



Recipe for Success: Accelerating Nutrition Governance

RECOMMENDATIONS FOR THE U.S. GOVERNMENT AND U.S. GOVERNMENT-FUNDED
NUTRITION IMPLEMENTERS

OCTOBER 2021



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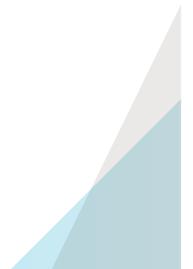
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Table of Contents

Acknowledgements	2
Acronyms	3
Executive Summary	5
Background.....	11
Study Purpose	12
Methodology	12
Limitations.....	13
Landscape of Nutrition Guidance and Programming.....	14
Summary of Findings	17
Commitment.....	18
Coordination	22
Capacity.....	27
Monitoring, Evaluation, Accountability AND Learning	31
Crosscutting Findings	35
Conclusion	38
References	42
Annex I. Country Case Study Documents	52
Annex II. Strategies & Commitment to Localization	55
Annex III. Glossary	57
Endnotes	59





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Acronyms

CLM	Coordination Unit for the Fight Against Malnutrition (Senegal)
CNN	National Nutrition Council (Madagascar)
CSO	Civil Society Organization
DFSA	Development Food Security Activity
DHS	Demographic and Health Survey
EMPOWER	Empowering Partner Organizations Working on Emergency Response
FTF	Feed the Future
GFSS	Global Food Security Strategy
HANCI	Hunger and Nutrition Commitment Index
IMPEL	Implementer-Led Evaluation and Learning
MEAL	Monitoring, Evaluation, Accountability, and Learning
MICS	Multiple Indicator Cluster Survey
NECDP	National Early Childhood Development Programme (Rwanda)
NEP	Nutrition Enhancement Program (Senegal)
NGO	Non-Governmental Organization
NLIS	National Landscape Information System
NPI	New Partnerships Initiative
ONN	National Nutrition Office (Madagascar)
PEPFAR	President's Emergency Plan for AIDS Relief
R/CDCS	Regional or Country Development Cooperation Strategy
RFSA	Resilience Food Security Activity
R&I	Refine and Implement
SDGs	Sustainable Development Goals
SUN Movement	Scaling Up Nutrition Movement
UN	United Nations
USAID	U.S. Agency for International Development
USG	U.S. Government
WDA	Women's Development Army
WASH	Water, Sanitation, and Hygiene
WHA	World Health Assembly
WHO	World Health Organization

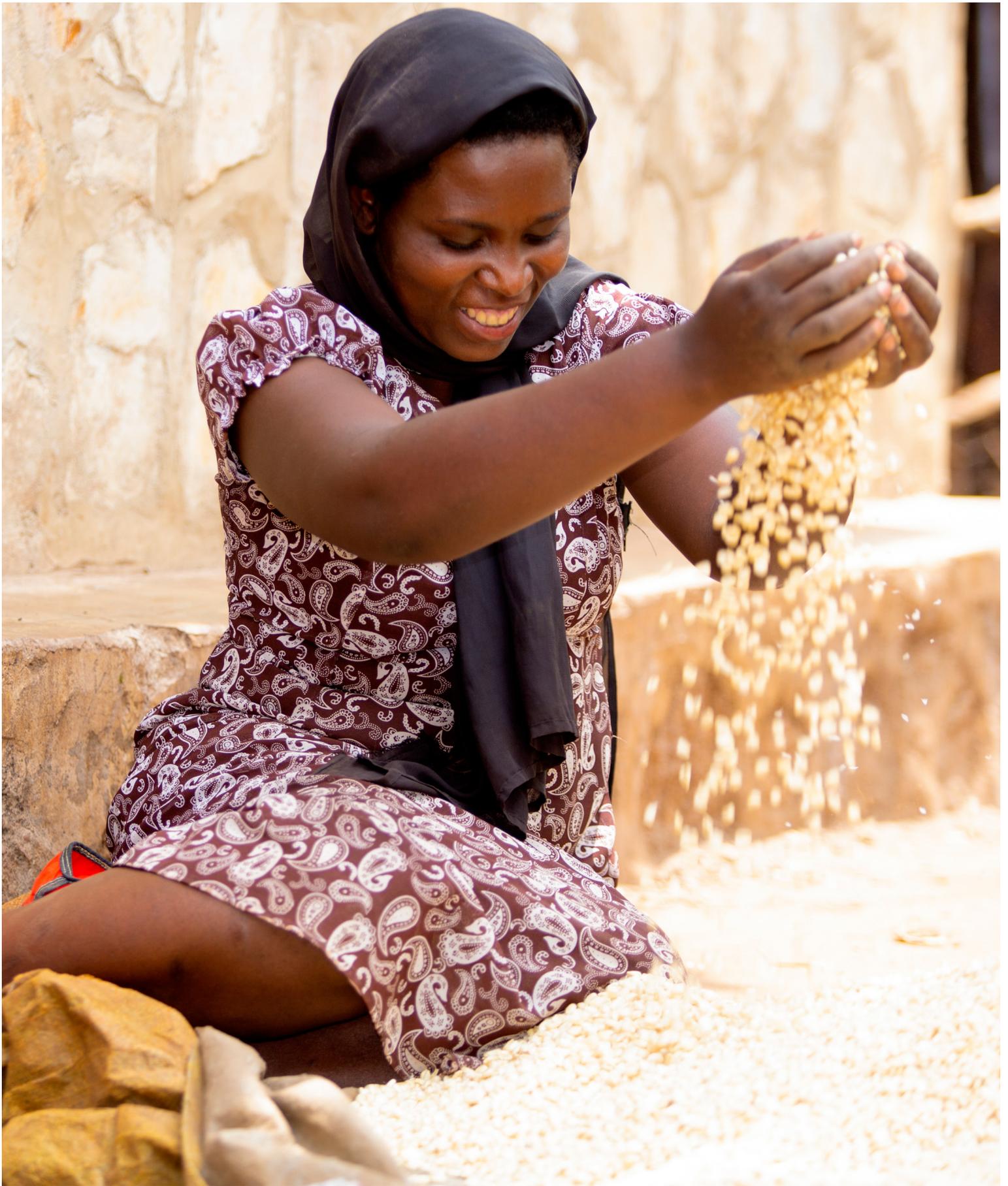


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Executive summary



BACKGROUND AND PURPOSE

Now is the time to renew commitment to addressing all forms of malnutrition more sustainably.

Over the last decade, addressing malnutrition has ramped up through the creation of global initiatives—including the Scaling Up Nutrition Movement or the United Nations Decade of Action on Nutrition—to accelerate progress.^{1,2,3} Amid a global pandemic—and recurrent shocks and crises driven by climate change, conflict, and economic downturn—now is the time to renew commitment to addressing all forms of malnutrition more sustainably.

The U.S. Agency for International Development (USAID) recognizes the importance of country-owned, country-led nutrition interventions; however, more research and guidance on how to better localize nutrition interventions and enhance country ownership is needed.⁴ As such, ***the purpose of this policy analysis is to examine how existing U.S. government (USG) policies, systems, and structures enable or hinder the localization of the USG's nutrition programming, as well as nutrition-specific and nutrition-sensitive approaches implemented by USG-funded nutrition actors.*** Through better understanding of enabling and limiting factors, USG and nutrition actors can further commit to localization and better design nutrition programming for scale up.

There are numerous terms used in the humanitarian and development sectors, from “country-ownership” to “localization” and “locally led” approaches; this analysis uses these terms interchangeably, all advancing the principle of subsidiarity from Catholic social teaching: that communities closest to challenges should be artisans of their own development. For the purposes of this analysis, CRS examined localization of nutrition policy and programs through a framework for nutrition governance adapted from studies by Tufts University, the Institute of Development Studies, and others.^{5,6,7,8,9,10,11,12} CRS’ analysis and subsequent findings are organized by these categories:

- **Commitment:** e.g., nutrition acknowledged as a policy priority; private, public sector, or civil society organizations (CSOs) supportive of nutrition; nutrition as a budget line item; nutrition champions at community, district, or national levels; etc.
- **Capacity:** e.g., strengthening the technical capacity of nutrition actors or strengthening institutional capacity, such as leadership, management, or programming capabilities.
- **Coordination:** e.g., collaboration, cross-sectoral information sharing, partnerships, linkages, etc. as it relates to nutrition policies and programs.
- **Monitoring, evaluation, accountability, and learning (MEAL)*:** people, processes, structures and resources that work together as an interconnecting whole to identify, generate, manage and analyze project data and feedback to inform management decisions, improve program quality, and meet stakeholder information needs.

* As defined by CRS in the [SMILER+ Guide to MEAL System Development](#)



RECOMMENDATIONS FOR DONORS

To advance localization of nutrition programming, it is recommended that donors, and specifically the USG, should:

1. Strengthen and institutionalize its approach to nutrition governance by:

- creating a nutrition governance framework for use in agency- and country-level guidance, leveraging efforts by academia in nutrition governance and ongoing efforts by USAID Advancing Nutrition;
- strengthening nutrition governance in priority-setting and planning documents, including Country and Regional Development Cooperation Strategies (R/CDCSs) to help advance progress on global nutrition goals, such as the Sustainable Development Goals for 2030, and encourage commitment to improve multi-sectoral nutrition coordination within USG nutrition programming and with other donors;
- funding pilots of Tufts University's Nutrition Governance Index, which can help identify successes and barriers in nutrition service delivery and help strengthen nutrition governance. This index has only been used in one country so far and requires additional research for validation and generalizability;¹³
- expanding the USAID Advancing Nutrition project to additional countries, ensuring coordination and collaboration with other ongoing nutrition activities regardless of funding source; and
- encouraging political economy analyses to help determine where leadership in nutrition can best be leveraged and help host country governments and/or local CSOs prioritize nutrition at a level most appropriate to their political environment.

2. Prioritize strengthening host country capacities and linkages at all levels (e.g., community, regional, and national) in its nutrition programming, including:

- investing in strengthening host country governance capacities to improve the host country's policy implementation, devolution of decision-making, and leadership on nutrition implementation. As part of this, the USG should encourage participatory baseline assessments in its nutrition-sensitive and nutrition-specific solicitations to assess organizational capacity using tools that are feasible, acceptable, and led by the stakeholder; and
- investing in strengthening host country universities' capacity for research and development.

3. Improve coordination and reduce silos within USG nutrition programming by:

- creating country-specific, multi-sectoral nutrition strategies to help each USAID Mission operationalize and track nutrition programming across the various USG programs—e.g., Feed the Future, Title II Development and Emergency programming, USAID Global Health nutrition programming, McGovern-Dole, etc.—as recommended by Bread for the World in 2018;¹⁴
- establishing nutrition focal points at each USAID Mission to coordinate USG nutrition programming. Nutrition focal points should also coordinate with McGovern-Dole staff based in Washington, DC, and implementers in country; and

- sharing data, lessons learned, and promising practices across USG programs with nutrition components to reduce redundancy of MEAL efforts and improve adaptive management. USG programs could share learning from each other's initiatives, such as Bureau of Humanitarian Assistance's (BHA) Refine and Implement (R&I) approach or President's Emergency Plan for AIDS Relief's local partner transition efforts.

4. Improve sharing data and lessons learned with stakeholders at all levels (e.g., national and subnational) by:

- sharing data collected by USG programs with host country governments at all levels, as well as CSOs and participants, to improve local decision-making, help determine nutrition priorities and targets, and ensure mutual accountability amongst nutrition actors. Sharing data and information can also reduce duplicative efforts between nutrition actors and improve adaptive management of programming; and
- working with host country governments to strengthen and integrate data systems to track subnational, ideally community-level, nutrition-specific and nutrition-sensitive data to enhance countries' abilities to direct nutrition investments where they are needed most and better design and scale up programming.

5. Prioritize including host country nationals as key personnel within solicitations for nutrition-specific and nutrition-sensitive programming. Encouraging national staff as key personnel can help advance local partners' ability to take the lead on USG nutrition programming and adapt programming to the local operating context, as well as build relationships at all levels, from local to national.

6. Require nutrition development solicitations to include detailed and realistic transition/sustainability/exit plans, with milestones for the transition to local partners, built into every stage of the project. Requiring transition plans with milestones for transition to local partners could help improve sustainability and local ownership of projects. These transition plans depend on strong, trust-based partnerships, and require time and investment in relationship development and management and effective planning for shifting roles and responsibilities. The USG could also replicate the fiscal year 2021 McGovern-Dole solicitation's requirement to analyze the impact and sustainability of using uncompensated support to deter use of volunteers and create more sustainable transitions to local partners.

7. Support and strengthen existing national platforms or systems, such as multi-stakeholder platforms or monitoring and evaluation systems, rather than creating parallel structures, to improve localization of nutrition programming and sustainability. The USG should work with host country governments to improve the country's ability to track and mobilize resources for nutrition-specific and nutrition-sensitive programming so the country can identify where they are needed most.

8. Provide additional clarity on the R&I process, allow flexibility in initiating project activities earlier and improve the sharing of data collected through R&I. BHA's R&I approach has helped with programming to the local context and adapting modalities to meet project goals. However, a lack of clarity and communication



between implementing organizations and BHA staff, as well as project delays because of pre-implementation studies, can delay implementation. Further, information collected through R&I should be shared with all stakeholders, including those not immediately involved in the activity. The failure to do so can lead to redundancies or duplicative efforts.

9. Identify and remove barriers that create funding delays and avoid early termination of nutrition programs at all costs. Development activities require time—usually in five-year project cycles or sometimes longer—and trust among all stakeholders. When programs have delayed funding or are terminated early, they undermine the investments already made, while also breaking down the trust between communities, leaders and implementers. If termination is absolutely required, such as in the event of drastic budget cuts, sufficient time should be afforded to allow for a sustainable exit, to seek new donors, and to protect relationships with local partners.



RECOMMENDATIONS FOR USG-FUNDED NUTRITION IMPLEMENTERS

To advance localization of USG-funded nutrition programming, implementers should consider the following in their project design and implementation:

- 1. Develop plans to formalize and fund roles for community cadres (e.g., community volunteers, extension workers, etc.).** These roles could be added to transition plans to formalize their contributions to nutrition programming and create opportunities for upward mobility after the close of a project. Community cadres are frequently burdened with many responsibilities and insufficient or infrequent trainings. Establishing more formal pathways for their involvement in USG programming could help strengthen capacity, improve effectiveness of programs, and drive sustainability and local ownership of nutrition programs. Success of these formal pathways will ultimately depend on the commitment of host country governments to invest in such cadres.
- 2. Invest in fewer, high-impact nutrition interventions tailored to the local context.** Too many activities can result in poor outcomes and can spread local partners thin, thereby reducing the likelihood of sustainability and localization of nutrition programs.¹⁵
- 3. Improve coordination of nutrition activities with local partners, sectors, and other donors.** The coordination of nutrition activities can be improved through various means, such as mapping out existing nutrition activities with local partners pre-implementation, colocating staff to improve communication, sharing activity updates, building relationships, and leveraging existing infrastructure, such as multi-stakeholder platforms.
- 4. Create and promote accountability mechanisms for nutrition programming.** Improving the ability of local CSOs to hold their governments accountable, such as through projects like Health Policy Plus, can strengthen the citizen state contract, and ensure programming is responsive to needs. It can also build local entities'

knowledge on nutrition performance indicators and governance processes and structures. Sharing data collected through programming with relevant stakeholders and populations served also promotes mutual accountability and helps ensure that programs are not extractive to the populations receiving services.

5. Build in more frequent opportunities for capacity strengthening with relevant stakeholders. A review of nutrition-specific and nutrition-sensitive project evaluations frequently noted dissatisfaction with infrequent opportunities for supervision, feedback, or training. Implementers should build more robust capacity strengthening efforts into their project design and consult partners throughout implementation on areas where capacity strengthening may be required, rather than waiting for results of mid-term evaluations. Capacity assessments can help determine where and to whom capacity strengthening efforts should be prioritized.





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Background

The global community has long recognized the importance of good nutrition, given its demonstrated impact on morbidity and mortality, cognitive development, educational outcomes, and economic growth.¹⁶ Despite laudable progress in reducing malnutrition—such as the significant reduction in stunting documented in Peru, Ethiopia, and Nepal—the world is not on track to achieve targets for any of the nutrition indicators set out by the United Nations (UN) by 2030. Progress on certain indicators, such as stunting and exclusive breastfeeding, are insufficient to reach the targets, while progress on wasting and anemia in women of reproductive age have stalled or worsened. In 2020, an estimated 22 percent of children under five years old were stunted and 6.7 percent suffered from wasting; actual figures are likely to be higher because of the effects of the coronavirus pandemic.¹⁷ Additional crises or shocks, whether because of conflict, climate change, or economic downturn, could worsen nutritional status, calling forth a need for renewed global commitment to addressing all forms of malnutrition more sustainably.

The nutrition community has spurred numerous initiatives and events over the last decade or so to emphasize that further action is required to reduce malnutrition at a more rapid pace. From the 2009 L'Aquila Food Security Initiative; the launch of the Scaling Up Nutrition (SUN) Movement; the UN Decade of Action on Nutrition; to calls for action from the 2013 and 2016 Nutrition for Growth summits, malnutrition has remained a global concern.^{18,19,20} Now, amid the backdrop of a global pandemic, increasing poverty, and backsliding on many if not most of the Sustainable Development Goals (SDGs), the global nutrition community is again raising the alarm through declarations and global events[†] on the need for accelerated progress to achieve the end of hunger and all forms of malnutrition.^{21,22}

Local leadership in development and humanitarian programs has garnered international import, with the Secretary-General calling for humanitarian action to be “as local as possible, as international as necessary” at the 2016 World Humanitarian Summit.²³ Localization has since been a leading topic of discussion, agnostic of sector, with localization being defined by the International Council of Voluntary Agencies as humanitarian actors shifting power and responsibilities of development and humanitarian aid interventions to local and national actors.²⁴ The U.S. Agency for International Development (USAID) also frequently uses terminology such as “country ownership”, “country-led development”, and “locally led development,” stating that local leadership and ownership are essential for fostering sustainable results across development and humanitarian assistance programming.²⁵ “Localization” and “locally led” approaches have a range of definitions; but, perhaps can best be explained by the Catholic social teaching principle of subsidiarity: that communities closest to challenges are artisans of their own development. CRS also believes in the importance of accompanying local institutions to become catalysts

[†] Declaration referenced is the G20 [Matera Declaration](#) on Food Security, Nutrition, and Food Systems; global events include the UN Food Systems Summit in September/October 2021 and Nutrition for Growth Summit in December 2021.



for change within the communities they serve and supporting local institutions' ability to lead their own development to thereby increase program impact and produce sustainable solutions.

USAID has emphasized that to meet globally accepted nutrition targets, all global and local stakeholders must act “with countries taking the lead on improving their own nutrition status.”²⁶ USAID has long supported country-owned, country-led nutrition interventions, as have the countries with endemic malnutrition issues; as of 2021, four Indian states and 62 countries have joined the SUN Movement and signed a letter of commitment. Many have established multi-stakeholder platforms and separate nutrition budgets to coordinate and fund nutrition interventions.^{27,28} However, with accelerated progress on nutrition outcomes needed, more research and guidance on how to better localize nutrition interventions and enhance country ownership is required.



STUDY PURPOSE

This paper examines how current USG policies, systems, and structures can enable or hinder the localization of nutrition programming through the USG's programs (e.g., Resilience Food Security Activities, Feed the Future, etc.), as well as the nutrition-specific and nutrition-sensitive approaches that are implemented by USG-funded nutrition actors globally. For the purposes of this policy research, CRS examined localization in nutrition programming at all levels—including government institutions (national or subnational), local civil society institutions and program groups (e.g., Care Groups or Lead Mother groups). Through better understanding of such factors, the USG and nutrition actors can further commit to localization and better design nutrition programming for scale up and sustainability.



METHODOLOGY

This study was conducted through desk reviews and open-ended interviews with a range of nutrition actors and stakeholders from January to July 2021. Discussions centered on the individuals' perceived challenges and opportunities to advance localization of nutrition programming, as well as successes. Information gleaned from these interviews has been analyzed for trends and are non-attributable. The goal of our desk review was to examine the extent to which localization has been encouraged in USG guidance (e.g., government strategies, policies, country plans, etc.), solicitations, and eventually in USG programming by reviewing project evaluations or summaries. We reviewed documents for 11 countries chosen as case studies, from June 2016 to present, and primarily focused on Title II non-emergency, Feed the Future (FTF), and USAID Global Health programming.[‡] The full list of documents reviewed can be found in [Annex I](#).

[‡] CRS complemented this analysis with reviews of select McGovern-Dole and President's Emergency Plan for AIDS Relief (PEPFAR) solicitations; see Annex I.

Desk Review:

- USAID policies and frameworks.
- Country or Regional Development Cooperation Strategies (R/CDCS).
- Global Food Security Strategy (GFSS) Country or Regional Plans.
- Nutrition-related solicitations (i.e., Requests for Authorization or Requests for Proposal).
- Nutrition or food security project evaluations (mid-term or final) or final project reports.

Stakeholder Discussions:

- Six staff from three peer agencies.
- Twelve representatives from USAID Global Health, Bureau for Resilience and Food Security, and Bureau for Humanitarian Assistance, and field office staff.
- Sixteen CRS staff involved in nutrition and food security (e.g., program managers, technical advisors, advocacy staff, etc.).
- One member of academia from Tufts University Friedman School of Nutrition Science and Policy.

Finally, CRS intends to conduct a second phase of this study, based on in-depth qualitative analysis case studies in two to three countries.

LIMITATIONS

This policy research was initiated amid the transition of USG administrations and the refreshes of multiple USG strategies, including the Global Nutrition Coordination Plan and the Global Food Security Strategy. Further, multiple country-level strategies that were to be revised in 2020 were extended. Therefore, it is possible that findings and recommendations will be overcome by changing administration priorities or updated strategies. In the case of one of the countries chosen as a case study, Niger, its Mission is nascent and a CDCS is forthcoming.

Further, CRS was not able to find all relevant closed and archived solicitations on grants.gov or SAM.gov, given limited search capabilities and time constraints, and experienced similar challenges identifying mid-term evaluations and final project evaluations through the Implementer-Led Evaluation and Learning (IMPEL) associate award or the Development Experience Clearinghouse. No quantitative studies were conducted, and qualitative inquiry was not conducted with standardized instruments to allow open-ended discussions with stakeholders. Finally, this analysis focuses primarily on non-emergency U.S. nutrition programming.



LANDSCAPE OF NUTRITION GUIDANCE AND PROGRAMMING

Multiple agencies within the USG fund the implementation of international nutrition projects, including:

- Millennium Challenge Corporation;
- USAID;
- U.S. Department of State;
- U.S. Department of Agriculture;
- U.S. Department of Health and Human Services;
- U.S. Department of Treasury; and
- White House Office of Science and Technology Policy.

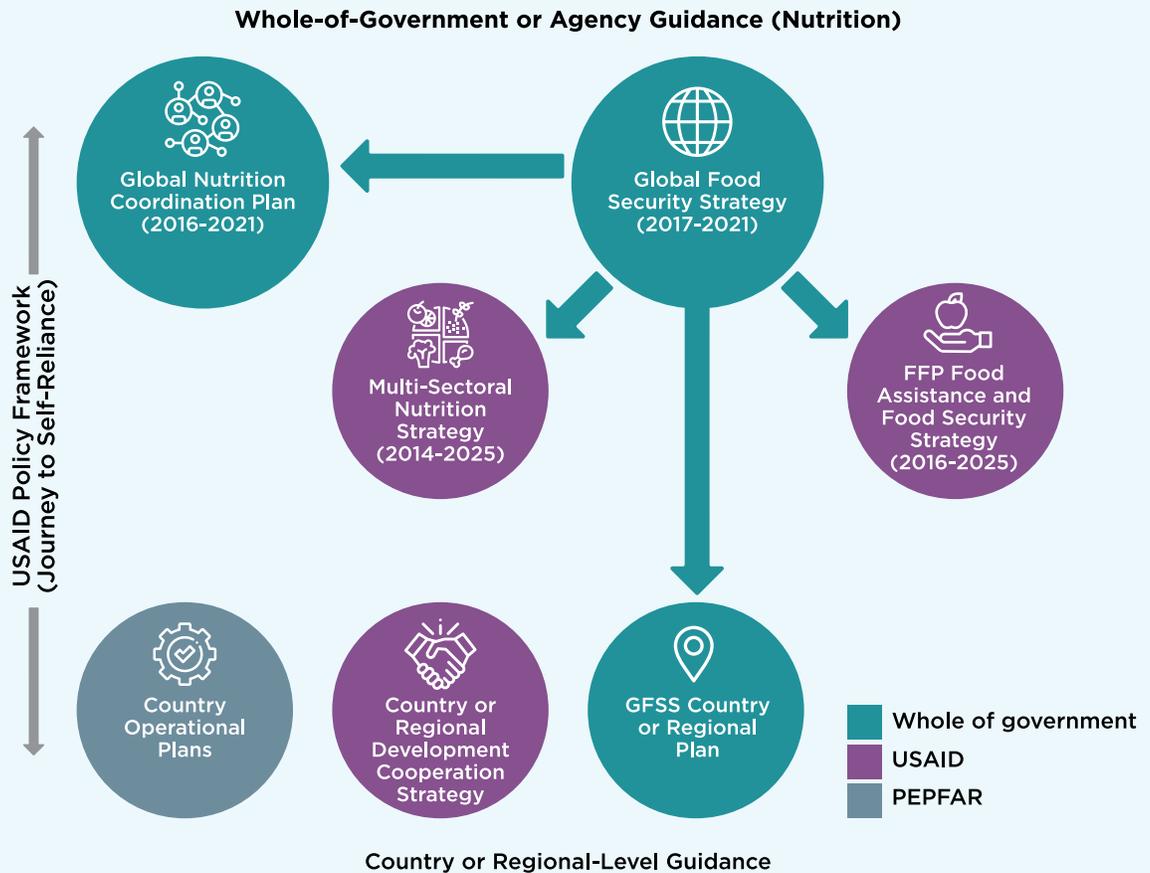
Previously, USG coordination on nutrition was largely based around presidential initiatives, such as FTF.²⁹ To help coordinate efforts between these agencies, maximize their impact, and accelerate progress towards international goals (e.g., World Health Assembly targets or SDGs), the United States created its first ever [Global Nutrition Coordination Plan](#) for 2016 to 2021.³⁰ This plan prioritizes approaches to coordinate nutrition activities, two of which are relevant to promoting localization in nutrition: supporting country-led efforts and promoting leadership and partnership at the global level. This is a living document not meant to provide a rigid structure to USG agencies.³¹

A few months after the release of the Global Nutrition Coordination Plan, the USG released its [GFSS](#) for 2017 to 2021, incorporating lessons learned from FTF.³² This is an integrated strategy related to food security and nutrition at a whole-of-government level with agency-specific implementation plans required by the Global Food Security Act of 2016. The GFSS has three objectives: inclusive and sustainable agricultural-led economic growth; strengthened resilience among people and systems; and a well-nourished population.³³

USAID leads the whole-of-government effort to implement the GFSS.³⁴ The agency itself has multiple strategies, policies, and frameworks related to nutrition, such as the Multi-Sectoral Nutrition Strategy, which was released two years before the GFSS, but its goals are supported by the GFSS.³⁵ USAID also has a Policy Framework that articulates the agency's Journey to Self-Reliance and uses Country Roadmaps to measure a target country's progress to self-reliance.³⁶ Further, USAID's Office of Food for Peace has its [2016-2025 Food Assistance and Food Security Strategy](#), which intends to improve food and nutrition outcomes at the individual and systems levels. [Figure 1](#) demonstrates how these policies relate to each other.

Within the global nutrition community, the SUN Movement—which originated in 2010—brought together governments to lead the charge for improved nutrition. The SUN Movement was initiated by individuals from governments, agencies, and groups that were concerned about rates of malnutrition remaining high despite economic growth. The 2008 food price crises and release of the 2008 Lancet series on Maternal and Child Nutrition provided evidence on effectively addressing malnutrition, creating the basis for the Framework for Action to Scale Up Nutrition, upon which the movement is based. The UN Secretary-General appointed a SUN coordinator and established a SUN Movement Secretariat in Geneva.³⁷

Figure 1. USG Policies Related to Nutrition



The SUN Movement has recently finalized its [third strategy and roadmap](#), which features a stronger commitment to country leadership and a focus on nutrition results at a national/subnational level, along with proposed outcome indicators related to programming, process, policy, and impact.³⁸ The USG explicitly expresses its support for the SUN Movement in its current Global Nutrition Coordination Plan and has indicated its Global Nutrition Coordination Plan 2.0 (2022-2026) will also complement the SUN Movement 3.0 strategy to support country-developed plans to meet SDG nutrition targets.³⁹



Photo courtesy of Jean Lucz Habimana



Summary of findings

Throughout our reviews and discussions, it became evident that nutrition governance cannot be separated from our understanding and analysis of localization and local leadership of nutrition interventions. In this paper, nutrition governance falls under the broader umbrella of local leadership and localization, which can be defined as “the network of actors whose primary, designated function is to improve nutrition outcomes through processes and mechanisms for convening, agenda setting, decision-making (including norm-setting), implementation, and accountability.”⁴⁰ This network of nutrition actors can include those from private or public sector, as well as civil society organizations (CSOs) and international NGOs.

Improving localization of nutrition programs requires a range of complex and intersecting approaches, with a deep understanding of the national and subnational context.

Improving localization of nutrition programs requires a range of complex and intersecting approaches, with a deep understanding of the national and subnational context. For the purposes of this analysis, CRS examined localization of nutrition policy and programs through a framework for nutrition governance adapted from studies by Tufts University, the Institute of Development Studies, and others. Our findings are organized by the following categories:

- **Commitment:** e.g., nutrition acknowledged as a policy priority; private, public sector, or CSOs supportive of nutrition; nutrition as a budget line item; nutrition champions at community, district, or national levels; etc.
- **Capacity:** e.g., strengthening the technical capacity of nutrition actors or strengthening institutional capacity, such as leadership, management, or programming capabilities.
- **Coordination:** e.g., collaboration, cross-sectoral information sharing, partnerships, linkages, etc. as it relates to nutrition policies and programs.
- **Monitoring, evaluation, accountability, and learning (MEAL)[§]:** people, processes, structures and resources that work together as an interconnecting whole to identify, generate, manage and analyze project data and feedback to inform management decisions, improve program quality, and meet stakeholder information needs.

Finally, correlation between USG efforts to strengthen localization of nutrition-specific and nutrition-sensitive policies and programs and project outcomes appears to vary and was not a primary objective of this analysis.

§ As defined by CRS in the [SMILER+ Guide to MEAL System Development](#)



Photo by Dooshima Tsee/CRS

COMMITMENT

The value of commitment by national or subnational stakeholders, namely government, to advance nutrition goals is well-cited. A frequent theme throughout the literature and discussions with stakeholders is the importance of political attention and the “willingness to act,” such as adopting nutrition as a core responsibility and taking on implementation of relevant nutrition policies and programs.⁴¹ Commitment to nutrition involves various levels of actors, such as ministries, host country government officials at all levels, donors, civil society, or private sector. Commitment to nutrition also may involve champions at the community level, such as Lead Mothers, community health workers, or Care Groups. Commitments to advance nutrition as a priority are exhibited by varying actions including assigning a high-level government champion for nutrition, separating a budget line for nutrition, or creating and following a national nutrition policy.⁴²

However, host country governments may encounter multiple challenges to such commitments due to competing priorities between sectors or ministries, lack of ownership by ministries or a clear “lead,” lack of mutual accountability or power by nutrition actors, or silos between government agencies impeding collaboration.^{43,44,45,46} Further, undernourished populations may be unable to demand government accountability because of their lack of physical access in rural areas, a lack of general trust, or perhaps a lack of transparency or inclusiveness from government entities.^{47,48} Establishing a strong champion for nutrition can help address these obstacles, as can understanding and acting on factors of political economy that enable or constrain change.^{49,50}

A nutrition governance study by Webb et al. analyzing government and non-government officials in Nepal highlights some of these challenges.⁵¹ According to this study, 61 percent of participants felt nutrition should be a higher policy priority with more budgetary resources. Further, almost all (98 percent) wanted to be more involved in discussions surrounding nutrition problems and solutions, to take on more responsibilities, and felt comfortable taking on any extra associated workload. However, responses to whether more resources and attention should be devoted to nutrition differed by sector, as did the sectors reporting sufficient consultation in government planning processes. For example, only 27 percent of respondents in local development and water, sanitation and hygiene (WASH) sectors reported that they felt sufficiently engaged in nutrition decision-making processes, calling for a greater need to involve non-health professionals in planning and priority setting. Participants in this study also note the challenge of commitment to nutrition without appropriate incentives, whether mandatory mechanisms, financial allowances, capacity strengthening, or promotion of joint responsibility across ministries for common goals. This study also found that service providers at ward levels were less likely to agree that field workers were motivated to take on more nutrition-related responsibilities, perhaps given the high workload, limited incentives, and perceived lack of commitment from other sectoral colleagues to help achieve common nutrition goals. The perceived lack of motivation suggests the need for more support to community-level workers, also discussed further under [Crosscutting Findings](#).⁵²

Measuring a country’s commitment to nutrition may help identify areas where countries need to strengthen efforts to address malnutrition, as well as bolster decision-making and priority setting. Global actors use a variety of tools to measure levels of commitment, including the World Health Organization’s (WHO) [Nutrition Landscape Information System \(NLIS\)](#), which classifies a country’s nutrition governance as weak, medium, or strong “readiness to accelerate action in nutrition;” the [Hunger and Nutrition Commitment Index \(HANCI\)](#), which ranks governments on political commitment to tackling hunger and nutrition; or the rapid assessment tool by Fox et al., which measures political commitment to nutrition.⁵³ The prior Administration’s Journey to Self-Reliance measured a host country’s commitment and capacity towards self-reliance through Country Roadmaps, which included a set of indicators and sub-indicators, none of which were directly related to food security or nutrition—although one captures child health.⁵⁴ **

Existing data and measurement devices of commitment, such as the NLIS, HANCI, or the rapid assessment tool, can provide useful snapshots of commitment to nutrition, but they do not provide the full context, particularly at sub-national levels. The NLIS has also been criticized for being inadequate to determine whether “strong” nutrition governance results in positive nutrition outcomes, while the HANCI does not offer much information specific to nutrition nor to the quality of policy implementation. The rapid assessment tool predominantly relies on national-level data, which may not relate to the government’s ability to implement pro-nutrition policies and programs. To help address this issue, Tufts University created a subnational Nutrition Governance Index (NGI), which aims to identify whether the local policy environment helps or hinders the development and implementation

** USAID defines self-reliance “as the capacity to plan, finance, and implement solutions to local development challenges, as well as the commitment to see these through effectively, inclusively, and with accountability.”



of nutrition interventions based on the perceptions of relevant actors involved in nutrition governance. This NGI has only been used in Nepal thus far, however, and requires additional research for validation and generalizability.⁵⁵

Commitment to nutrition must be taken into context with numerous other complex and inter-dependent factors. For example, Guatemala currently ranks four of 45 countries in the HANCI, with strong coordination, a separate budget line for nutrition that makes resource tracking easier, and a national nutrition policy/strategy with timebound targets.⁵⁶ High-level commitment and strong coordination may have helped contribute to progress in reducing the prevalence of stunting—from 49.8 percent in 2008-2009 to 46.5 percent in 2015.⁵⁷ However, other factors may have impeded further progress; with almost half of Guatemalan children under five years old stunted, Guatemala did not meet its 2013 target to reduce stunting by 10 percent by 2015. Guatemala has reduced funding for malnutrition in recent years, and stakeholders have indicated that at the local level, awareness of food insecurity and chronic malnutrition issues remains low. Further, health personnel have little knowledge and training about counseling for nutrition recovery or counseling about infant and young child feeding.^{††} The case of Guatemala demonstrates that while political will to address malnutrition is important, nutrition leadership alone may not reduce the prevalence of malnutrition. Sustained financing for child health and nutrition, and investments in granular data and capacities for monitoring, decision-making, and program implementation can all be pivotal factors for reducing undernutrition, too.⁵⁸ A further examination to barriers to Guatemala’s progress on stunting may be an area of further study in the next iteration of this analysis.

COMMITMENT TO NUTRITION - U.S. GOVERNMENT

USG’s country- or regional-level guiding documents (e.g., R/CDCSs) vary widely in their discussion of addressing malnutrition. For example, West Africa’s RDCS focuses on food fortification, but does not explicitly discuss nutrition programming or reducing malnutrition in any form. Yet, according to the latest Global Nutrition Report, Niger and Burkina Faso are not on course to meet stunting reduction targets, with the levels of stunting and wasting in Niger among the highest in the world.^{59,60} In contrast, Guatemala’s CDCS discusses that USAID will support the Government of Guatemala and municipalities to deliver care with a focus on the 1,000-day window to address chronic malnutrition, including nutrition-sensitive and nutrition-specific activities. Per USAID policy, USAID missions should collaborate with local partners to develop R/CDCSs. It is not clear to what extent this collaboration has been realized and will likely be an area of further study, given that R/CDCSs provide mission and regional level development objectives. Without a clear commitment by the USG to strengthen host country ownership of nutrition programming and prioritization of nutrition in R/CDCSs, progress on nutrition outcomes could remain slow.

Within USG nutrition guidance, many documents stress the importance of country-owned and country-led development as a key principle (e.g., SUN Movement) or as an approach ([Table 1](#)). However, **in the R/CDCS and GFSS country plans reviewed as part of the country case studies, as well as archived solicitations, discussion of increasing local ownership of nutrition is sparse.** These documents primarily stress

^{††} Virtual meeting with nutrition implementer, May 24, 2021.

the Journey to Self-Reliance and advancing country-ownership through institutional strengthening and policy; but, only Ghana's and Guatemala's GFSS country plans explicitly discuss increasing prioritization of nutrition as a policy result.

Although explicit commitments to prioritizing nutrition appear to be absent in most R/CDCs, several USG-funded nutrition-sensitive or nutrition-specific interventions or initiatives show promise to advance country ownership and commitment. For example, the 2019 solicitation for the Development and Food Security Activity (DFSA) in Kenya emphasizes that “strong country commitment and government leadership, along with the engagement of communities, the private sector, and civil society are essential for achieving and sustaining outcomes.”⁶¹ This DFSA required a Technical Steering Committee consisting of USAID, DFSA staff, and Government of Kenya representatives to provide strategic and technical direction to the DFSA throughout the life of the award. This DFSA's key objective is to prepare local systems and institutions to assume financial and technical responsibility for the implementation of nutrition programming at the end of the activity. Under the Resilience in Northern Ghana II project, districts pledged to maintain many activities across all sectors through their own Sustainability Strategies. Each district selected interventions or aspects of interventions based on their own resources or projected support from other projects, as well as what they must continue through their mandates by the Government of Ghana.⁶²

USAID's Advancing Nutrition project, initiated in 2019, shows potential to advance elements of localization, specifically commitment and capacity. The project's goals include to “strengthen country commitment and capacity for multi-sectoral nutrition programming” and to support implementation of USAID's Multi-Sectoral Nutrition Strategy.^{63,64} To strengthen country commitment and capacity, USAID's Advancing Nutrition project aims to support and sustain nutrition interventions identified for scale-up and foster an enabling environment to support high-quality nutrition service delivery and behavior change. For example, in Ghana, Advancing Nutrition aims to strengthen district-level decision-making on program planning, financing, and implementation for nutrition and resilience.⁶⁵ Advancing Nutrition is also present in Burkina Faso, Kyrgyz Republic, Mozambique, and Niger; but because its presence in these countries just began in 2019 or 2020, results of these efforts towards enhancing country commitment to nutrition are unknown at this point. Advancing Nutrition has also begun awarding grants to local organizations that are working to improve nutrition through the USAID Global Health Bureau's New Partnerships Initiative (NPI), which aims to elevate local leadership through direct funding to local partners.⁶⁶



Photo by Dooshima Tsee/CRS



COORDINATION

Coordination is another key component to advancing localization and local leadership for nutrition.

Addressing malnutrition requires work at the intersection of the humanitarian-development nexus and cuts across many sectors, including maternal and child health, agriculture, food security, livelihoods, and WASH. Therefore, coordination is another key component to advancing localization and local leadership for nutrition. Strong coordination mechanisms are necessary to successfully advance nutrition outcomes within a country. Coordination can be required between different ministries, sectors, and nutrition actors; coordinating responses in emergency situations (i.e., nutrition cluster); or at the “nexus” of emergency and development responses to ensure efficiency and synergy, rather than competing responses. Further, appropriate coordination can help to layer and sequence approaches for ultimate effectiveness.

VERTICAL AND HORIZONTAL COORDINATION

Coordination issues have been repeatedly cited as an impediment to moving the needle on achieving nutrition outcomes and improving country ownership of nutrition programming.^{67,68} The international architecture of nutrition programming has been cited as “fragmented and dysfunctional” and an impediment to improved nutrition governance.^{69,70} The SUN Movement was launched in 2010 after global recognition that the international system did not address the problems of undernutrition effectively.^{71,72} A 2015 evaluation of the movement found that coordination and architecture issues persisted, and that progress was slow to address issues of coherence and coordination among UN bodies concerned with

nutrition.⁷³ A later evaluation in 2018 found improvements were made in multi-sectoral coordination and harmonization with the movement, including the establishment of multi-stakeholder platforms.⁷⁴

Researchers have discussed two types of coordination as enabling factors for addressing malnutrition – vertical and horizontal coordination.^{75,76,77,78} Vertical coordination refers to existing legal frameworks, technical capacities, and political motivations of stakeholders to share information, transfer resources, and remain accountable to each other, or more simply, across different levels—such as national, provincial, district, etc.^{79,80} Horizontal coordination often refers to coordination across different government ministries (i.e., across sectors), CSOs, non-governmental organizations (NGOs), donors, etc.^{81,82} In the Democratic Republic of the Congo, the national nutrition strategy was considered strong, but coordination and leadership by the government was weak, thereby undermining vertical coordination of nutrition.^{††} In the case of Ethiopia, national level support for the national nutrition strategy and plan was high, but sub-nationally there was a lack of sufficient funding or attention to nutrition, absence of a structure and ownership, and low awareness of the national nutrition plan.⁸³ Strengthening vertical coordination of nutrition requires technical capacities, secured funding at all levels, and political support at regional or municipal levels.⁸⁴

Horizontally, researchers have found that **nutrition outcomes are improved in programs that deliver cross-sectoral interventions or combine multiple delivery platforms, which requires sector alignment, coordination, and regular performance monitoring.**⁸⁵ However, sources have highlighted a lack of bilateral donor or NGO coordination with host country governments; a lack of incentives for effective multi-sectoral collaboration; and a lack of a roadmap or operational strategy for multi-sectoral implementation.^{86,87} Similar coordination issues were reflected in an assessment of the USAID Multi-Sectoral Nutrition Strategy. USAID staff reported challenges coordinating across stakeholders because of siloed or duplicative structures or actors working at different administrative levels, challenges between development and humanitarian domains, the large number of ministries, and working with external stakeholders at various levels (e.g., from national to community levels).⁸⁸ This sentiment was echoed during discussions with nutrition implementers. For example, one nutrition implementer noted that while both the McGovern-Dole International Food for Education program and development food assistance programming were present in a country and both had objectives to counter malnutrition, their efforts were not fully coupled.^{§§} Coupling efforts between these USG development programs would require better inter-agency coordination, including between the USAID Mission and relevant McGovern-Dole staff and implementers. Therefore, improved coordination of nutrition activities requires more thoughtful planning, implementation, and monitoring, whether by creating incentives for coordination and collaboration or mapping of existing infrastructure and activities, thereby streamlining efforts.

†† Virtual meeting with nutrition implementer, February 3, 2021.

§§ Virtual meeting with nutrition implementer, March 10, 2021.



NUTRITION COORDINATION BODIES

Where nutrition coordinating bodies are best placed heavily depends on context and the country's food and nutrition security legal frameworks.

Although nutrition is multi-sectoral in nature, it is frequently placed under the auspices of Ministries of Health, despite other sectors such as WASH, education, or agriculture demonstrating positive impacts on nutrition outcomes.^{89,90} Further, where nutrition coordinating bodies are best placed heavily depends on context and the country's food and nutrition security legal frameworks. For example, in Ethiopia, despite the national nutrition plan noting its success depended on clear delegation of responsibilities and accountability across sectors, it was perceived by NGOs and members of academia or research that the Ministry of Health was the sole owner of the plan and there was limited accountability for action, as well as a lack of involvement by the Ministry of Agriculture. In some countries, establishing a high-level office away from the Ministry of Health has significantly improved coordination of nutrition activities. Seeing nutrition as a priority, the President of Senegal and his administration established the Coordination Unit for the Fight Against Malnutrition (CLM) in 2001 within the Prime Minister's office. This office itself administers nutrition programs, and through it, all relevant ministries are engaged in addressing malnutrition. One of the CLM's programs, the Nutrition Enhancement Program (NEP), has been credited with reducing malnutrition in NEP zones by 42 percent between 2002 to 2006.⁹¹ Senegal exemplifies effective commitment to nutrition coupled with strong coordination.

In other cases, like Madagascar, a multi-sectoral governance system was established under the Prime Minister's office, including the National Nutrition Council (CNN) and National Nutrition Office (ONN). However, the CNN became dormant, and the ONN assumed both roles of coordinating and implementing nutrition projects, creating confusion and disengagement by sectoral ministries and stakeholders. The ONN's limited convening power, along with frequent turnover of government focal points, has created difficulty sustaining high-level government leadership. Further, Madagascar has experienced recurrent political instability and food crises. Institutionalizing multi-stakeholder and multi-sectoral consultations were recommended to improve communication and alignment of efforts in Madagascar nation-wide.⁹²

In some cases, establishing a coordinating body at the national level may be most effective, whereas in other countries, creating subnational nutrition coordinating bodies may be more appropriate. In the case of Zambia, food and nutrition multi-sectoral structures have been put into place at national, provincial, and district levels. The District Nutrition Coordinating Committees, initiated in 2012, continue today in 17 districts and recently carried out analyses in October 2020 to inform the creation of evidence-based, prioritized district intervention plans.^{93,94,95} Rwanda also has decentralized nutrition coordinating bodies, having established multi-sectoral nutrition committees to carry out District Plans to Eliminate Malnutrition, which convene mayors, district directors of health, nutritionists, agronomists, and officers from other sectors including social protection, hygiene, sanitation, etc.⁹⁶ In other cases, these structures may exist, such as in Burundi, but power dynamics can muddy coordination efforts between the government and international organizations.*** As such, stronger leadership is required in coordination platforms to encourage country ownership and learning across stakeholders.

*** Virtual meeting with nutrition implementer, March 10, 2021.

COORDINATION OF NUTRITION PROGRAMMING – U.S. GOVERNMENT

Despite USG commitments to improve coordination and introduce multi-sectoral approaches to nutrition, there are evident gaps in information sharing between within governments and other nutrition actors. USG’s policies, solicitations, and funded nutrition interventions demonstrate a strong desire to improve coordination and multi-sectoral approaches to nutrition. For example, the country-level guidance and solicitations reviewed required alignment with host country priorities and relevant regional or national nutrition policies. In several mid-term and final evaluations, evaluators found that interventions did align with host country development objectives.^{97,98,99,100,101} In at least one evaluation, however, authors noted a need to better include government agencies in planning, training, and implementation.¹⁰² Evaluations also revealed deficiencies in communication and information sharing with local government, weak linkages between or with governmental organizations or other entities, lack of protocols for collaboration, and lack of clarity regarding the roles and responsibilities of varying stakeholders.^{103,104,105,106}

At the Agency level, USAID established the Center for Nutrition in 2019 under the Bureau for Resilience and Food Security to serve as a strategic research and technical assistance resource across Operating Units, including Missions, as well as a Nutrition Leadership Council to provide high-level coordination and integration of development efforts across USAID.¹⁰⁷ Missions have also made strides to improve coordination of nutrition programming internally, such as the creation of nutrition focal points or coordinators, or USAID/Guatemala’s establishment of a nutrition committee and a separate committee focused on the integration of nutrition and WASH.¹⁰⁸ However, challenges remain at the Mission-level, where despite the existence of the Multi-Sectoral Nutrition Strategy, it is not codified and limited incentives exist to integrate nutrition programs.^{†††} Further, not all Missions had focal points for coordination.^{‡‡‡} Bread for the World previously recommended creating multi-sectoral nutrition strategies for each Mission and formal positions for Mission Nutrition Advisors for Missions that receive nutrition-related funding, which have not been realized.¹⁰⁹

HUMANITARIAN-DEVELOPMENT NEXUS

Despite progress to improve coordination in many aspects of nutrition programming, gaps in coordination remain within the humanitarian-development nexus for nutrition. Challenges include a reluctance to engage in nexus processes due of a lack of trust—whether related to the transparency of nexus processes and outcomes or accountability for delivering results.¹¹⁰ Nutrition-related interventions are also difficult to position within emergency responses, leading to the creation of parallel response structures that are neither timely nor at scale, and missed opportunities to strengthen national and local capacity to deliver nutrition interventions in emergency contexts.¹¹¹ To strengthen the nexus for nutrition, a 2020 analysis recommended building common objectives and priorities between humanitarian and development actors and supporting the

††† Virtual meeting with peer agency, February 11, 2021.

‡‡‡ Virtual meeting with USG representative, March 24, 2021.



involvement of humanitarian actors in the design and implementation of multi-sectoral national nutrition plans. This analysis also found that the nexus was most developed in countries where humanitarian and development actors had established a space to meet and exchange, a broad range of actors were involved, and local perspectives were integrated into the nexus processes and mechanisms.¹¹² Further strengthening the nexus for nutrition requires commitment, active engagement, and finding common priorities and areas of collaboration for various sectors and nutrition stakeholders.

The USG has taken steps to improve its coordination of humanitarian response, merging the Food for Peace Office with the Office of U.S. Foreign Disaster Assistance to create the Bureau for Humanitarian Assistance (BHA) as part of the Transformation initiative. The USG has also expressed commitment to strengthening linkages between humanitarian and development programming in the GFSS, the USAID Multi-Sectoral Nutrition Strategy, and the Food for Peace Food Assistance and Food Security Strategy.^{113,114,115} DFSAs, now Resilience Food Security Activities (RFSAs), are one USG approach to strengthen resilience to acute and chronic hunger and malnutrition and to recurrent shocks, stresses, and crises. They are also intended to reduce the need for ongoing or emergency food assistance and “are increasingly integrated with other USAID efforts to promote resilience and reduce extreme poverty.”

An analysis of DFSA case studies revealed lessons learned to bridge the humanitarian-development nexus for nutrition: combining different funding streams and programs allows implementing partners to provide immediate support while also providing longer-term interventions; the Refine and Implement (R&I) approach allows for adaptation to context, which is particularly important for areas prone to crisis and shocks; and partnerships are critical for efforts in a local context to be truly effective.¹¹⁶ For example, CRS’ UBALE project in Malawi helped the government of Malawi strengthen its capacity to monitor and implement extension work and helped the government establish Care Groups, a key component of their community nutrition strategy, reaching over 92 percent of the target population.¹¹⁷



Photo courtesy of Mussa Uwitonze



The capacity of organizations, civil society and government entities to carry out successful nutrition interventions is paramount to the localization of this work. Capacity strengthening towards full transition to local leadership can take many avenues—from enhancing skills in community management of acute malnutrition to strengthening organizational systems, structures, and governance to lead more effectively and sustainably. Further, capacity strengthening should be a participatory process with goals defined locally, instead of externally driven, and should be more than one-off events and training.¹¹⁸

CAPACITY STRENGTHENING—U.S. GOVERNMENT

The USG’s nutrition-relevant strategies (e.g., GFSS, Multi-Sectoral Nutrition Strategy, Global Nutrition Coordination Plan, etc.) all discuss capacity strengthening to improve country ownership of nutrition programming in various forms. For example, the Global Nutrition Coordination Plan prioritizes building technical expertise and institutional capacity within countries to support country-led efforts and enhancing capacity through partnerships with local institutions.¹¹⁹ The 2017-2021 GFSS aims to strengthen governance, policy, and institutions as the global, regional, national and local levels to reduce hunger, malnutrition, and poverty.¹²⁰ The Multi-Sectoral Nutrition Strategy states that USAID will develop human and institutional capacity in nutrition to create “well-educated cadres of nutrition professionals” that can provide strategic leadership at local, regional, and national levels.¹²¹



Of the 10^{§§§} regional and country strategies reviewed (i.e., R/CDCSs); five discuss strengthening capacity to improve nutrition services outright, whereas the others hypothesize that strengthening health systems will improve nutrition outcomes. Five of the 11 countries chosen for this paper’s case studies also have FTF programming and related GFSS country or regional plans; these country plans have a more explicit commitment to strengthening institutional or technical capacity for nutrition programming, including strengthening of governance and policies ([Annex I](#)). For example, the Ghana and Guatemala GFSS country plans state, respectively:

*GFSS will also promote continued governance programs for civil society to play a greater role and promotes their ability to monitor local government spending for agriculture and nutrition programs.*¹²²

*The institutional strengthening component targets technical staff at the central government, municipal, and community level to build the capacity to better manage and improve the quality of agricultural, nutrition, and health services at the national and municipal level in relevant ministries and municipal offices.*¹²³

Prioritizing strengthening nutrition governance in USG country-level strategies could help accelerate the advancement of nutrition goals and strengthen local capacity, whether technical or organizational. USG solicitations offer another opportunity to make more concerted efforts to strengthening local technical and institutional capacity for nutrition programs. The 2019 Kenya DFSA required working “in conjunction with, and—as much as possible—through local public, private, and informal systems and institutions to strengthen the capacity of local actors.”¹²⁴ Recent RFSA solicitations (e.g., Madagascar, Malawi, Haiti, and Mozambique) also have local capacity strengthening as a requirement, mandating applicants to “integrate local capacity engagement strategies and approaches into activity design, sustainability and exit strategies and staffing and management.”^{125,126,127} Similar requirements are included in McGovern-Dole solicitations, requiring applicants to involve indigenous organizations in the development and implementation of activities.¹²⁸ Solicitations could also require hiring host country nationals as key personnel, as required in the Madagascar Rural Access to New Opportunities in WASH solicitation, or hiring and training permanent staff to administer school feeding programs beyond McGovern-Dole, prioritized by USDA in its fiscal year 2020 solicitation.^{129,130}

The USG’s prioritization of technical and institutional capacity strengthening for nutrition programming as it compares to actual expenditures is unclear. Further, we did not examine the quality of capacity strengthening received; these two questions may be lines of further inquiry in the second phase of this study. Additionally, how USG efforts to strengthen capacity translates into improved nutrition outcomes appears to vary and was not a primary objective of this analysis.

Projects lack sustained and frequent capacity strengthening. A Malawi Wellness and Agriculture for Life Advancement ex-post evaluation found that “technical and managerial capacity strengthening did not materialize into maintaining interventions

§§§ At the time of this report, there is no CDCS for Niger.

as anticipated.”¹³¹ Further, the lack of substantial linkages, whether horizontally or vertically, was a barrier to sustainability, thereby supporting that the presence of multiple factors is needed to increase local leadership and sustainability of nutrition efforts. Other mid-term and final project evaluations also reflect the need for either continuous or increased training and the unlikely sustainability of interventions given limited mechanisms for sustained capacity strengthening, such as supervision or refresher trainings.¹³²

In relation to strengthening host country research capacity, the GFSS states that “U.S.-based researchers will invest in the human and organizational capital needed to increase the effectiveness and relevance of these local organizations [universities and national agriculture research systems in developing countries].”¹³³ The aim of such capacity strengthening is to promote innovation, technical training, and workforce development in support of food security and nutrition goals. The USG’s Global Food Security Research Strategy notes National Agricultural Research Systems and partner-country universities as key partners for implementing the research strategy.¹³⁴ Within the five GFSS Country Plans reviewed, however, discussion of research is centered predominantly on leveraging non-local Innovation Labs or Consultative Group for International Agricultural Research outputs, as well as coordination and collaboration with research institutes. **While Country Plans focus on strengthening national agricultural research institutions’ capacity for research and development, there remains limited discussion of strengthening local universities’ capacity.** As such, there is an opportunity for the USG to further commit to strengthening human and organizational capacity of host-country universities conducting nutrition and/or agricultural research. This has also been echoed by InterAction in their recommendations to USG on the draft 2022-2026 GFSS, stating that the USG should include local universities as partners in FTF research and innovation efforts.¹³⁵

Within USG programming, a primary objective of the USAID Advancing Nutrition project is to advance country capacity to deliver multi-sectoral nutrition programs. For example, in Ghana, Advancing Nutrition aims to strengthen local government to integrate multi-sectoral nutrition strategies in district development plans, and in Niger the project is strengthening government capacity to increase effective coverage of micronutrient supplements.^{136,137} Advancing Nutrition is also awarding grants to new and underutilized partners through the previously described NPI.¹³⁸ Advancing Nutrition provides technical assistance, guided by the needs of the local organization, to support the organizations receiving NPI grants in strengthening their management of USAID funding and addressing nutrition gaps in their countries and communities. Technical support could include program design, implementation, or monitoring, evaluation, and learning to deliver nutrition programming.¹³⁹

PARTICIPATORY APPROACHES

Participatory approaches may help improve the sustainability of capacity strengthening efforts and overall localization. The 2019 DFSA released by USAID encouraged participatory development in all proposed interventions and as a guiding principle of the activity from the start. CRS, as one of the lead implementers for the Kenya DFSA (also known as Nawiri), has facilitated government-led institutional capacity assessments, using an adapted CRS’ Holistic Organizational Capacity



Assessment Instrument, with the county government at all levels (county, sub-county, and ward levels) to identify the most pressing operational and programmatic gaps, including management and governance capacity and competencies. This assessment then helps inform where capacity strengthening efforts are most needed at the subnational level, supporting the Government of Kenya's mandates and devolution priorities. Kenyan county governments are currently in the process of implementing capacity strengthening plans developed from the findings of these capacity assessments.

CRS' approach used on the Empowering Partner Organizations Working on Emergency Response (EMPOWER) project also uses a participatory design process to strengthen institutional capacities for locally led emergency response programming and ultimately help local partners access and implement a greater percentage of humanitarian funding. The partner conducts self-assessments of their own organizational capacity, with technical support by CRS; develops and implements their own capacity development plans; develops their own emergency projects; and directly submits proposals to and receives funding from international donors. Various assessment tools can be adapted and used for similar self-assessments, such as CRS' Holistic Organizational Capacity Assessment Instrument or Health Policy Plus's suite of organizational capacity assessment tools.^{140,141} In one case, a peer agency used appreciative inquiry with the host government given time and relationship constraints.****

ADVOCACY AND SOCIAL ACCOUNTABILITY

Strengthening communities and local organizations' capacity to advocate and hold government or service providers accountable can provide an opportunity to advance local ownership of nutrition programming. For example, in Guatemala, the Health and Education Policy Plus project engaged and equipped CSOs to monitor program performance and budget expenditures to hold government officials accountable at all levels.¹⁴² The project trained CSO networks in advocacy and the applicable national and local government policies, regulations, and budget allocations to track adherence to health and education operations through performance indicators available online and through site inspections to schools and health facilities. CSOs in Guatemala also monitor the quality of nutrition services. Other examples of empowering CSOs to advocate for improved nutrition services or governance include Kenya's SUN Civil Society Network, which trains CSOs on nutrition advocacy and budget tracking, or in Nigeria, a network of advocates who collaborate to track and push for funding at national and subnational levels.¹⁴³ Strengthening capacity for advocacy also involves community-level government actors: in Kenya, through the DFSA, CRS identified a need to strengthen the capacity of various government sectors to advocate for increased nutrition finance during government budgeting processes. As such, with the relevant capacity strengthening, various nutrition stakeholders can help drive accountability, commitment, and even progress on nutrition goals.

**** Virtual meeting with nutrition implementer, June 29, 2021.



Photo by Jim Stipe/CRS

MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING

MEAL systems can improve localization of programming by using data or lessons learned to adapt programming, drive decision-making and priority setting, and hold service providers accountable.

Strong, participatory MEAL systems can improve localization of nutrition programming by using data or lessons learned to adapt programming to the local operating environment, drive decision-making and priority setting by local leaders, and hold service providers accountable. MEAL systems also help improve the sharing of information to coordinate nutrition activities, previously noted as a key element to localizing nutrition programming, and they help host country governments and civil society set malnutrition reduction targets.

MONITORING AND EVALUATION

Progress towards improved nutrition outcomes occurs over periods longer than five-year project cycles. MEAL systems help track progress towards reducing undernutrition and can be collected as part of periodic surveys, such as national Demographic and Health Surveys (DHS) or Multiple Indicator Cluster Surveys (MICS), or as part of baseline or endline surveys and impact evaluations. While indicators for certain forms of undernutrition, such as wasting, can demonstrate improvement in short timeframes, other forms of undernutrition, such as stunting, are lagging indicators. By definition, stunting reflects “the totality of conditions that have influenced children’s growth over a number of years.”¹⁴⁴ As such, it could take beyond five-year project cycles to have statistically significant improvements in stunting indicators because of nutrition-sensitive or nutrition-specific programming, especially for solving protracted and complex issues.¹⁴⁵ Past evaluations have thus



Photo by Lauren Carroll/CRS

recommended longer implementation periods or project cycles for greater impact on reducing undernutrition.^{146,147}

Disaggregated data are necessary to identify nutritional status, dietary practices, and deficiencies; design policies and interventions; and monitor implementation progress and outcomes.¹⁴⁸ While DHS and MICS data are useful for tracking trends in nutrition outcomes, they lack granularity at subnational levels and often do not include data for high-impact, nutrition-specific interventions.¹⁴⁹ Further, they are collected only every three to five years. Other commonly reported gaps in nutrition data include the reach, coverage, quality, and cost of nutrition interventions in the health sector and in other sectors.¹⁵⁰ There may also be inadequate data quality because of field data collection issues, including not enough training for enumerators, as well as delays created by collecting too many performance indicators, which inhibit timely and accurate data for reporting and decision-making.¹⁵¹

Despite commitment to meeting World Health Assembly (WHA) 2025 nutrition targets, many countries do not have the necessary data to assess their progress.¹⁵² Adopting a nutrition data value chain approach can help translate data into useful information and improved knowledge for action.¹⁵³ Piwoz et al state, “we recognize the [data] revolution is not solely about data but also about building capacity and transforming information into sound decisions.”¹⁵⁴ Also, data collection may be donor or partner-driven, and the sustainability of data collection efforts post-project are not considered. Donors tend to collect large amounts of data and not share with other actors, which leads to redundant efforts, wasted resources, or even missed opportunities for local organizations.¹⁵⁵ Previous recommendations to strengthen



Photo courtesy of Will Baxter

the nutrition data value chain include creating in-country mechanisms for priority-setting and data coordination, creating guidance for strengthening data systems, strengthening capacity at multiple levels, sharing knowledge and experience, and fostering a culture of data use and sharing.¹⁵⁶ Country ownership and ultimately the sustainability of nutrition data value chains must also be prioritized.

MEAL systems can determine where resource needs for nutrition investments are greatest and should be informed by granular data at subnational levels to inform the design of more equitable programming and close disparities in nutrition outcomes. More and better data can improve priority setting for nutrition interventions, given the ability to increase awareness of the magnitude of issues and where they exist or perhaps persuade local leaders on the importance of nutrition given demonstrated successes with programming.^{157,158,159} Given the changing dynamics of malnutrition, such as increasing overnutrition in countries also burdened by high levels of undernutrition, or increasing shocks to populations because of conflict, climate change, or macroeconomic crises, more regularly-collected, granular data is pivotal.

*To tackle stunting, the Government of Rwanda created a National Early Childhood Development Programme (NECDP). To **better use data for decision-making on nutrition interventions**, the Government of Rwanda requested support from CRS in developing their MEAL systems. An M&E staff person was then hired and embedded in the NECDP, working for the Government of Rwanda but supported by USAID. The data collected was then shared with both USAID and the Government of Rwanda to improve decision-making, streamline data collection, and enhance Rwanda's MEAL capacities and ownership of their nutrition data.*



ACCOUNTABILITY

Another missing aspect to local ownership of nutrition programs is the lack of accountability for all nutrition actors, whether international NGOs or host country governments. For example, those receiving nutrition services may be less able to demand accountability, given they may be dispersed in remote, rural areas; or the government may not assign priority to nutrition given that it transcends sectoral boundaries and, as such, they may not assign responsible parties to operationalize nutrition policies and programming.¹⁶⁰ Another report notes that accountability of nutrition actors to those they serve is weak given a dearth of data, power imbalances between agents, and lack of transparency around data collected.¹⁶¹

Accountability to populations served can be improved in a variety of ways. For example, in Uganda, communities were provided baseline information on health service delivery and encouraged to develop plans to identify and address areas of concern in public health care provision. A year later, the intervention communities saw reduction in child mortality and increased child weight.¹⁶² In Rwanda, the government uses performance contracts between the national government and local government authorities to commit to targets that have been set. This approach allows local government authorities to set priorities, define annual targets with measurable indicators, and establish activities to achieve them.¹⁶³

CRS has an [Engaging Government Framework](#) to strengthen state and non-state actors to generate positive social change and contribute to improved governance. This framework acknowledges that governance structures include people and institutions with differing interests, perspectives, and priorities. As such, engaging government is a long-term process that must be sensitive to context and timing and can involve various levels and/or branches of government, either alone or with civil society or faith-based institutions.¹⁶⁴ CRS has leveraged this framework for various purposes, such as improving land tenure and peacebuilding in Madagascar.¹⁶⁵ As part of CRS' Lamina project, the local population decided which criteria to use for community score cards to assess land services. Community score card results were shared with local populations and were used to help identify priorities for improvement.¹⁶⁶

LEARNING

Recent DFSAs/RFSAs deployed by USAID have utilized the R&I approach, which uses two stages—a refinement period to carry out pre-implementation studies, hone the project's design, and undertake preparation for implementation—such as hiring, training, etc.—and the subsequent implementation of activities.¹⁶⁷ The R&I process usually⁺⁺⁺⁺ lasts a year and includes consultations with communities about proposed interventions, validating the awardees' proposed interventions and assumptions, and allowing them to make changes, as necessary.¹⁶⁸

R&I approaches allow implementers to align or adapt activities to the local context, but its processes lack clarity, can create delays, and does not share data collected. While the pre-implementation period can benefit program design in the

⁺⁺⁺⁺ In the case of the 2019 Kenya DFSA, a phased approach was required that differed from other R&I models employed by FFP; phase I involved pre-implementation formative research that was expected to last 18 to 24 months.

end and increase local ownership, in other cases, R&I has caused confusion between USAID and activity staff on how to balance research and implementation activities in the first year. R&I has also caused confusion for community participants—one community saw the project as “an extractive program that collects information rather than helps local populations.”¹⁶⁹ R&I approval processes for research activities have also been cumbersome and delayed implementation. Ultimately, an evaluation team recommended that USAID clarify the R&I process and allow interventions to begin earlier.¹⁷⁰ A mid-term evaluation of the Democratic Republic of the Congo (DRC) DFSA, also implemented by CRS, recommended sharing R&I findings with other DFSA implementers in country to determine which studies were the most fruitful for activity design and implementation.¹⁷¹ As such, R&I information collected should be shared outside of the immediate stakeholders involved in the activity.



Photo by Ivan Palma/CRS

Crosscutting findings

Throughout discussions and review of the literature, several themes emerged that were applicable to more than one category of our analysis (i.e., commitment, coordination, capacity, MEAL).

Sustainability should be built into project design and implementers should plan for exist from project inception.

Funding cuts or delays can impede not only localization of nutrition programming, but the coverage and impact of the programs as well. In several cases, funding for nutrition programming was either slow to be released or cut completely. Kenya Integrated WASH (KIWASH) project activities began to show progress until funding was discontinued abruptly. Guatemala’s Health Policy Plus project had to reduce staff and spending because of delayed delivery of USAID funds.^{172,173} This issue has been addressed by CRS previously in a [2019 analysis](#), which highlighted the detrimental impact of funding cuts and delays on trust with local partners and communities, missed opportunities to empower local groups, and failed opportunities to



Photo courtesy of Natalija Gormalova

strengthen local capacity.¹⁷⁴ Further, while international NGOs can bridge funding gaps with private funds, it is less likely for local partner organizations to do so if projects should ever be fully locally implemented.

Nutrition actors often attempt too many interventions, choosing breadth over depth. Project evaluations showed a tendency for implementing organizations to attempt too many interventions, highlighted by IMPEL in a review of 16 mid-term DFSA evaluations.^{175,176,177,178} Too many interventions can lead to low quality implementation, spreading implementing partner and government resources too thinly, less effective capacity strengthening, and higher workloads of field staff and community volunteers.¹⁷⁹ In the case of the CRS Fararano project in Madagascar, the overly complex design negatively affected project outcomes.¹⁸⁰ Choosing fewer, higher impact interventions that are essential to reach project goals and tailored to the local context may be a more sustainable approach for nutrition-specific and nutrition-sensitive programming and have a higher success of localization.

Projects rely too much on community cadres, also known as community health workers or community volunteers, to carry out nutrition-specific and nutrition-sensitive activities. Past projects were found to likely have limited sustainability given limited opportunities for or infrequent supervision, refresher trainings, and feedback; dependence on unpaid volunteers; high workload required of volunteers; or no linkage to government extension services.^{181,182} In Ethiopia, unpaid Women's Development Army (WDA) leaders were created to help reduce the workload of paid Health Extension Workers; a study found many of these WDA leaders were already experiencing food insecurity, psychological distress, more stressful life events, and less social support.¹⁸³

To address the unsustainability of unpaid community cadres, one final evaluation recommended that programs should include adequate budgets to cover stipends for the initial few years of the program but stopped short of providing recommendations for what happens to volunteers after the project ends.¹⁸⁴ For the WDA program in Ethiopia, researchers recommended further investment in community cadres to reduce unpaid labor, as well as re-examination of policies that lead to unpaid labor.¹⁸⁵

The fiscal year 2021 McGovern-Dole solicitation requires that applicants analyze the impact and sustainability of using volunteer or uncompensated support.¹⁸⁶ This practice could help implementing organizations further understand the impact of using community cadres and deter unpaid support, instead establishing more formal pathways for community cadres. This could serve as a motivating factor to strengthen local capacity and leadership in nutrition programming.

Solicitations did not always require sustainability plans and exit strategies, and when they did, were poorly developed or communicated and, in some cases, not developed with sufficient time to implement them.^{187,188,189} Positive examples of such planning includes the Sustainability Strategies created by Metropolitan, Municipal and District Assemblies in the northern region of Ghana to maintain several activities across all sectors. Each district chose interventions based on their own resources or projected support and Government of Ghana requirements.¹⁹⁰ An evaluation found that many project activities were likely to continue given the capacity strengthening provided to these local governance structures and low capital investment required for certain activities. An analysis of sustainability and exit strategies emphasized that sustainability should be built into project design and implementers should plan for exit from project inception. This analysis, now highlighted in some USAID solicitations (e.g., DFSAs/RFSAs), hypothesized that resources, capacities, motivation, and linkages are critical to sustain service delivery, as well as access to and demand for services.¹⁹¹ While these four components may be critical to sustainability, so are efforts to devolve decision-making to host country government and/or civil society actors and include them as partners throughout the process, from project design to completion.

It takes time to strengthen capacity and prepare local organizations to take on large humanitarian or development programming.

Finally, **localizing nutrition programs takes time.** As previously described under the MEAL section, certain nutrition outcomes, such as reduction of stunting, could take beyond the normal five-year USG project cycles to demonstrate significant changes. It takes significant time to strengthen capacity and prepare local organizations to take on large humanitarian or development programming, if that is their goal. It also takes time to scale up and transition projects, which requires thoughtful project planning, sharing of data and lessons learned, and clear and upfront communication between relevant parties. Finally, building effective partnerships and trust with relevant stakeholders also requires more investment in time and resources.¹⁹²



Conclusion

The nutrition community has made several strides to improve locally led nutrition programming, from the SUN Movement on an international level, NPI and Advancing Nutrition at USAID, and training and empowering CSOs to advocate for quality nutrition services at the local level. Efforts to advance localization appear strongest in relation to capacity strengthening. However, there is room for the USG and nutrition implementers alike to further advance efforts to improve localization, particularly in the areas of commitment, coordination, and MEAL.



RECOMMENDATIONS FOR DONORS

To advance localization of nutrition programming, it is recommended that donors, and specifically the USG, should:

1. Strengthen and institutionalize its approach to nutrition governance by:

- creating a nutrition governance framework for use in agency- and country-level guidance, leveraging efforts by academia in nutrition governance and ongoing efforts by USAID Advancing Nutrition;
- strengthening nutrition governance in priority-setting and planning documents, including R/CDCSs to help advance progress on global nutrition goals, such as the SDGs for 2030, and encourage commitment to improve multi-sectoral nutrition coordination within USG nutrition programming and with other donors;
- funding pilots of Tufts University's Nutrition Governance Index, which can help identify successes and barriers in nutrition service delivery and help strengthen nutrition governance. This index has only been used in one country so far and requires additional research for validation and generalizability;¹⁹³
- expanding the USAID Advancing Nutrition project to additional countries, ensuring coordination and collaboration with other ongoing nutrition activities regardless of funding source; and
- encouraging political economy analyses to help determine where leadership in nutrition can best be leveraged and help host country governments and/or local CSOs prioritize nutrition at a level most appropriate to their political environment.

2. Prioritize strengthening host country capacities and linkages at all levels (e.g., community, regional, and national) in its nutrition programming, including:

- investing in strengthening host country governance capacities to improve the host country's policy implementation, devolution of decision-making, and leadership on nutrition implementation. As part of this, the USG should encourage participatory baseline assessments in its nutrition-sensitive and nutrition-specific solicitations to assess organizational capacity using tools that are feasible, acceptable, and led by the stakeholder; and
- investing in strengthening host country universities' capacity for research and development.

3. Improve coordination and reduce silos within USG nutrition programming by:

- creating country-specific, multi-sectoral nutrition strategies to help each USAID Mission operationalize and track nutrition programming across the various USG programs — e.g., FTF, Title II Development and Emergency programming, USAID Global Health nutrition programming, McGovern-Dole, etc. — as recommended by Bread for the World in 2018;¹⁹⁴
- establishing nutrition focal points at each USAID Mission to coordinate USG nutrition programming. Nutrition focal points should also coordinate with McGovern-Dole staff based in Washington, DC, and implementers in country; and
- sharing data, lessons learned, and promising practices across USG programs with nutrition components to reduce redundancy of MEAL efforts and improve adaptive management. USG programs could share learning from each other's initiatives, such as BHA's R&I approach or President's Emergency Plan for AIDS Relief's local partner transition efforts.

4. Improve sharing data and lessons learned with stakeholders at all levels (e.g., national and subnational) by:

- sharing data collected by USG programs with host country governments at all levels, as well as CSOs and participants, to improve local decision-making, help determine nutrition priorities and targets, and ensure mutual accountability amongst nutrition actors. Sharing data and information can also reduce duplicative efforts between nutrition actors and improve adaptive management of programming; and
- working with host country governments to strengthen and integrate data systems to track subnational, ideally community-level, nutrition-specific and nutrition-sensitive data to enhance countries' abilities to direct nutrition investments where they are needed most and better design and scale up programming.

5. Prioritize including host country nationals as key personnel within solicitations for nutrition-specific and nutrition-sensitive programming. Encouraging national staff as key personnel can help advance local partners' ability to take the lead on USG nutrition programming and adapt programming to the local operating context, as well as build relationships at all levels, from local to national.

6. Require nutrition development solicitations to include detailed and realistic transition/sustainability/exit plans, with milestones for the transition to local partners, built into every stage of the project. Requiring transition plans with milestones for transition to local partners could help improve sustainability and local ownership of projects. These transition plans depend on strong, trust-based partnerships, and require time and investment in relationship development and management and effective planning for shifting roles and responsibilities. The USG could also replicate the fiscal year 2021 McGovern-Dole solicitation's requirement to analyze the impact and sustainability of using uncompensated support to deter use of volunteers and create more sustainable transitions to local partners.

7. Support and strengthen existing national platforms or systems, such as multi-stakeholder platforms or monitoring and evaluation systems, rather than creating parallel structures, to improve localization of nutrition programming and sustainability. The USG should work with host country governments to improve the country's ability to track and mobilize resources for nutrition-specific and nutrition-sensitive programming so the country can identify where they are needed most.

8. Provide additional clarity on the R&I process, allow flexibility in initiating project activities earlier and improve the sharing of data collected through R&I. BHA's R&I approach has helped with programming to the local context and adapting modalities to meet project goals. However, a lack of clarity and communication between implementing organizations and BHA staff, as well as project delays because of pre-implementation studies, can delay implementation. Further, information collected through R&I should be shared with all stakeholders, including those not immediately involved in the activity. The failure to do so can lead to redundancies or duplicative efforts.

9. Identify and remove barriers that create funding delays and avoid early termination of nutrition programs at all costs. Development activities require time—usually in five-year project cycles or sometimes longer—and trust among all stakeholders. When programs have delayed funding or are terminated early, they undermine the investments already made, while also breaking down the trust between communities, leaders and implementers. If termination is absolutely required, such as in the event of drastic budget cuts, sufficient time should be afforded to allow for a sustainable exit, to seek new donors, and to protect relationships with local partners.

When programs have delayed funding or are terminated early, they undermine the investments already made, while also breaking down the trust between communities, leaders and implementers.



Photo by Dooshima Tsee/CRS



RECOMMENDATIONS FOR USG-FUNDED NUTRITION IMPLEMENTERS

To advance localization of USG-funded nutrition programming, implementers should consider the following in their project design and implementation:

Community cadres are frequently burdened with many responsibilities and insufficient or infrequent trainings.

- 1. Develop plans to formalize and fund roles for community cadres (e.g., community volunteers, extension workers, etc.).** These roles could be added to transition plans to formalize their contributions to nutrition programming and create opportunities for upward mobility after the close of a project. Community cadres are frequently burdened with many responsibilities and insufficient or infrequent trainings. Establishing more formal pathways for their involvement in USG programming could help strengthen capacity, improve effectiveness of programs, and drive sustainability and local ownership of nutrition programs. Success of these formal pathways will ultimately depend on the commitment of host country governments to invest in such cadres.
- 2. Invest in fewer, high-impact nutrition interventions tailored to the local context.** Too many activities can result in poor outcomes and can spread local partners thin, thereby reducing the likelihood of sustainability and localization of nutrition programs.¹⁹⁵
- 3. Improve coordination of nutrition activities with local partners, sectors, and other donors.** The coordination of nutrition activities can be improved through various means, such as mapping out existing nutrition activities with local partners pre-implementation, colocating staff to improve communication, sharing activity updates, building relationships, and leveraging existing infrastructure, such as multi-stakeholder platforms.
- 4. Create and promote accountability mechanisms for nutrition programming.** Improving the ability of local CSOs to hold their governments accountable, such as through projects like Health Policy Plus, can strengthen the citizen state contract, and ensure programming is responsive to needs. It can also build local entities' knowledge on nutrition performance indicators and governance processes and structures. Sharing data collected through programming with relevant stakeholders and populations served also promotes mutual accountability and helps ensure that programs are not extractive to the populations receiving services.
- 5. Build in more frequent opportunities for capacity strengthening with relevant stakeholders.** A review of nutrition-specific and nutrition-sensitive project evaluations frequently noted dissatisfaction with infrequent opportunities for supervision, feedback, or training. Implementers should build more robust capacity strengthening efforts into their project design and consult partners throughout implementation on areas where capacity strengthening may be required, rather than waiting for results of mid-term evaluations. Capacity assessments can help determine where and to whom capacity strengthening efforts should be prioritized.



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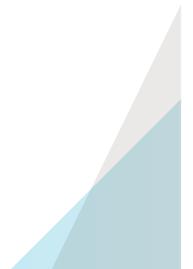
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Annexes



Annex I. Country case study document

COUNTRY & NUTRITION PROGRAMS	COUNTRY/REGIONAL STRATEGIES REVIEWED	SOLICITATIONS REVIEWED	PROJECT EVALUATIONS REVIEWED
Burkina Faso • Title II nonemergency • McGovern-Dole	• West Africa RDCS (extended through December 2020) • West Africa Regional GFSS Plan (2019)	• Title II Nonemergency Development Food Security Activities (DFSA) RFA (2018; Burkina Faso & Niger) • McGovern-Dole NOFO (FY18) • McGovern-Dole NOFO (FY21) • USAID Health Services Delivery (HSD) Activity (2019; Burkina Faso & Niger)	• McGovern-Dole Beoog Biga Phase II Baseline Report (2016) • McGovern-Dole Beoog Biga Phase II Endline Report (2018) • FFP DFAP Implementation Report (2017) • Resilience in the Sahel Enhanced (RISE) Program Impact Evaluation: Report of Recurrent Monitoring Survey (2018-2019) • Midterm Performance Assessment of USAID's RISE Initiative in Burkina Faso and Niger: Phase I Resilience Strategy Review (2017) • REGIS-ER Mid-Term Performance Evaluation (2016)
DRC • Title II nonemergency	• CDCS (2020 - 2025)	• Title II Nonemergency DFAP RFA (2016)	• Mid-Term Evaluation of the Budikadidi Development Food Security Activity in the Democratic Republic of the Congo (DRC) (2020) • South Kivu Food Security Project-Enyanya DFSA Mid-Term Evaluation (2020) • Tuendelee Pamoja II DFSA Mid-term Performance Evaluation (2020)
Ghana • Feed the Future • USAID Global Health	• CDCS (2020 - 2025) • GFSS Country Plan (2018)	• USAID Accelerating Social Behavior Change (2021) • USAID Enhancing WASH (2021)	• Endline Beneficiary-Based Survey (EBBS) of USAID Ghana's Resiliency in Northern Ghana Project (2019) • Resilience in Northern Ghana (RING) II Final Report (2019) • Nutrition and Poverty Reduction in Northern Ghana Evaluation (2019)
Guatemala • McGovern-Dole • Feed the Future • USAID Global Health	• CDCS (2020-2025) • GFSS Country Plan (2018)	• Feed the Future Improved Health and Nutrition RFA (2018) • McGovern-Dole NOFO (FY18) • McGovern-Dole NOFO (FY20) • McGovern-Dole NOFO (FY21) • McGovern-Dole Limited Merit-based NOFO (FY21)	• Final Performance Evaluation of the Food for Peace PAISANO Development Food Assistance Project (2019) • Final Performance Evaluation of the Food Security Program Focused on the First 1,000 Days (SEGAMIL) Office of Food for Peace (2018) • Midterm Performance Evaluation of USAID's Health Policy Plus Project (2019)

COUNTRY & NUTRITION PROGRAMS	COUNTRY/REGIONAL STRATEGIES REVIEWED	SOLICITATIONS REVIEWED	PROJECT EVALUATIONS REVIEWED
Kenya <ul style="list-style-type: none"> Title II nonemergency Feed the Future USAID Global Health 	<ul style="list-style-type: none"> CDCS (extended through December 2020) GFSS Country Plan (2018) 	<ul style="list-style-type: none"> Title II Nonemergency DFSA RFA (2019) Feed the Future Livestock Market Systems Leader with Associates (2017) PEPFAR Kenya Health Partnerships for Quality Services (2020) 	<ul style="list-style-type: none"> Kenya Integrated Water, Sanitation, and Hygiene (KIWASH) Project Mid-Term Evaluation (2019) Kenya Nutrition and Health Program Plus 2015-2019 Final Project Report (2019)
Madagascar <ul style="list-style-type: none"> Title II nonemergency McGovern-Dole 	<ul style="list-style-type: none"> CDCS (2021-2025) 	<ul style="list-style-type: none"> Title II Nonemergency DFSA RFA (2019; Madagascar & Malawi) USAID Rural Access to New Opportunities in WASH "RANO WASH Program" (2016) McGovern-Dole NOFO (FY20) McGovern-Dole NOFO (FY21) 	<ul style="list-style-type: none"> Final Performance Evaluation of the Fararano Development Food Security Activity in Madagascar (2020) Final Performance Evaluation of the ASOTRY Development Food Security Activity in Madagascar
Malawi <ul style="list-style-type: none"> Title II nonemergency USAID Global Health McGovern-Dole (FY18 & FY19) 	<ul style="list-style-type: none"> CDCS (2020-2025) 	<ul style="list-style-type: none"> Title II Nonemergency DFSA RFA (2019; Madagascar & Malawi) McGovern-Dole NOFO (FY18) McGovern-Dole NOFO (FY19) 	<ul style="list-style-type: none"> Final Performance Evaluation of the UBALE Development Food Assistance Project in Malawi (2020) Final Performance Evaluation of Njira Development Food Assistance Project in Malawi (2020) Long-Term Impact Evaluation of the Malawi Wellness and Agriculture for Life Advancement Program (2019)
Niger <ul style="list-style-type: none"> Title II nonemergency Feed the Future 	<ul style="list-style-type: none"> West Africa RDCS (extended through December 2020) GFSS Country Plan (2018) 	<ul style="list-style-type: none"> Title II Nonemergency DFSA RFA (2018; Burkina Faso & Niger) USAID Health Services Delivery (HSD) Activity (2019; Burkina Faso & Niger) 	<ul style="list-style-type: none"> REGIS-ER Mid-Term Performance Evaluation (2016) Final report: summative performance evaluation of Food for Peace title II projects LAHIA, PASAM-TAI, and Sawki in Niger Midterm Performance Assessment of USAID's RISE Initiative in Burkina Faso and Niger: Phase I Resilience Strategy Review (2017)
Rwanda <ul style="list-style-type: none"> USAID Global Health McGovern-Dole (FY20) 	<ul style="list-style-type: none"> CDCS (2020-2025) 	<ul style="list-style-type: none"> McGovern-Dole NOFO (FY20) USAID THRIVE-Water, Sanitation, and Hygiene Activity (2020) USAID Inclusive Nutrition and Early Childhood Development (INECD) Activity (2020) USAID Rwanda Hinga Weze Activity (2016) 	<ul style="list-style-type: none"> Impact Evaluation Report Benchmarking a Child Nutrition Program Against Cash: Experimental Evidence from an Evaluation in Rwanda Whole of Project Performance Evaluation of the Community Health and Improved Nutrition (CHAIN) Project Rwanda (2018) MCSP Rwanda: End of project report

COUNTRY & NUTRITION PROGRAMS	COUNTRY/REGIONAL STRATEGIES REVIEWED	SOLICITATIONS REVIEWED	PROJECT EVALUATIONS REVIEWED
<ul style="list-style-type: none"> Senegal • Feed the Future • USAID Global Health • McGovern-Dole (FY20) 	<ul style="list-style-type: none"> • CDCS (2020-2025) • GFSS Country Plan (2018) 	<ul style="list-style-type: none"> • Feed the Future Senegal Value Chain Services Activity (2020) • Feed the Future Cultivating Nutrition (2017) • McGovern-Dole NOFO (FY18) • McGovern-Dole NOFO (FY20) 	<ul style="list-style-type: none"> • Impact Evaluation Report Benchmarking a Child Nutrition Program Against Cash: Experimental Evidence from an Evaluation in Rwanda • Whole of Project Performance Evaluation of the Community Health and Improved Nutrition (CHAIN) Project Rwanda (2018) • MCSP Rwanda: End of project report
<ul style="list-style-type: none"> Zambia • USAID Global Health 	<ul style="list-style-type: none"> • CDCS (2019-2024) 	<ul style="list-style-type: none"> • USAID Scaling Up Nutrition Technical Assistance (2017) • USAID Scaling Up Nutrition Learning and Evaluation Activity (2017) • USAID Family Health and Nutrition Activity (2020) 	<ul style="list-style-type: none"> • Final evaluation report: ex-post evaluation of USAID/ Zambia's production, finance, and improved technology plus (PROFIT+) (2019) • ZAMFAM evaluation report: Zambia family activity in southern and central provinces ZAMFAM SC project
Total (unique)	15	25	27



Annex II. Strategies & commitment to localization

Table 1. Strategies, Policies, and Frameworks for Nutrition and Commitment to Localization

	DOCUMENT	COMMITMENT TO LOCALIZATION
U.S. Government Strategies, Policies, and Frameworks	<u>U.S. Government Global Nutrition Coordination Plan</u> (2016-2021)	<p>The plan states that the U.S. government is to improve coordination in three action areas, two of which directly relate to localization: supporting country-led efforts and promoting leadership and partnership. The document describes the importance of building technical expertise and institutional capacity, as well as empowering Scaling Up Nutrition (SUN) countries and encouraging other countries to join SUN to improve nutrition outcomes.</p>
	<u>Global Food Security Strategy</u> (2017-2021)	<p>GFSS commits to local ownership, local capacity development, alignment around a country's development strategy, and collaborative partnerships. The GFSS recognizes the importance of empowering countries to lead their own efforts related to food security and nutrition and calls for strengthened partnership and coordination.</p>
	<u>Global Food Security Research Strategy</u> (2017)	<p>The strategy highlights those key partners for U.S. government research investments, including host-country government, given they finance national agricultural research and extension systems and universities and determine national research priorities; private sector within host countries; National Agricultural Research Systems; and partner-country universities.</p>
	<u>USAID Multi-Sector Nutrition Strategy</u> (2014-2025)	<p>The first guiding principle for this USAID strategy is "country-led policies and processes," in which USAID will support country and community-led policies, strategies, and processes. USAID states that it "will partner with governments, civil society, private sector, researchers and universities, and other stakeholders to leverage resources, promote coordinated actions, and advance country priorities." A second relevant guiding principle is the commitment to sustainable approaches, including capacity development, systems strengthening, and cost-effective approaches to help ensure nutrition improvements are sustainable over time.</p> <p>This strategy's Results Framework includes at least one Intermediate Result (IR) applicable to localization, "IR 2: Increased Country Capacity and Commitment to Nutrition." There are four related sub-IRs, including: increased professional and institutional capacity; increased political will and resources for nutrition programs; increased stakeholder engagement around national nutrition goals; and improved systems to plan, manage, and evaluate nutrition programs.</p>

	DOCUMENT	COMMITMENT TO LOCALIZATION
<p>U.S. Government Strategies, Policies, and Frameworks</p>	<p><u>USAID Food for Peace Framework</u> (2016-2025)</p>	<p>FFP has two strategic objectives (SO) to support its overarching goal (food and nutrition security in vulnerable populations improved and sustained); these two interrelated strategic objectives are intended to improve food and nutrition security outcomes at both the individual (SO 1) and systems levels (SO 2), below. FFP’s strategy emphasizes the importance of strengthening capacity and focusing on sustainable change. For example, “sustainable, broad-based change is more likely to be achieved by supporting and strengthening existing community, private sector, and public sector mechanisms for product and service delivery, and by supporting the capacity, quality, and accountability of government institutions.”</p> <p>SO 1: Lives & Livelihoods Protected & Enhanced</p> <p>SO 2: Communities & Institutions Transformed</p>
	<p><u>USAID Policy Framework: Ending the Need for Foreign Assistance</u> (2019)</p>	<p>The Policy Framework centers on countries’ journey to self-reliance to end the need for foreign assistance.</p> <p>To achieve this vision, USAID is using Country Roadmaps to measure a country’s progress toward self-reliance, looking at 17 indicators related to commitment (open and accountable government, inclusive development, and economic policy choices) and capacity (capacity across government, civil society, the citizenry, and the economy).</p>
	<p><u>USAID Local Systems: A Framework for Supporting Sustained Development</u> (2014)</p>	<p>The Local Systems Framework describes USAID’s approach to transforming innovations and reforms into sustained development, putting local systems at the center of efforts to promote sustainability. Apart from one principle, capitalize on USAID’s convening authority, most principles for engaging local systems support localization.</p> <p>Centering local systems also highlighted in the GFSS and FFP Framework.</p>
	<p><u>USAID Private Sector Engagement</u> (2018)</p>	<p>In this policy, USAID emphasizes aligning with the host country’s “private sector as co-creators of market-oriented solutions” to drive shared interests and risk and work towards results that create shared value. The policy also aims to shift from donor-led engagement to USAID as a co-creator, and eventually, private sector as the lead and USAID the facilitator.</p>

	DOCUMENT	COMMITMENT TO LOCALIZATION
U.S. Government Strategies, Policies, and Frameworks	<u>USAID Human and Institutional Capacity Development Handbook</u> (2011)	USAID’s model to identify causes of performance gaps in host country partner institutions and address such gaps to increase performance of partner organizations.
	<u>Scaling Up Nutrition (SUN) Movement Strategy 3.0</u>	<p>The Policy Framework centers on countries’ journey to self-reliance to end the need for foreign assistance.</p> <p>The SUN Movement’s vision is that “By 2030, a world free from malnutrition in all its forms” and is to be “led by governments, supported by organisations and individuals.” The 3.0 strategy states that it will be country-led and country-driven, given execution shortfalls noted in reviews of SUN 2.0. This commitment is embedded in SUN’s Strategic Objectives and Theory of Change.</p>



Annex III. Glossary

Anemia	Low concentration of hemoglobin in the blood, as evidenced by a reduced quality or quantity of red blood cells. Can be caused by genetic traits, parasitism, infectious diseases, and/or nutritional deficiencies.
Malnutrition	A condition resulting when a person’s diet does not provide adequate nutrients for growth and maintenance or if they are unable to fully use the food they eat due to illness. Includes undernutrition and overnutrition.
Nutrition governance	The network of actors whose primary, designated function is to improve nutrition outcomes through processes and mechanisms for convening, agenda setting, decision-making (including norm-setting), implementation, and accountability. *
Nutrition-sensitive	Interventions that address the underlying and basic determinants of malnutrition and incorporate specific nutrition goals and actions.
Nutrition-specific	Programs and plans that are designed to address the immediate causes of suboptimal growth and development.

* Sources: adapted from Global Nutrition Report; U.S. Global Nutrition Coordination Plan; *Friel et al 2017, Global Governance for Nutrition.

**Undernutrition**

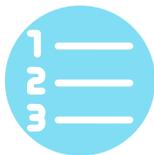
Lack of proper nutrition caused by a complex array of factors including dietary inadequacy, infections, and sociocultural factors. Includes being underweight for one's age, too short for one's age (stunted), dangerously thin for one's height (wasted), and deficient in vitamins and minerals (micronutrient malnutrition).

Stunting

Inadequate length/height for age, defined as more than two standard deviations below the median of the WHO Child Growth Standards resulting from chronic undernutrition. Develops over a long period of time in children under five; also known as chronic undernutrition. Associated with cognitive impairments such as delayed motor development, impaired brain function and poor school performance.

Wasting

Low weight-for-height defined as more than two standard deviations below the median of the WHO Child Growth Standards and/or mid-upper arm circumference of <125mm. Also known as acute malnutrition and is characterized by rapid deterioration in nutritional status over a short period of time for children under five. Caused by acute food shortages or disease and has different levels of severity (e.g., moderate or severe acute malnutrition).



Endnotes

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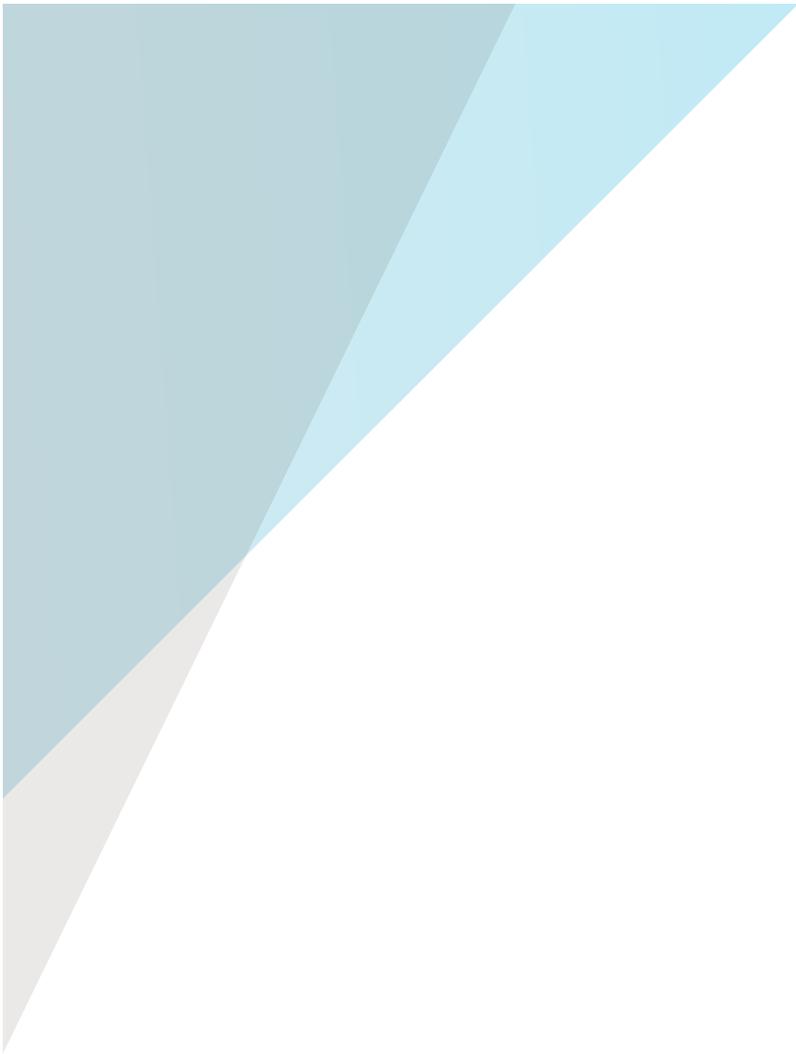
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