 - Support to development of 2018-22 NNAP. This has contributed to improved quality of products and enabled continuity of efforts. While the CNAP design process laid a strong foundation for improved COORDINATION across sectors and increased SCALE of nutrition actions through greater prioritization and resource mobilization for nutrition, there was little evidence of implementation of these plans to date. County-level coordination is challenged by lack of political influence for nutrition, as nutrition coordinators sit within the MOH and have limited influence on other sectors regarding their nutrition-related commitments. Stakeholders also mentioned the challenges of collaboration between national and county government which can limit optimal engagement for synergy.

The assessments in **Bangladesh** and **Ethiopia** highlighted the need for TA provision at subnational levels where implementation takes place. While TA support at the national level in **Bangladesh** for the development of an integrated nutrition monitoring and reporting system and assessment of human resource needs for nutrition has identified gaps in CAPACITY, assessment respondents expressed the need for more engagement of subnational-level stakeholders to ensure that the policies and strategies developed are well-informed by implementation-level capacities, processes and conditions. In this country, the challenges of working with 22 ministries to operationalize NPAN2 have been enormous, even at the national level. For example, it took two years from the launch of the NNAP to work with only five government ministries to improve the regularity of their reporting. Follow-up TA (BGD-03 Ext.) and the involvement of a gender expert (BGD-11) in the years following TA have been invaluable in supporting BNNC in operationalizing the TA products from previous TA and extending the work to the subnational level.

Similarly, to achieve further scale-up of nutrition actions in **Ethiopia**, additional TA is required at subnational levels, especially at woreda levels, as the gap in technical oversight and demand for TA is higher at woreda levels where most of the SD activities are implemented.

### *TA providers as nutrition champions at subnational level*

Achieving coherence across the various sectors involved in nutrition is not an easy task, with many conflicting interests and a wide range of stakeholders to consider. In **Ethiopia**, the TA provider functioned as a nutrition champion at the federal level as well as at the regional and woreda levels where the SD innovation phase was being implemented. In Punjab province, **Pakistan**, the TA provider functioned in a supportive, yet technically authoritative role that also strengthened the provincial SUN FP in his role as a nutrition champion. In both cases, the TA providers were embedded in the government and worked effectively (both vertically national-subnational levels and horizontally across sectors) to identify what was already happening, what needed to change, and who needed to be involved. In both instances, the TA was instrumental in creating a shared vision of change and this has contributed to sustained increased COORDINATION and SCALE of action.

### *Opportunities to strengthen TA support at subnational level*

#### *Understanding the complex pathways from policy to action for nutrition*

Navigating the steps along the pathway from policy to action takes time and requires a combination of political and technical skills to achieve results. TA results pathways need to be described in more detail, including both 'proximal' and intermediate outcome-level results. Documenting the steps along the pathway from a subnational government's political commitment to nutrition (e.g. province or county nutrition action plan) to implementation of those actions at scale would be a valuable resource for public stakeholders in the early stages of similar efforts, whether in the same country or other similar contexts.

Political commitment also needs to be reinforced at every step of the TA process, engaging political authorities and decision-makers to increase their awareness of nutrition and the value of investing in multi-sectoral actions. While TA providers need to have a solid understanding of nutrition from a technical perspective, they also need to be able to help solve complex institutional and political problems. TA providers with 'soft' skills to engage strategically with stakeholders in political positions achieved greater progress.

#### *Technical support for implementation of policies and plans*

Technical expertise is valuable for supporting government efforts to implement multi-sectoral nutrition plans. However, due to the complex processes and barriers faced in using technical TA products, TA provided as a short, targeted assignment achieved fewer outcome-level results. TA was more effective in achieving results when embedded within the government structure and supported over a longer period of time in order to support stakeholders through the multitude of planning, budgeting, reporting and decision-making processes that occur during the calendar year. Furthermore, long-term TA assignments were more effective in building enhanced CAPABILITY for nutrition through mentoring and 'on-the-job modeling' of actions that keep nutrition as a priority and integrate it across sectors, something difficult to achieve during short-term training efforts.

#### *Enhancing TA sustainability*

Government stakeholders expressed a desire for continued TA from Nutrition International. For TA provision to be sustainable, TA providers must focus on being facilitators of change and seek to address underlying capability challenges rather than become a substitute for government capacity in an effort to produce short-term progress.<sup>5</sup> During the TA planning phase, it would be useful to clarify with all stakeholders what result a TA provider seeks to achieve, while also recognizing that regular changes in political priorities and the transfer of key personnel can still be significant barriers to lasting change in government capability.

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<sup>5</sup> Nastase A, Rajan A, French B and Bhattacharya D (2020). Technical assistance: a practical account of the challenges in design and implementation. Gates Open Res 4:177. <https://doi.org/10.12688/gatesopenres.13205.1>



## Key Findings regarding TA support to improving Gender Equality

This section summarizes the key findings from the Progress Assessment on the topic of how gender equality is meaningfully considered through the TA process and any results associated with this consideration.

Based on moderate evidence of contribution to improved gender equality outcomes by a sample of TAN project TA in the [FY 2019-20 Progress Assessments](#), there was interest this year in exploring whether this lower than expected result was due to limitations in the assessment methods or lack of adequate identification of gender equality objectives at the outset of TA design. The TA assessed were implemented between 2017-2019, before the TAN project had put in place Gender Advisors and gender mainstreaming tools and processes.

The FY 2020-21 Progress Assessment Methodology sought to strengthen the assessment of the gender equality outcome by providing explicit guidance on examples of gender equality results associated with different types of TA and providing an enhanced sample question with multiple follow-up prompts in the model questionnaire to better detect a wider range of gender equality results. An orientation session on gender equality was conducted by a TAN Gender Advisor who also provided feedback on the inception and draft country reports.

### What have we learned about how gender equality was integrated in the TA process?

Results from the FY 2020-21 External Progress Assessments of nine TA in five countries show that:

- 1) **Despite the reference to the importance of integrating gender equality in every TA Terms of Reference, it was still difficult to determine what were the *expected* gender equality results in follow-up to the TA.** Lack of adequate identification of gender equality objectives in the TA design and implementation process contributed to lack of clarity on what results could be expected post-TA, making this outcome very difficult to assess retrospectively.
- 2) **TA documentation of how gender equality was integrated in the TA process was limited.** TA providers rarely wrote about the gender equality results of the TA in post-TA Knowledge Generation Reports to TAN. They also struggled to describe gender equality results during assessment interviews, even though most had tried to incorporate training or discussion about gender equality in the TA process.
- 3) **Level of engagement of gender expertise in the TA process varied widely across TA.** Only one TA (KEN-05) included a gender expert as one of the TA provider team members. Several TA included the Ministry responsible for gender as a key stakeholder in consultations. Most TA providers included gender-focused training as part of the stakeholder engagement process. TA products were reviewed by a TAN Gender Advisor as part of TAN's Quality Assurance process; however, it was not always clear to what extent the TA products were adapted in response to the feedback given.

*"It is my opinion that gender equality related deliverables are not explicitly defined in the TA provider TORs. Besides, gender is considered as a cross cutting issue in development programs in [country]. Thus, it is not treated as a separate outcome and lacks focus during implementation."*

– Country Consultant

### What have we learned about the contribution of TA to achieving gender equality?

Results from the FY 2020-21 Progress Assessment reports describe the contribution of TA to increased stakeholder awareness on gender equality issues related to nutrition, enhanced targeting of girls and women in

new and existing nutrition-related activities, improved monitoring of sex-disaggregated data, and increased engagement of the Ministries responsible for Gender in nutrition policy and programme discussions.

#### Increased stakeholder awareness on gender issues related to nutrition

In **Kenya**, stakeholders recalled discussions of gender and nutrition issues during the TA-supported CNAP design process and reported an increased awareness of issues that needed to be addressed as part of the action plan to improve nutrition in the county, such as the underlying causes of teenage pregnancies.

#### Enhanced targeting of girls and women in nutrition-related activities

The most frequent examples given by respondents of gender equality results were programmes and activities that targeted girls and women as direct beneficiaries. In **Pakistan's** Punjab province, TA-facilitated gender discussions resulted in a shift in focus toward women beneficiaries for some nutrition-sensitive interventions; for example, the agricultural sector committed to target women for kitchen garden and poultry inputs while the WASH team prioritized girls' schools for provision of WASH facilities. In **Ethiopia**, TA support for SD implementation was seen as having encouraged an increased focus on adolescent girls and women as beneficiaries, women's participation in WASH management, and involvement of female nutrition champions. The inclusion of women-led businesses as a priority target group for future support during the development of the **Kenya** SUN Private Sector Network strategy is an example of TA support that is expected to result in a more gender-sensitive approach. Yet stakeholder interviews highlighted the need for the Secretariat to develop more specific plans for how to practically address the barriers faced by women-led SMEs.

#### Improved monitoring of sex-disaggregated data and gender-sensitive indicators

In several cases, stakeholders believed the TA had contributed to increased monitoring of sex-disaggregated data. In **Ethiopia**, TA support for strengthening the NNP M&E framework resulted in the Ministry of Women, Children and Youth Affairs to start routinely collecting and reporting on sex-disaggregated data for nutrition indicators. In **Bangladesh**, gender mainstreaming training conducted during the TA contributed to greater inclusion of gender-sensitive indicators in sectoral workplans based on the national nutrition M&E framework. In **Pakistan**, the TA supported inclusion of sex-disaggregated data monitoring and reporting in the multi-sectoral nutrition monitoring framework in Punjab province which has supported gender-sensitive service delivery. Similarly, in **Kenya**, the CNAP design process resulted in inclusion of sex-disaggregated data in the M&E frameworks but since there had been no implementation, it was not possible to assess the level of operationalization of disaggregated data collection by sex. The Kenya PA report noted:

*"...there were traces of evidence that the process is building the foundation of how the CNAP was expected to address the gender challenges even beyond tracking indicators using sex-disaggregated data. It is notable that in as much as tracking these indicators may help to illuminate sex differences in intervention coverage, there needs to be more efforts to intentionally inculcate gender related discussion in implementation. The evidence also points to the challenge of a broader systemic issue of low perception of need to address gender issues or collect data that track progress in this area perhaps due to an inherent culture of perceived lack of value of collecting this data. The need for involving gender experts to help illuminate these issues over time will facilitate a better understanding of how gender can be mainstreamed."* (Kenya Progress Assessment)

#### Increased engagement of the Ministry responsible for Gender in nutrition policy and programme discussions

In several TA contexts, the TA process involved the Ministry responsible for Gender/Women in stakeholder consultations or training sessions, resulting in follow-up actions taken by this stakeholder. For example, in **Ethiopia**, the TA support to strengthening the NNP M&E framework involved the women sector office staff in trainings and this resulted in enhanced capacity of the Ministry of Women, Children and Youth Affairs to play an

active role in promoting nutrition, including assigning of three nutrition focal persons, quarterly monitoring and reporting on gender-sensitive nutrition indicators, and participating in review meetings with other nutrition partners and sectors that provide opportunities to influence the gender sensitivity of other sectors.

### Opportunities to strengthen TA support for improving gender equality

#### Engage and strengthen capability of country-level gender expertise

There is a need in many of the TA contexts for ongoing support to increase stakeholder awareness on the role of gender in nutrition, not just theoretically but identifying actionable steps to improving gender equality. In **Kenya**, the assessment noted that while the TA process contributed to building a good foundation for more gender-sensitive county actions to improve nutrition, there was little county-level gender expertise available to continue the work of identifying and addressing the unique gender issues influencing nutrition in each county. In **Bangladesh**, BNNC has hired a gender focal point in the hopes that this person will build the gender knowledge and skills of BNNC staff and nutrition focal points, as well as strengthen the gender focus of nutrition policies.

#### Build the knowledge base on what works to integrate gender equality in nutrition programmes

The Progress Assessments revealed challenges for consultants and respondents (including TA providers) alike to identify what a gender-sensitive approach to TA looks like and the results it may have achieved with respect to nutrition policy and programme design, implementation and monitoring. Many respondents assumed that addressing nutrition will simultaneously address gender issues. One stakeholder response was “*nutrition is gender*”, referring to the fact that many of the activities done to improve nutrition already involve women or directly benefit women. Progress Assessment interview responses revealed a limited understanding at all levels, including nutrition leadership positions, of how gender equality can be integrated in nutrition. In Pakistan:

*“...the interview respondents represented the key players in the provincial nutrition landscape and thus their limited understanding of the scope of gender integration in nutrition, knowledge and practical experience is telling. Results in other areas show that accountability stemming from senior leadership is instrumental thus perhaps a stronger categorical emphasis on gender could push greater results in this area as well.” (Pakistan Progress Assessment)*

The Progress Assessment results show a need for TA providers to explicitly state the desired output-level results for gender equality in each TA assignment and monitor their progress to achieve them. Efforts by TAN to better define the pathways for achieving gender-sensitive and gender-transformative nutrition actions will not only make evaluation of this outcome easier but will help to strengthen future TA approaches, as well as nutrition policy and programme design. Although the links between gender and nutrition are well-described in theory, it is less clear how to apply this when developing policies or M&E frameworks. Since 2019, TAN TA providers have been required to develop gender equality plans as part of their inception reports to indicate how they will integrate gender equality in the TA process. Reviews of these plans and follow-up calls with TAN’s gender advisors has contributed to improved capacity of TA providers to mainstream gender equality within these TA, based on anecdotal observations.

**There is a need to develop field-friendly resources that assist TA providers in their efforts to increase stakeholder awareness on the links between gender and nutrition, conduct gender analysis of data, identify context-specific gender-sensitive performance indicators, and engage more women in decision-making processes.** While the recent [Gender Transformative Framework for Nutrition](#) is useful conceptually, there are no tools yet to help apply the framework in programme design and evaluation contexts. It is recommended that Nutrition International consider how to use TA to develop practical tools to support gender-nutrition discussions with stakeholders during the TA process. Creating a repository of gender and nutrition resources, including examples of presentations and tools developed by TA providers in the different contexts, would help to build this knowledge base.

# Methodological Annex

## Progress Assessment Team

The Progress Assessment was carried out by a team of external consultants hired by Nutrition International. The team's Lead Consultant had previously provided technical support to the FY 2019-20 Progress Assessment exercise conducted internally by TAN staff. This helped maximize consistency in the methodology across the two rounds of Progress Assessments while allowing for increased independence for country consultants conducting the design, data collection, interpretation and reporting activities and decreased respondent bias among stakeholders interviewed.

While each country assessment was conducted independently, the Lead Consultant facilitated group meetings for the orientation process, two check-in meetings to share progress made and challenges experienced, and one group presentation to Nutrition International staff, including the TAN staff.

The TAN Monitoring, Evaluation and Learning Officer (Anne Kioko) and TAN Project Manager (Lauren Stanley) provided oversight to the Progress Assessment process. A Steering Group provided technical oversight, informed decision-making at key points, and provided feedback to country draft reports. The Steering Group was comprised of the Lead Consultant (Dr. Kendra Siekmans), gender expert (Emmanuel Trepanier), TAN project leadership (Anne Babcock, Myriam Hebabi, Dr. Eadara Srikanth, Christian Hodonou), and Nutrition International M&E Advisors (Dr. Jackie Kung'u, Dr. Chowdhury Jalal). TAN's regional TA Officers (Dr. Rupinder Sahota, Sarah Kihianyu and Jennifer Adere) supported the recruitment of country consultants, sharing of TA and government documents, stakeholder contacts, validation meeting arrangements and feedback to draft country reports. TAN's Gender Advisor (Paulette Songue) and Knowledge Management and Learning (KML) team members (Sérgio Cooper Teixeira, Jessica Poulin) provided input to the methodology and feedback to the reports.

## Progress Assessment Methodology

A **Progress Assessment Methodology** document was produced by the Lead Consultant in November 2020 to provide detailed guidance for country consultants on the approach used, including assessment objectives, rationale for TA selection, definitions and examples of the eight outcomes to be assessed, and steps in the process. A set of templates was provided to facilitate consistency in the design, analysis and reporting products.

### Summary of Progress Assessment Scope by Country

ASSESSMENT PHASE	BANGLADESH	ETHIOPIA	KENYA	MOZAMBIQUE	PAKISTAN
<b>CONSULTANT</b>	Rasheda Khan	Dr. Andenet Haile	Dr. Timothy Abuya	Kirstine Kjaer	Narmeen Adeel
<b>Dates</b>	17-Nov to 20-May	17-Nov to 5-May	17-Nov to 12-May	17-Nov to 12-May	17-Nov to 24-Mar
<b>Number of TA assessed</b>	3	2	2	1	1
<b>DATA COLLECTION</b>					
<b>Desk review</b> (number of documents reviewed)	40 documents	32 documents	40 documents	17 documents	23 documents
<b>Stakeholder interviews</b>		16	31	18	11
<i>Government</i>	6	12	12	7	6
<i>Development Partners</i>	4	1	12	6	3
<i>TAN staff, TA providers</i>	9	3	7	5	2
<b>Validation of findings</b>					
Online survey	—	—	21	—	11
Virtual meeting	11 BNNC	11	25	10	—

## Progress Assessment Learning

### What worked well

The consultants hired in each country were knowledgeable of the local context and able to navigate stakeholder engagement challenges effectively. They conducted the assessment with professionalism and raised important questions during the process which reflected their external perspective on TA provision and the TAN project's approach. The support from TAN project staff was also essential to the success of completing the process.

The in-country stakeholder validation process to share key findings and obtain feedback on the findings and recommendations was a valuable addition to the methodology, even though it was quite difficult to implement under COVID-19 restrictions. It was helpful to go back to respondents and key stakeholders and share the results of the assessment within a matter of weeks. The validation meetings were also a valuable forum in which to clarify findings and discuss differences in perceptions, especially for government stakeholders.

### What was challenging

Due to the lack of familiarity with TAN TA assignments in each country, the desk review process was quite challenging for most consultants as they sought to develop post-TA results pathways, including the prediction of follow-up actions and expected TA outcomes since there was no mention of these in the documentation.

Although the TAN project asks TA providers to write Knowledge Generation Reports upon completion of each TA, early versions of the template used for these TA assignments often did not include sections such as the TA provider's reflections on actions taken to integrate gender equality and any recommended follow-up actions by the TA client or other country stakeholders.

In part due to the type of information available during the desk reviews and Key Informant Interviews, consultants also found it difficult to focus the assessment on the expected outcome-level results of the TA process, with more information available on the TA process and output-level results (e.g. TA products). Overlap with ongoing TAN TA also proved to be a challenge for consultants to distinguish between results associated with earlier TA. Lack of information on the 'baseline' situation prior to and post-TA completion also limited their ability to measure the extent of progress made.

The timing of the assessment was questioned by stakeholders during interviews and the validation meetings. Most stakeholders felt that since the COVID-19 pandemic had affected many of the government's routine activities, including the delivery and management of public services, it was not appropriate to assess the extent to which government staff and partner organizations had followed up on TA products. Some stakeholders felt that the assessment was done too soon after TA completion<sup>6</sup>, regardless of the pandemic's impact.

### Thematic Threads

#### *Assessment of under-represented outcomes in the FY 2019-20 PA findings*

In response to challenges experienced in assessing CAPACITY, INCLUSION and GENDER EQUALITY outcomes in previous assessments, explicit training was provided during orientation of external consultants on the definition of each outcome, including examples of results that may be relevant to the TA provided. A session on GENDER EQUALITY was provided by TAN's Gender Advisor. This training improved the consistency in how each outcome was assessed across countries.

- **INCLUSION** was assessed in 6 of 9 TAs assessed, with most evidence describing the inclusion of subnational stakeholders or other sectors in the TA process and subsequent coordination mechanisms. Given the type of TA assessed, there were fewer opportunities to assess inclusion of disadvantaged populations. However, in

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<sup>6</sup> Eligible TA for assessment were those completed 9 to 24 months prior to assessment

**Ethiopia and Pakistan**, the TA support for use of data in monitoring implementation contributed to the identification and increased prioritization of nutrition needs among disadvantaged groups in the target population.

- **CAPACITY** – Distinguishing between greater CAPACITY for nutrition service delivery and improved CAPABILITY (knowledge, skills) remained challenging during these assessments due to the dual meaning of the term ‘capacity’. Organizational CAPACITY is a distinct and useful construct for measuring TAN TA outcomes; finding a different word to describe it may help avoid the overlap in meaning for both evaluators and stakeholders.
- **GENDER EQUALITY** was assessed in all nine TA this year, providing evidence on the level of integration of this desired outcome during the TA process as well as contribution to its achievement post-TA. *See the section on Gender Equality for details.*

#### *TA contribution to desired outcomes at subnational level?*

Two of the nine TA assignments (PAK Punjab province & KEN CNAP) included in this year’s Progress Assessments provided support directly at the subnational level and one provided support at both national and subnational levels (ETH SD). The TA support focused primarily at the national level in the other six TA assessed. This provided a good mix of TA to assess the direct and indirect ways that TA can contribute to achieving TAN outcomes at the subnational level.

Progress Assessment results confirmed the **need for direct TA at subnational level**, given that many of the coordination and implementation challenges need to be supported at that level (national support is not enough). Long-term TA in Punjab province and Ethiopia SD implementation showed how TA support for operationalizing the multi-sectoral nutrition strategy added value in so many ways. *See the section on subnational level scale-up for details.*

#### *How might the assessment of multiple rather than single TAs help in describing the contribution made by TA to these outcomes?*

There is no doubt that links exist between the various TA supported over time in each country context. However, the consultants experienced two challenges to fully assessing the nature of these links: a) where multiple TA were directly assessed, there was not always a natural connection between the TA assessed; and b) the level of effort allotted for the assessment was sufficient to focus on the selected TA but did not allow sufficient time for exploring the links with other TA outside the scope of the Progress Assessment. The limited evidence gathered did confirm that follow-up TA, in particular, is helping to advance progress toward outcomes, particularly in contexts like Bangladesh and Ethiopia where full scale-up is still underway.

#### *Evidence that knowledge products or knowledge management activities performed by TA provider contributed to the outcomes*

In response to an emerging need for evidence on the results of the TAN project’s knowledge management (KM) activities, there was an interest in exploring the potential contribution of a TA Provider’s ‘knowledge brokering’ function to the achievement of TA outcomes. Consultants were oriented by TAN KML team members on potential pathways for KM-related results and questions were added to the stakeholder questionnaires to try and gather examples of knowledge that TA providers brought to bear and how this shared knowledge may have contributed to changes observed. However, during the assessment process, consultants found these results difficult to assess. KM-oriented activities were not well-described by TA Providers in their TA reports and country stakeholders also struggled to comment on KM contributions by TA providers during interviews.



Although there is intuitive recognition of the importance of this role during TA process, more thinking is needed to develop more effective ways to track it. Also, in order for KM to be incorporated into the TA results pathways, there needs to be more explicit inclusion of these actions in the TA design process.

*Effect of the COVID-19 pandemic on stakeholder ability to implement follow-up actions*

Since the Progress Assessment process started approximately 9 months after the COVID-19 pandemic was declared, it was expected that the pandemic response would have negatively impacted follow-up actions of government stakeholders. The assessment questionnaire was revised to include prompts that mentioned COVID-19 as a possible factor influencing the actions taken post-TA (e.g. *“What influence, if any, has the response to the COVID-19 pandemic had on these follow-up action plans?”*).

It is also very likely that the COVID-19 pandemic influenced the quality of rapport established during stakeholder interviews for the Progress Assessment, as many of these were conducted remotely. COVID-19 restrictions also made in-person validation meetings impossible, resulting in alternative virtual meetings and online surveys that may have limited the quality of stakeholder interaction on key issues.