



Federal Democratic Republic of Ethiopia



The Seqota Declaration

Federal Program Delivery Unit

Guideline for

Multi –Stakeholders Coordination and Partnership Management (MSCPM)

June 2019

Addis Ababa, Ethiopia

Foreword

The Seqota Declaration is the Government of Ethiopia's commitment to end child under-nutrition by 2030. It reaffirms the government's commitment to nutrition as a foundation for economic development with a focus on human capital development. It is implemented under the National Nutrition Program II (NNP II). This 15-years program focuses on delivering high-impact interventions in 33 Woredas of the Tekeze river basin in Amhara and Tigray Regional states. The National Nutrition Plan II and Seqota Declaration strategy have prioritized nutrition specific and nutrition sensitive interventions to contribute to the reduction of stunting. Such strategic objectives and interventions can only be implemented through multi-stakeholder partnership and coordination in SD Woredas.

Reducing under-nutrition is a multi-stakeholder initiative. Multi-stakeholder Coordination and Partnership Management (MSCPM) therefore is at the centre of Seqota Declaration implementation approach. Multiple stakeholders from different sectors are engaged from the inception of the declaration. More than seven government leading sectors, donor groups, IPs and CSOs are all stakeholders of the SD at National, Regional and Woreda levels. Applying Multi-stakeholder Coordination and Partnership Management (MSCPM) system has, however, been a major gap of Seqota Declaration program.

In order to strengthen partnership and multi-stakeholder coordination at the sub national level, a MSCPM guideline and associated tools have been developed. This Multi-stakeholder Coordination and Partnership Management (MSCPM) guideline will assist in operationalizing Woreda and Regional Nutrition Coordination Bodies and Technical Committees. Improved stakeholder coordination will contribute to coordinated and efficient implementation of nutrition projects & improve the current food and nutrition situations. It is believed that the guideline will be an essential tool to standardize the coordination bodies, help to engage stakeholders, measure progress, ensure accountability and enhance program ownership for sustainable nutrition services. It has to be noted that as Seqota Declaration is in its learning phase, the guideline is expected to be further updated in line with inputs from key stakeholders. The implementation of this guideline can benefit beyond SD Woredas and regional states. I recommend the utilization of this guideline to inform

and standardize the routine functions and strengthen the practice of evidence-based decisions at all levels to help the attainment of SD goals in particular and nutrition in general.

Acknowledgment

The development of this multi-stakeholder coordination and partnership management (MSCPM) guideline has been possible because of the active participation of Federal Program Delivery Unit (FPDU), Regional PDU of Amhara and Tigray, Woreda Sector focal persons & technical committee chairs, Regional Presidents' Advisors, and SD partners. The leadership and guidance provided by Amhara and Tigray Regional Presidents in creating an enabling environment for undertaking the necessary consultations with key stakeholders has been instrumental in further refining the MSCPM guideline to ensure relevance to the local context.

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Acronyms

AMIYCNAC	Adolescent, Maternal, Infant and Young Child Nutrition Antenatal Care
CSO	Civil Society Organization
DFID	Department for International Development (UK)
EC	Ethiopia Calendar
EDH	Ethiopian Demographic Health Survey
EIAR	Ethiopian Institute of Agricultural Research
EPHI	Ethiopia Public Health Institute
FBO	Faith Based Organizations
FPDU	Federal Program Delivery Unit
GDP	Gross Domestic Product
GNP	Gross National Product
GTP	Growth and Transformation Plan
ILRI	International Livestock Research Institute
IPs	Implementing Partners
M&E	Monitoring and Evaluation
MFED	Ministry of Finance and Economic Cooperation
MoANR	Ministry of Agriculture and Natural Resources
MoE	Ministry of Education
MoH	Ministry of Health
MoLSA	Ministry of Labor and Social Affairs
MoWCA	Ministry of Women and Children Affairs
MSCPM	Multi Stakeholder Coordination and Partnership Management
MWIE	Ministry of Water, Irrigation and Electricity
NFFSC	National Food Fortification Steering Committee
NFP	Nutrition Focal Person
NI	Nutrition International
NNCB	National Nutrition Coordination Body
NNP-II	National Nutrition Program -II strategy
NNPMSC	National Nutrition Program Management Steering Committee
NNS	National Nutrition Strategy

NNTC	National Nutrition Technical Committee
NSAS	Nutrition-Sensitive Agriculture Strategy
NSFP	National School Feeding Program
PSNP	Productive Safety Net Program
RNCB	Regional Nutrition Coordination Body
RNTC	Regional Nutrition Technical Committee
RPDU	Regional Program Delivery Unit
SD	Seqota Declaration
SUN	Scaling up Nutrition
TA	Technical Assistance
ToR	Terms of Reference
TVET	Technical & Vocational Education Training Office
UNICEF	United Nations International Children's Emergency Fund
UK	United Kingdom
WA	Woreda Administrator
WNCB	Woreda Nutrition Coordination Body
WNTEC	Woreda Nutrition Technical Committee
ZNCB	Zonal Nutrition Coordination Body
ZNTC	Zonal Nutrition Technical Committee

1. Introduction

1.1 Background and Rationale for the guideline:

Seqota Declaration (SD) is a commitment declared in June 2015 by the Government of Federal Democratic Republic of Ethiopia to accelerate efforts of various stakeholders to end stunting among under-two years children by 2030. SD is part of NNP-II and supports the implementation of the National Nutrition Program II (NNP II). The 15-year roadmap of SD focuses on delivering high-impact interventions in 33 Woredas of the Tekeze river basin in Amhara and Tigray Regional States.

Key government sectors have been identified to coordinate and implement nutrition specific and nutrition sensitive programs that help to attain the SD goals. These government sectors/Ministries, bureaus and offices including Health, Agriculture, Natural resource, Livestock and Fishery, Water, Irrigation and Electricity, Education, Labour and Social Affairs, Women and Children Affairs. Donors and implementing partners (IPs), Civil Society Organizations, Religious Organizations, and the private sector are also key partners of the Seqota Declaration.

Implementation of the Seqota Declaration is structured in three phases over a 15-year period. Phases are: (i) an innovation phase (2016 – 2020) which focuses on the implementation of priority intervention packages that will be monitored and evaluated to generate learning and evidence for the (ii) expansion phase (2021 – 2025) which will reach more vulnerable Woredas before a national (iii) scale-up phase (2026 – 2030) involving full-blown implementation of evidence-based multi-stake holder interventions. The innovation phase investment plan has ten strategic objectives and 50 strategic initiatives which will be implemented in 33 SD Woredas with 27 Woredas located in Amhara Regional State (TRS) and 6 Woredas in Tigray Regional State (TRS)¹. See Annex G on SD strategic objectives and list of initiatives. The success of SD relies on effective coordination and accountability of multiple stakeholders working in various sectors.

The rationale for the Multi-stakeholder Coordination and Partnership Management (MSCPM) guideline is to ensure a systematic approach to partnership management so that SD strategies and

¹ Seqota Declaration: Innovation phase investment plan 2017-2020

initiatives can be implemented effectively under a multi-stakeholder environment. This guideline is designed for Woreda and Regional level nutrition coordination bodies, technical committees, sector offices and bureaus, & implementing partners to guide and standardize efforts for effective coordination of multiple stakeholders operating in SD Woredas and regional states.

Effective coordination and documentation of stakeholders are expected to:

- Coordinate multiple stakeholders for timely implementation of SD initiatives and planned activities
- Generate evidence in each Woreda and Region for informed decision-making
- Maximize the utilization of available resources and technical expertise
- Maximize allocation of resources for impact and minimize duplication
- Identify locally available resources through implementation of resource tracking system, reallocate, and reprogram resources based on local evidences & priorities
- Attract more resources to the Woreda through timely and proper utilization and liquidation of existing resources, supported by evidence-informed gap analysis and advocacy
- Support implementation of SD strategic objectives and strategic initiatives
- Improve evidence-based advocacy for additional resources and political attention
- Gender-sensitive planning and allocation of budget
- Ensure equitable access to nutrition services so that stakeholders are not concentrated in specific geographic areas and are able to reach needy segments of the society that will have an impact on reduction of stunting in SD Woredas

Therefore, this guideline is developed with a vision to reinforce, strengthen, and standardize the functions of existing partnership management and coordination platforms at Woreda and Regional levels. All SD Woredas, Regional Sectors, and RPDU are expected to follow this guide for effective coordination of stakeholders operating in their constituency. The FPDU and Federal level ministries are expected to liaise and support Regional States and SD Woredas with timely responses to the advocacy initiated by Woredas and Regional States for timely allocation of resources and other support for SD initiatives implementation. This guideline is aligned with SD strategic objective #10: “Improve multi-sectoral coordination and capacity”.

1.2 Sustainability:

In order to ensure sustainability, the partnership management system will follow national guidelines and national institutional arrangements under NNP-II. No parallel or new structure will be introduced but rather the focus will be to revitalize and strengthen existing systems and where nothing exists, introduce nationally approved partnership management structure through appropriate capacity building. Using existing systems which are accepted and used by the national stakeholders will facilitate acceptance, ownership, and implementation at the sub national levels. It will also facilitate monitoring of partnership effectiveness by using nationally approved indicators. The capacity building training for key stakeholders, & regular monitoring and support will ensure sustainability of partnership management as outlined in this guideline.

Within the proposed coordination structure, the Seqota Declaration strategic objectives and strategic initiatives will be implemented, resource allocation for SD from NNP-II will be managed, and SD specific accountability platforms will be operationalized. Therefore, the Nutrition Coordination Body (NCB) and Nutrition Technical Committee (NTC) structure will be continued at the regional and woreda levels. In Amhara, as the region is also divided into zones, the coordination arrangement will be replicated at the Zonal level. The definitions and guidelines of each coordination arrangement are also guided by the national strategy and definitions. As the main focus is SD strategy implementation, each coordination mechanism and accountability framework at the Regional and Woreda levels will prioritize review of projects implementing SD strategy and resource allocation for SD strategic initiatives. Based on resource gap analysis, advocacy activities will be initiated by members of Woreda Nutrition Coordination Body and communicated to Regional and National budget holders and donors through bottom up approach. To provide guidance on Advocacy at the Woreda and regional levels, an Advocacy Guideline has been developed which is available with FPDU and RPDU. Sector Ministries, Bureaus, FPDU and RPDU will provide support and ensure the communication of evidences and identified gaps to concerned bodies at regional, national, and international levels.

1.3 Gender considerations in partnership management

Gender consideration is critical to successful implementation of SD Strategic Objectives and also to achieve NNP-II targets. Therefore, gender is an integral part of partnership management. Members of the coordination bodies need to ensure a balanced representation of men and women in coordination bodies. The Chairperson of coordination bodies at all level should ensure that joint reviews and joint planning are gender sensitive and resource allocation is based on gender-based planning. All existing projects review should consider whether the projects are delivering gender sensitive outcomes. New projects should be reviewed and advised to make their plans gender sensitive and appropriate indicators should be used to measure outputs, outcomes, and impact. Members of the coordination bodies should be sensitized on gender equality and women's empowerment. The following SD strategic objectives support gender-sensitive nutrition programming:

- Improve the health and nutritional status of Adolescent, Women, and Children under two
- Improve nutrition status of pregnant and lactating women and children through nutrition sensitive Productive Safety Net Program (PSNP) interventions
- Improve gender equity, women's empowerment and, child protection

The NNP-II Strategic objective 4 results area 4.11 also focuses on gender-sensitive nutrition programming and strategic objectives 1 and 2 also emphasize gender-sensitive nutrition programs.

According to Ethiopia Public Health Institute (EPHI), Centro Internacional De la Papa (CIP), and International Livestock Research Institute (ILRI), gender mainstreaming is “an approach for achieving gender equality ensuring gender perspectives and gender equality are central to policy development, research, advocacy, dialogue, legislation, resource allocation, and planning, implementation and monitoring of programs and projects.... Care of mothers and children is a significant underlying determinant of child nutrition. A major component of care is infant and

young child feeding practices (IYCF), including breastfeeding, complementary feeding and the many factors that influence these practices.”²

1.4 Purpose and Scope of the Guide

Purpose: The Purpose of this guideline is to facilitate effective coordination of multiple SD stakeholders including implementing partners as well as donors funding nutrition projects. It is also meant to facilitate sub national level evidence generation, decision-making, evidenced-based advocacy, resource mobilization, partnerships between government and non- governmental organizations, performance management, and stakeholders’ accountability to SD.

The guideline is based on Seqota Declaration Investment Plan’s guidance on coordination. It stated, “At regional level, under the leadership of H.E. Regional Presidents, the regional PDUs are responsible for developing the Seqota Declaration Investment Plan whilst coordinating and managing the performances of the regional sector bureaus, implementing partners and Seqota Declaration woredas. At woreda level, the Woreda Administrators are the primary owners of the woreda-level investment plan with the regional PDUs, bureaus and partners providing technical support. Coordination platforms will be established at all levels to enable the PDUs to review progress.... in order to accelerate the implementation of Seqota Declaration, strong governance and program implementation arrangements, along with innovative coordination mechanisms that will create a sense of ownership and the enabling environment among the implementing sectors are critical tasks that needs to be performed.”³ It is also important to understand PDU role which is stated as “the Seqota Declaration Program Delivery Units will focus on strengthening the functionality of the federal, regional and woreda level coordinating structures that will provide political leadership, technical coordination, harmonization of interventions among implementing sectors and partners, influence sectors to integrate nutrition into their workplan, foster stakeholders engagement and resource mobilization, implement a robust M&E system, and strengthen the PDUs’ capacity to perform effectively.”⁴ Both FPDU and RPDU have a central role in facilitating partnership coordination.

The following is the framework for sub-national partnership management for SD.

² Nutrition training manual for health and agriculture workers at community level in Ethiopia; Tesfaye Hailu (EPHI), Masresha Tessema (EPHI), Mariama Fofanah (CIP) and Zelalem Lema (ILRI); page 41

³ Seqota Declaration Innovation Phase Investment Plan 2017-2020; page 31, version January 2018

⁴ Seqota Declaration Innovation Phase Investment Plan 2017-2020; page 28, version January 2018

1.5 Conceptual framework for sub-national partnership management for SD:

Vision: SD regions and woredas achieving SD strategic objectives

Goal: SD regions and woredas have functional multi-stakeholder partnerships

Outcomes: SD regions and Woredas hold partnership meeting and update stakeholder maps regularly; Key staff are skilled/trained in partnership management ; M&E system in place to monitor impact of partnership management and SD related results

1.6 Scope:

The subnational multi-stakeholder coordination and partnership management guideline is prepared to facilitate evidence-based decision making at sub national level for effective implementation of SD strategy. This guide is prepared for the following stakeholders of SD regional states and Woredas:

- Administrators (Woreda, Regional Presidents and their Advisors)
- Nutrition Coordination Body
- Nutrition Technical Committee
- Regional Bureaus
- Woreda Offices
- Donors (national and international)
- Implementing partners (IPs)

- Private sector partners, FBOs and Academic Institutions
- FPDU and RPDU

1.7 Objectives of the Guideline

The objective of this guideline is to provide a systems approach to partnership management, and standardize coordination mechanisms by providing clarity on composition of the nutrition coordination body at all levels. This guide also defines the roles and responsibilities of each entity, communication channel and protocol within and across nutrition coordination bodies, technical committees and SD stakeholders, use of tools and documentation requirements. Regular partnership management is meant to facilitate implementation of SD interventions, track resources, ensure coordination, update stakeholders map, and coordinate for most efficient use of resources. The following are expected to be achieved with the utilization of this guide:

- Regular partnership meeting to review SD program implementation
- Minimize duplication of efforts and promote equity
- No idle grants or no grant misaligned to SD, and minimize the chance of undocumented interventions and investments in SD Woredas
- Facilitate timely utilization and liquidation of available financial resources
- Minimize the risk of underfunded SD Interventions
- Regular update of the Resource Tacking and Partnership Management tools and dashboards
- Facilitate generation of local evidences to evaluate, summarize and prioritize action points and documentation of lessons for further learning in SD Woredas
- Promote evidence-based decision making at Woreda, Zonal and Regional levels
- Facilitate evidence-based advocacy for funding gaps
- Attract more resources for the Woreda nutrition programs
- Ensure sustainability and impact of existing interventions
- Strengthen predictability of resources & minimize risk of catastrophic budget shortages
- Facilitate local innovations, documentations and identification of high impact interventions worth scale-up

1.8 How to use the guideline:

The guideline is a step by step process to establish/strengthen partnership management and coordination mechanisms. Woreda Administrators (WA) and Regional Heads can use the tools

mentioned in this guideline such as terms of references for Woreda Nutrition Coordination Body (WNCB) and Woreda Nutrition Technical Committee (WNTC), meeting agenda setting, meeting minutes, action planning, use of dashboards to monitor performance, etc. to facilitate partnership management and stakeholder coordination. The guideline can also be used by the focal persons for nutrition in the Regional States and Woredas. As the government will appoint new Woreda level full time focal persons to serve as program delivery unit's full time representative for SD program, these focal persons can also use the guideline to facilitate partnership management. The guideline is also for all implementing partners (IPs) operating in the Woredas for them to understand the rationale and processes for partnership coordination and management in the implementation of SD strategies and initiatives. The IPs participation in coordination mechanisms is very important.

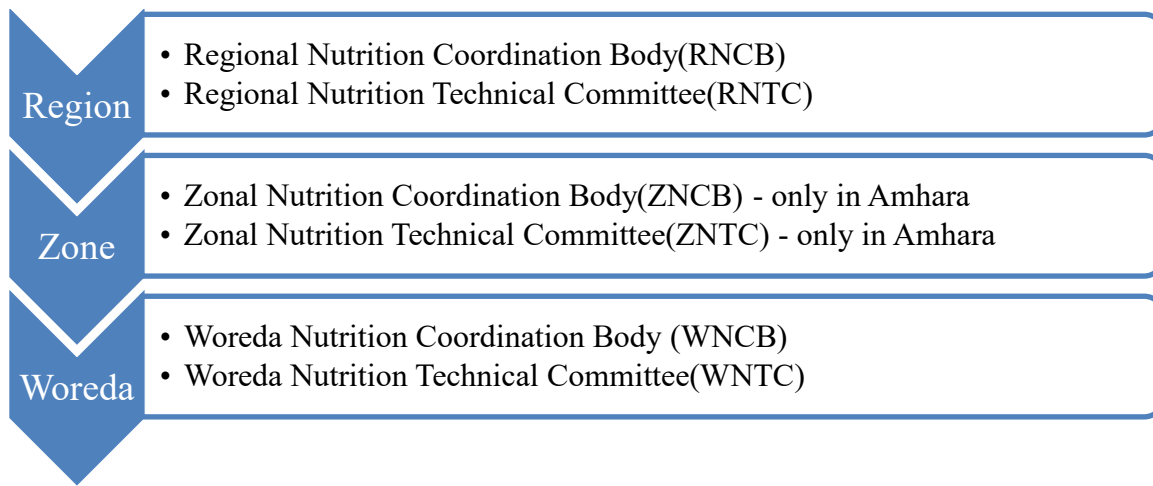
The tools listed in the document are used to initiate a systematic approach to partnership management. Each WNCB and WNTC can hold their partnership meeting after updating the stakeholder mapping and resource tracking tools and conducting associated analysis. The guideline also provides information on how to use (i) Monitoring and Evaluation to assess the effectiveness of partnership management and (ii) accountability tools to track performances. The financial analysis generated by the Resource Tracking Tool can help identify gaps for WNCB's prioritized action points.

In addition, where possible, the on-line partnership management database can be used to track overall performance of SD programs in the region and Woreda. By updating stakeholder mapping tool on a regular basis, both the Woreda and the Region will be aware of all investments in their respective areas and can facilitate collaboration among various sectors and partners for more effective implementation of nutrition programs. Routine operationalization of the partnership management system will provide transparency to RDPU /FPDU and higher officials on the status of SD strategic initiatives implementation at the Woreda level. Where the on-line system may not be operational in a Woreda because of internet access issue, the paper-based system will at least provide required documentation to track overall performance of partnership management.

1.9 Structure of the guideline

The guideline is divided into two major sections – (i) basic guideline on partnership management and stakeholder coordination; (ii) tools to use for partnership management. The coordination structure is as shown in the following chart.

Structure of SD Stakeholder Coordination and partnership management platform



1.10 Why we need sub-national MSCPM (Rationale)

Malnutrition is the largest single contributor to diseases, according to the UN’s Standing Committee on Nutrition (SCN), and under-nutrition among other factors, negatively affect school performance, leads to a lower income as an adult, depletes immunity to diseases and causes women to give birth to low birth-weight babies (WFP, 2014)⁵.

Multi-Sectoral collaboration requires the engagement of multiple stakeholders from government and non-governmental stakeholders. A range of government entities representing different sectors need to work in a coherent way supported by a wide range of partners that are strengthening government-led endeavors to improve nutrition. These include United Nations (UN) agencies that provide technical support to governments, donors who are investing in humanitarian support and national development agendas, civil society organizations who work closely with communities

⁵ The Hunger Project: Global Advocacy, Gender-focused, development-led community development for all, February 2014

ensuring that marginalized groups are reached, businesses with their resources and products for improving nutrition, international and national NGOs implementing nutrition related projects, international and national technical assistance providers, academic and scientific institutions that are involved in training, technical assistance, and research related to nutrition.

According to the result of the Multi Stakeholder Coordination and Partnership Management Functionality Assessment (MSCPMFA), the WNCBs and the WNTCs are not inclusive because civil society organizations (CSOs) & implementing partners (IPs) are not members of the committees, the efforts made by different stakeholders are not properly documented, and locally generated evidences are not systematically analyzed and used for decision making and advocacy purpose. This guide will help each SD regional state and Woreda to systematically analyze locally generated evidences and prepare regular updates for Woreda, Regional and Federal representatives.

Members of Parliament who can use their positions of authority to maintain and spread commitment to nutrition also have a crucial role to play.⁶ Representatives from SD Woredas are expected to discuss resource gaps and other nutrition related issues as per local prevailing situation to draw the attention of policy makers and national level actors. RPDU and FPDU can assist and support Woreda officials with their advocacy efforts.

The multi-stakeholder partnership mechanism is designed to facilitate adherence to the five building blocks of nutrition governance as described in the NNP-II strategy. These building blocks are: transparency & accountability, political commitment, consensus building & coordination, service delivery capacity, & financing.⁷

1.11 Key principles of multi-stakeholder coordination and partnership management

According to the principles of the Paris Declaration and Accra Call for Action, aid effectiveness and need based interventions are the center of any partnership management initiatives with key

⁶ SCALING UP NUTRITION In Practice: Effectively Engaging Multiple Stakeholders, Feb 2014

⁷ NNP II, chapter 4, page 60

overarching principles. The following are three key principles of multi-stakeholder coordination and partnership management.



2 Approach of multi-stakeholder coordination and partnership management

2.1 Current status

The partnership management platform is a key approach for effective engagement of stakeholders for the successful implementation of SD interventions. According to the result of the rapid assessment conducted during the inception period of this technical assistance (TA) in September 2018 and the MSCPMFA conducted in March 2019, the findings are that where WNCB and WNTC are established, they are not performing at the level they are expected to. Some of the coordination mechanisms are project specific while others are NNP specific. The Woreda Administrators and Woreda Nutrition Focal Persons believe that the committees are not functional. The Woredas which have some kind of coordination also indicate the following limitations:

- The WNCB and the WNTC are not functional and they are not meeting regularly
- Their functions lack standardization
- Their meetings are rarely documented with standard minutes
- The composition of the committees varies from Woreda to Woreda
- There is no consistent process of partnership management

- Implementing partners, civil societies and religious organizations are not usually represented in the WNCB and WNTC and they are not participating in these meetings
- There were no standard guidelines to review, revitalize and strengthen these committees.

2.2 Partnership Approach

In order to have a consistent partnership management approach in all SD Woredas, it is important to use the guideline, tools, and processes outlined in this guideline & initiate a systems approach to partnership management and stakeholder coordination. Each Woreda is expected to review existing practices and then adjust the practices with the proposed WNCB and WTNC partnership mechanisms. A systems' approach also allows for regular monitoring and evaluation. Therefore, the following steps are recommended in Woredas and Regional states:

1. Organize partnership review to assess the current status of Stakeholders Coordination and Partnership Management. If no coordination mechanism exists, then use the guideline to set up coordination mechanisms.
2. In Woredas where coordination mechanism exists, review the status to revitalize based on the recommendations of this guideline.
3. Membership in each coordination mechanism need to be reviewed so that it follows the recommendations made in this guideline.
4. List out all stakeholders working on nutrition in each Woreda using stakeholders mapping tool (which is an integral part of the Resource Tracking Tool).
5. Complete a stakeholder mapping exercise i.e. identify important partners based on their contribution on nutrition and SD goals.
6. Discuss and reach consensus on how to operationalize coordination mechanism and partnership management.
7. Discuss and decide the composition of the coordination body and its technical committee. Ensure that all relevant members (including civil society) are included in each coordination body. Discuss and agree on the frequency of partnership and coordination meetings, role and responsibilities, agenda setting, monitoring performance, and process of follow-ups actions.

8. Document all decisions made, communicate to representatives, RPDU and to the regional presidents and ensure that these are known to key stakeholders.

The meeting frequency of each committee is recommended as follows. However, the Woreda and Regional NCB can modify the frequency according to the local situation.

1. Regional Nutrition Coordination Body (RNCB): quarterly meeting
2. Regional Nutrition Technical Committee (RNTC): quarterly meeting
3. Zonal Nutrition Coordination Body (ZNCB): quarterly meeting
4. Zonal Nutrition Technical Committee (RNTC): quarterly meeting
5. Woreda Nutrition Coordination Body (WNCB): Monthly meeting
6. Woreda Nutrition Technical Committee (WNTC): Monthly Meeting

Each committee is expected to have regular meeting, venue and meeting date and time. Meetings should be planned in advance and should be on a fixed date and time in each month. A recommended period for a meeting, based on feedback from Woredas, should be toward the end of the month (from 27th to 29th) and preferably from 2pm to 5pm at the Woreda Administration Hall. Exceptions shall be entertained according to the local situation and convenience of majority of the members. The recommended date could work for zone and region level meetings. Respective meetings shall be supported by accountability measures which should be evaluated by coordination bodies at all levels (see annex K).

2.3 Implementation approach

The implementation of this guideline follows stepwise approach and has the following three interdependent steps.

Step 1: The starting point of this guideline is ensuring a collective understanding of this guideline and its recommended procedures. Invite all SD sectors and IPs (CSOs, FBOs, private sector) in the Woreda to discuss about the guideline. The nutrition focal person in collaboration with the Woreda Administrator (WA) shall facilitate the process and seek support /orientation from RPDU and the TA team if needed.

Step 2: Review the status of nutrition coordination mechanism in the Woreda and rate the status based on the agreed criteria.

Step 3: Revitalize the coordination mechanism based on the finding of the review and build consensus accordingly on the actions to be taken. Possible action points according to the review and scoring of the results are:

- Maintain the existing functional coordination mechanism with little modification (e.g. include one or two additional members)
- Revitalize the existing coordination mechanism with major amendments (e.g. filling the missing gaps)
- Eliminate the dysfunctional coordination mechanisms and re-establish the Nutrition Coordination Body and the Nutrition Technical Committee as per the guideline
- Where no coordination mechanism exists, establish new WNCB and WNTC as per the guideline.

2.4 Establishment or revitalization of Woreda level coordination mechanisms

Each Woreda is expected to revitalize the existing SD/NNP-II committee as Woreda Nutrition Coordination Body and establish such coordination mechanism where none exist. The following coordination mechanism for stakeholders' coordination and partnership management are to be set up at the regional and Woreda levels.

2.4.1 Woreda Nutrition Coordination Body (WNCB)

The WNCB is the nutrition coordination body and is the responsible entity for crosscutting nutrition interventions in the Woreda. The WNCB is not a project specific coordination mechanism; rather it is a multi-stakeholder coordination and partnership management mechanism. The WNCB will review NNP-II and SD projects regularly and report on the progress of implementation to Woreda Administrator. WNCB focuses on leadership, policy, governance, allocation of resources, partnership coordination, and program review. The WNCB is expected to provide oversight to all nutrition interventions with special emphasis on SD commitments, SD strategic initiatives, and nutrition programs. See **Annex A** for Terms of Reference of WNCB. Woreda Administrator (WA)

needs to initiate setting up of WNCB or revitalization of the existing coordination mechanism to align with the national system. WA needs to follow the composition guideline as well as implement the TOR of the WNCB as outlined in this guide.

2.4.2 Woreda Nutrition Technical Committee (WNTC)

The WNTC is the technical arm of the WNCB and responsible for planning, implementation and monitoring of nutrition interventions in the Woreda across sectors, governmental and non-governmental stakeholders. WNTC focuses on implementation oversight, program development, new proposal review, and implementation technical support. The technical committee can be established or reorganized by including the Nutrition focal persons or officers of each SD government sector and nutrition experts/ project coordinators from implementing partners, civil societies having project/branch office or focal person based in the Woreda. The initiative to make this operational needs to come from the Woreda SD/Nutrition focal person. See Annex D for Terms of Reference for WNTC.

2.4.3 Capacity building

Capacity building training of Woreda and regional staff have been done in May 2019. However, this capacity building and supportive supervision need to continue to enhance staff capacity and strengthen partnership management. Training curriculum and guidelines/tools are now available with RPDU. A core group representing staff from regional state offices were provided training of trainers training in May 2019 so that they can serve as regional resource for future capacity building. A Supportive Supervision Checklist was developed which can be used by supervisors (see Annex L).

2.4.4 Composition of the Woreda Nutrition Coordination Body (WNCB)

Each WNCB and WNTC shall have their own chairperson and secretary elected from the committee members. The government has successfully established National Nutrition Coordination Body (NNCB) and National Nutrition Technical Committee (NNTC) at the Federal level. NNCB and NNTC membership composition were outlined in NNP⁸. It is expected that such coordination

⁸ NNP 2005-2015; page 39 Figure 2: National Nutrition Coordination body; page 40: National Nutrition Technical Committee

mechanisms will be replicated at the Regional States, Zones, and Woredas for effective implementation of nutrition programs. WNCB and WNTC membership follows the composition standard set by the relevant national bodies. For ARS, WNCB reports to Zonal NCB which reports to Regional NCB⁹. The RNCB reports to NNCB. For TRS, WNCB reports to RNCB as there are no zones in Tigray. Terms of reference for WNCB and WNTC are aligned with terms of reference of NNCB and NNTC.¹⁰

The composition of the Woreda NCB is based on institutional representation. Heads or representatives of the following sectors will be the core members of WNCB.

S/N	Member Organization	Recommended position of the representative	Recommended Role in the committee
1	Woreda Administration	Administrator	Chair person
2	Woreda Health office	Office Head	Secretary
3	Woreda Finance and Economic Cooperation Office	“	Member
4	Woreda Agriculture office	“	Member
5	Woreda livestock and fishery office	“	Member
6	Technical & Vocational Education Training (TVET) Office	“	Member
7	Land use and administration office	“	Member
8	Woreda Water, irrigation and electric office	“	Member
9	Woreda Education office	“	Member
10	Women and Children Affairs office	“	Member
11	Labor and Social Affairs Representative	Office head/focal person	Member
12	Road and transport office	Office head/focal person	Member
13	Lead Implementing Partners (IPs)	Representative/Project Head/Manager	Member
14	University and Research Institutions	Representative/Project Head/Manager	Member
15	Religious Institutions (e.g. EOC Diocese, faith-based NGOs)	Representatives	Member

⁹ NNP II – page 64, Figure 7: Nutrition coordination, reporting line and feedback mechanisms

¹⁰ National Nutrition Program Multi-Sectoral Implementation; page 36, table 6 for NNCB; page 37, Table 7 for NNTC

The WNCB shall be chaired by the Woreda Administrator and the secretary shall be health office and the composition of WNCB may change based on initial implementation of coordination mechanism and consultation with members.

2.4.5 Composition of the Woreda Nutrition Technical Committee

The Woreda Technical Committee shall be composed of members drawn from the respective Woreda sector offices and implementing partners working on nutrition in the Woreda. Partners' representation might vary from Woreda to Woreda depending on the number and type of implementing partners present/working in the Woreda. Key consideration while selecting the membership is to ensure that the representatives have technical expertise in nutrition, M & E, health, gender, and other areas to be able to provide meaningful contributions to technical areas of nutrition, design of nutrition programs, and implementation of nutrition programs. The composition of WNTC may change based on initial implementation of coordination mechanism and consultation with members.

S/N	Member Organization	Recommended Role in the committee
1	Nutrition focal person of the Woreda Health office	Chair person
2	Woreda SD/ Nutrition Focal Person /Representative of the Woreda Administration	Secretary
3	Nutrition focal person of the Woreda Agriculture office	Member
4	Focal person of Woreda Finance and Economic Cooperation Office	Member
5	Nutrition focal person of the Woreda Water, irrigation and electric office	Member
6	Nutrition focal person of the Woreda Education office	Member
7	Nutrition focal person of the Woreda Women and Children Affairs office	Member
8	Nutrition focal person of the Woreda livestock and fishery office	Member
9	Nutrition focal person of the Woreda TVET office	Member
10	Nutrition focal person of the Woreda Land Use and Admin office	Member
11	Nutrition focal person of the Woreda Labor and Social Affairs Representative	Member
12	Focal person of Road and transport	Member
13	Lead Implementing Partners focal persons (IPs, CSOs)	Member

14	University/Research institution focal persons	Member
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2.4.6 Meeting Arrangements of the Woreda NCB and NTC

The Regional NCB and NTC can choose to meet and review both the technical and administrative areas of the SD implementation and document action points in the Woreda on a quarterly basis. The Woreda NCB (WNCB) is proposed to meet monthly while the Woreda Nutrition Technical Committee (WNTC) is also proposed to meet monthly. Frequency of meetings will be tested during initial phase of partnership management and will be updated based on Woreda feedback. If necessary, Zonal NCB and NTC coordination arrangement can be introduced by the Region by following the same institutional arrangement.

2.4.7 Committee Meeting Management

- **Meeting Venue:** The Woreda Administration office is the recommended meeting venue. It is not recommended to hold a meeting in the premises of one of the implementing partner/CSO.
- **Refreshment:** The local government administration in each level shall budget for meeting costs which includes refreshment costs based on the local rate and applicable governing procedures. In the past, utilization of this budget line item was very low, indicating few coordination meetings being organized. Therefore, WNCB should monitor timely utilization of this budget line item and ensure regular WNCB and WNTC meetings.
- **Meeting Schedule:**
 1. **WNCB:** The regular meeting of the Woreda Nutrition Coordination Body is proposed to be at the end of every month. However, extraordinary or ad-hoc meetings can be called any time.
 2. **WNTC:** The technical committee is proposed to meet once a month on an agreed-upon day because of its implementation oversight role and technical review of all proposed programs. The technical committee shall always meet before the WNCB meeting dates in order to review proposed agenda and provide technical guidance where needed for WNCB meeting.
 3. **ZNCB and ZNTC:** As there is no government decision about Zonal level coordination committees, this guideline does not include Terms of References for Zonal committees. However, if the government decides to introduce NCB and NTC

at Zonal level, they can modify the Terms of Reference provided under RNCB and RNTC to adapt it to Zonal conditions. The Zonal Administrator can decide on who will chair which committees.

4. **RNCB and RNTC:** The regional nutrition coordination body and technical committee are proposed to meet on a quarterly basis. The RNCB meeting shall follow the technical committee meeting and consider its recommendation for decision making including policy issues.

2.4.8 Meeting Agenda

The agenda for each meeting shall be drafted by the Woreda Nutrition focal person in consultation with the Woreda administrator, the secretary and the technical committee. For each region, the regional nutrition focal person should draft this in consultation with Region's President Advisor and RDPU. The draft agenda should be circulated by the secretary to all the committee members for input and resent to each member at least one week before the meeting date with a reminder on the date and venue of the meeting via email, SMS messages or printed letters as applicable in each Woreda, Zone, and Region.

Basic agenda items applicable to coordination bodies:

- Follow-up and status of decisions from the last meeting
- Update from each sector and the technical committee
- Bottlenecks and challenges faced in each sector on implementation of planned activities especially SD programs
- Budget utilization and liquidation status of nutrition related projects in each sector
- Update of the resource tracking and financial analysis tool
- Update on the stakeholders' mapping tool
- Review of recommendations from technical committees
- Update on an any advocacy initiative

Length of Each Meeting: The length of each meeting shall be determined based on the meeting agenda but should be sufficient to facilitate discussion and information sharing. It is

important to agree on this so that meetings do not go one for hours. It is recommended that meetings be fixed and communicated well in advance to ensure participation and better planning. In order to avoid lengthy meetings, each meeting shall not exceed 3 hours.

Documentation: Every meeting should be documented through meeting minutes (see **Annex H**). Appropriate filing system should be decided by the WA so that all partnership related documentations are kept in one place for easy access and actions. Where on-line partnership management system is operational, electronic filing should be done so that all members, Regional staff, RPDU and FPDU have access. Each meeting minute shall be signed and filed within one week of the meeting. Both hard and soft copy shall be filed in appropriate filing system. At least one filing box shall be dedicated in the Woreda administration for documentation of cross-cutting and integrated nutrition plans, WNCB plans, regular reports and meeting minutes.

3 Roles and responsibilities of WNC

- Provide general leadership to nutrition programs in Woreda
- Lead and facilitate the coordination of multi sectoral stakeholders including government sectors, donors, NGO & private implementing partners, and any others
- Review resource allocation and use tracking system on nutrition & financial analysis report
- Mobilize resources and track resource utilization to support SD strategic initiatives in the Woreda
- Review implementation status, partnership dashboard, especially SD related strategic objectives and initiatives
- Review key implementation issues and address challenges
- Facilitate coordination and collaboration among partners
- Facilitate timely submission of implementing partners reports to Woreda
- Act as advocate for Woreda nutrition matters and build partnerships among different stakeholders
- Develop strategy and plan for SD implementation
- Review effectiveness of multi stakeholder coordination for nutrition, especially for SD
- Review and approve annual work plan & budgets, bi-annual and annual reports

- Review the Woreda annual, quarterly and monthly plan of each stakeholder and obtain consolidated Woreda nutritional plan.
- Obtain updated list of stakeholders and organizations working on Nutrition in the Woreda and update the stakeholder mapping database
- Attend regular field visits and provide onsite support
- Ensure review of ongoing activities and financial reports
- Include new partners, projects, programs and initiatives in the Woreda
- Monitor and audit activities planned by sectors and partners
- Ensure the regular update of resource tracking system
- Evaluate & discuss on the result of budget and expenditure analysis and make decisions accordingly
- Identify unutilized grants across sectors and partners in the Woreda; make decisions for re-initiation of implementation or communication for reprogramming
- Communicate the identified gaps to elected Representatives, RPDU, Sector Bureaus and Advisor of the Regional President
- Advocate for better budgeting of SD interventions and mobilize support to address challenges beyond the Woreda capacity

3.1 The WNCB/Committee Chair Person

The Woreda Administrator will serve as the chairperson of the WNCB. He/she will be responsible to lead, represent and act as the focal person in each Woreda.

3.2 The WNCB Committee Secretary

The Head of Woreda health office will serve as secretary of the committee. The secretary is responsible for documenting the committee meetings, chair the committee in the absence of the chairperson, and will perform other administrative functions of the committee. He/she will manage the office of the committee. The secretary of the committee is responsible for following up the signing and documentation of the committee meeting minutes and other communications.

3.3 Woreda Nutrition Focal Person

- Draft agenda item for regular meeting of the technical committee and provide to the committee secretary one week before the meeting for circulation to the committee members for their input and endorsement.
- Identify and communicate action points to each responsible sector and partners.
- Circulate the meeting minutes and action points for comment and finalization
- Attend regular woreda SD /NNP-II Committee meetings and provide technical inputs.
- Communicate with RPDU representing the Woreda
- Regularly remind sector offices and partners for execution of planned activities and provision of documents.
- Ensure the updating of the Stakeholders mapping tool.
- Ensure the utilization of the resource tracking and financial analysis tool
- Extract the findings from each tool i.e. stakeholder mapping analysis, partnership dashboard, financial dashboard, etc. and provide explanation to the WNCB and the chair person.
- Facilitate joint review and planning exercises
- Facilitate supportive supervision and field visits, and share reports with members of WNCB
- Draft Agenda Item for the upcoming WNCB meeting

4 Regional multi-Sectoral coordination and partnership management

The regional multi-stake holder coordination and partnership management will follow the same guideline with respect to using various tools, guidelines, stakeholder mapping tool, accountability tools, and stakeholder analysis. Stakeholder mapping tool and Stakeholder Analysis are explained in the Sub National Stakeholder Mapping Tool guideline. The region will review performance of the Woredas, resource allocation and use, and SD coordination at the Woreda level. Coordination meetings are initially planned for quarterly. The coordination meeting at the regional level will include regional bureaus, donors, RPDU, and implementing partners. **See Annex C** for terms of reference (TOR) for RNCB.

4.1 Composition Regional Nutrition Coordination Body (RNCB)

RNCB will consist of the following members.

- Regional Administration office – President of the Regional State, Chair of RNCB
- Bureaus of Agriculture – Head/Deputy
- Bureau of Health–Head/Deputy
- Bureau of livestock and fishery – Head/Deputy
- Bureau -Water, irrigation and energy office – Head /Deputy
- Bureau of Education–Head/Deputy
- Bureau - Labor and Social Affairs office – Head /Deputy
- Bureau - Women and Children Affairs office – Head/Deputy
- Bureau of Finance and Economic Cooperation Bureau– Head/Deputy
- Bureau of Technic and Vocational Enterprise Development – Head/Deputy
- Land use and administration –Head/Deputy
- Bureau of Road and transport– Head/Deputy
- University/Research Institutions–Head/Deputy
- Civil Society Organizations (CSOs) – Head/ Coordinator
- Other regional institutions– Representative

4.2 Roles and responsibilities:

- Provide general leadership to nutrition programs in the Region
- Review Woreda performance reports
- Lead and facilitate the coordination of multi Sectoral stakeholders including government bureaus, donors, NGO & private implementing partners, and any others
- Review resource allocation and use tracking system on nutrition and financial analysis report
- Mobilize resources and track resource utilization to support SD strategic initiatives in the Woreda
- Review implementation status, partnership dashboard, especially SD related strategic objectives and initiatives
- Review key implementation issues and address challenges
- Facilitate coordination and collaboration among partners
- Facilitate timely submission of implementing partners reports to Woreda

- Act as advocate for Woreda nutrition matters and build partnerships among different stakeholders
- Develop strategy and plan for SD implementation
- Review effectiveness of multi stakeholder coordination for nutrition, especially for SD
- Review and approve annual budgets, bi-annual and annual reports

4.3 The RNCB Chairperson

The Regional State President will serve as the chairperson of RNCB. He/she will be responsible to lead and chair the meeting and provide overall leadership to planned activities.

4.4 The RNCB Secretary

The Head of President's office or a senior official designated by the President will serve as secretary of the committee. The Secretary is responsible for documenting the committee meetings, chair the committee in the absence of the chairperson, and will perform other administrative functions of the committee.

4.5 Composition, roles and responsibility of RNTC:

RNTC will consist of the following members.

- Bureau of Health–Focal
- Bureaus of Agriculture – Focal
- Bureau of livestock and fishery – Focal
- Bureau -Water, irrigation and energy office – Focal
- Bureau of Education– Focal
- Bureau - Labor and Social Affairs office – Focal
- Bureau - Women and Children Affairs office – Focal
- Bureau of Finance and Economic Cooperation Bureau– Focal
- Bureau of Technic and Vocational Enterprise Development – Focal
- Land Use and administration–Focal
- Bureau of Road and transport– Focal

- University/Research Institutions– Focal
- Civil Society Organizations (CSOs) – Focal
- Regions Institutions Representative– Focal

Roles and responsibilities of RNTC (also see Annex E)

- Provide technical advisory services to RNCB
- Compile the plan of each sector and obtain one consolidated Woreda nutrition plan
- Facilitate the breakdown of the annual plan into quarterly and monthly plan
- Ensure the plan is done accordingly to the SD roadmap and the inclusion of all interventions in adequate magnitude and depth that enable it to achieve the SD targets
- Coordinate, plan, supervise, monitor, and evaluate implementation of SD projects
- Map innovative interventions/practices and ideas in each sectors and IPs
- Prepare quarterly, biannual, and annual reports for RNCB
- Collect and document innovative ideas for further testing and implementation.
- Summarize and review best practices from Woreda for potential scale up or to be shared with Woredas
- Provide support to Woreda management teams
- Respond to the questions, queries, misconceptions, etc. which may be raised in the woreda
- Identify discussion points that require higher management decision and forward to NCB, NTC, and FPDU.
- Support the Woredas in mainstreaming SD strategy in existing nutrition programs and future proposals

5 Tools for multi-stakeholder partnership management

The tools for partnership management will include the following and examples of each are in the annexes:

- (i) Terms of Reference
- (ii) Agenda setting
- (iii) Stakeholder mapping
- (iv) Resource tracking tool

- (v) Drafting actionable meeting minutes
- (vi) Sharing meeting minutes with all concerned

As part of preparation for partnership meeting, use available resources such as financial analysis, stakeholder analysis, partnership dashboard, and financial dashboard for evidenced-based discussion. It is also important to monitor progress of partnership management through a proper M&E system.

6. Tools for monitoring multi-stakeholder coordination and partnership

This section corresponds to Chapter 6 of NNP-II and section 8 of SD Innovation Phase Investment Plan 2017-2020. Here the focus is on monitoring the effectiveness of sub national multi-stakeholder partnership and coordination management.

6.1 Assessing effectiveness of multi-stakeholder partnerships and coordination

This section introduces M&E indicators for measuring performance of the Multi-Sectoral Partnership Management at the Regional and Woreda levels.

6.2 M&E indicators

The following indicators are proposed to measure progress of partnership management.

- Number of partnership meeting held as per Terms of Reference with clear agenda, meeting minutes, and follow-up actions
- Percentage of implementing partners attending each meeting
- Number of SD-related issues discussed
- Multi-stakeholder mapping tool updated quarterly
- Partnership dashboard updated quarterly
- Partnership dashboard and financial dashboard reviewed in the meeting
- Partnership meeting minutes circulated and filed or uploaded in the partnership on-line database system or in paper-based system
- Financial analysis report from resource tracking system reviewed for follow-up actions
- Financial gap analysis done quarterly and communicated to Regional State

- Number of advocacy issues identified every six months
- Work plan and budgets reviewed to align with SD Strategic Objectives and Strategic Initiatives
- Number of follow-up actions communicated to Community Lab or Technical Committee

6.3 Monitoring and evaluation process

Key monitoring tool is the on-line partnership management database which should be updated after every meeting and uploaded or if no IT system is available, and then keeps it in a designated filing system. For an IT-based system, dashboard and other document in the on-line partnership management database system will be available for FPDU, RPDU, Regional State nutrition focal person, and Woreda. For non-IT based system, paper copies of dashboard and meeting minutes will be shared with RNCB and members of WNCB and WNTC. RNCB is expected to review the dashboards and provide feedback to Woreda.

RPDU and State nutrition focal person should jointly conduct six monthly and annual review of the partnership management. If possible, a representative of FPDU should join the annual evaluation team. Monitoring visit report should be shared with WA and RDPU Senior Manager.

6.4 Partnership dashboard

Partnership dashboard should serve as a key performance tool capturing progress based on measurements by key indicators (Annex B).

6.5 Additional tools for assessing the effectiveness of multi-sector partnership

Other tools that can be used to assess effectiveness of partnerships are: stakeholder mapping tool and stakeholder analysis – review and update on a quarterly basis; financial dashboard – review and update quarterly. Both the analysis should be part of the on-line partnership management database system (**Annex J**).

6.6 Monitoring visit checklist

A supportive supervision checklist (SSC) should be used by RDPU and regional staff to supervise and monitor implementation of partnership management. The SSC will also include key indicators for monitoring (Annex L).

The communication arrangements between different levels are summarized below:

Federal	Regional	Woreda
H.E Deputy PM	RS President	Woreda Adm
FPDU	RPDU	WA
MOA	BOH	WA
MOW	BOA	WEO
MOH	BOW	WALSO
MOW	BOE	WA
MOE	BOLSA	LSA
MOLSA	BOFED	Community Labs
MOFED	BOWCA	IPs
MOWCA		CSOs
		FBOs

Annexes

Annex A:

Terms of Reference: Woreda Nutrition Coordination Body (WNCB)

Composition: Sector representatives, key nutrition implementing partners, representative of Community Lab

Chair: Woreda Administrator

Coordination: Nutrition Focal Person

Meeting frequency: every month

Roles and responsibilities:

- Provide general leadership to nutrition programs in Woreda
- Lead and facilitate the coordination of Multi-Sectoral stakeholders including government sectors, donors, NGO & private implementing partners, and any others
- Review resource allocation and use tracking system on nutrition & financial analysis report
- Mobilize resources and track resource utilization to support SD strategic initiatives in the Woreda
- Review implementation status, partnership dashboard, especially SD related strategic objectives and initiatives
- Review key implementation issues and address challenges
- Facilitate coordination and collaboration among partners
- Facilitate timely submission of implementing partners reports to Woreda
- Act as advocate for Woreda nutrition matters and build partnerships among different stakeholders
- Develop strategy and plan for SD implementation
- Review effectiveness of multi stake holder coordination for nutrition, especially for SD
- Review and approve annual work plan & budgets, bi-annual and annual reports
- Review the Woreda annual, quarterly and monthly plan of each stakeholder and obtain consolidated Woreda nutritional plan.

- Obtain updated list of stakeholders and organizations working on Nutrition in the Woreda and update the stakeholder mapping database
- Attend regular field visits and provide onsite support
- Ensure regular activity and financial reports
- Include new partners, projects, programs and initiatives in the Woreda
- Monitor and Audit activities planned by sectors and partners
- Ensure the regular update of resource tracking system
- Evaluate & discuss on the result of budget and expenditure analysis and make decisions accordingly
- Identify unutilized grants across sectors and partners in the Woreda; make decisions for re-initiation of implementation or communication for reprogramming.
- Communicate the identified gaps to elected Representatives, RPDU, Sector Bureaus and Advisor of the Regional President.
- Advocate for better budgeting of SD interventions and mobilize support to challenges beyond the Woreda capacity.

Annex B:

Generic Multi Stakeholders Coordination and Partnership Management Dashboard

Frequency of update: Monthly

Number of Meetings held:

- Nutrition Coordination Body (NCB): Woreda or region
- Nutrition Technical Committee (NTC): Woreda or region

Stakeholder analysis report on following key indicators:

- Number of nutrition specific projects and value
- Number of nutrition sensitive projects and value
- Number of projects implemented by SD Strategic objectives
- Number of SD strategic initiatives
- List of top five implementing partners by value of investment or commitment
- Number of women beneficiaries
- Number of children under 2 covered by existing projects
- Funding gap

Financial analysis:

This includes total funds allocated, expenditure by nutrition categories, SD objectives, source of fund, implementation status with key performance indicators including number of new nutrition projects approved by Woreda in the fiscal year:

Annex C:

Terms of Reference: Regional Nutrition Coordination Body

Composition: Gov't regional bureau representatives, key nutrition implementing partners, donors, and private sector

Chair: President of the Region

Coordination: RPDU Senior Program Manager and Regional State Nutrition Focal Person

Meeting frequency: Quarterly

Roles and responsibilities:

- Provide general leadership to nutrition programs in the Region
- Review Woreda performance reports
- Lead and facilitate the coordination of multi sectoral stakeholders including government bureaus, donors, NGO & private implementing partners, and any others
- Review resource allocation and use tracking system on nutrition & financial analysis report
- Mobilize resources and track resource utilization to support SD strategic initiatives in the Woreda
- Review implementation status, partnership dashboard, especially SD related strategic objectives and initiatives
- Review key implementation issues and address challenges
- Facilitate coordination and collaboration among partners
- Facilitate timely submission of implementing partners reports to Woreda
- Act as advocate for Woreda nutrition matters and build partnerships among different stakeholders
- Develop strategy and plan for SD implementation
- Review effectiveness of multi stake holder coordination for nutrition, especially for SD
- Review and approve annual budgets, bi-annual and annual reports

Annex D:

Terms of Reference: Woreda Nutrition Technical Committee (WNTC)

Chair: Woreda Health Office Head/Nutrition Person

Coordination/organizer of the meeting: Nutrition Focal Person

Frequency of meeting: monthly

- Provide technical advisory services to WNCB
- Compile the plan of each sector and obtain one consolidated woreda nutrition plan
- Facilitate the breakdown of the annual plan into quarterly and monthly plan
- Ensure the plan is done accordingly to the SD roadmap and the inclusion of all interventions in adequate magnitude and depth that enable it to achieve the SD targets
- Coordinate, plan, supervise, monitor, and evaluate implementation of SD projects
- Map innovative interventions/practices and ideas in each sectors & IPs
- Prepare quarterly, biannual, and annual reports for WNCB
- Collect and document innovative ideas for further testing and implementation.
- Identify and communicate best practices for scale up or to be shared for other woreda through RPDU.
- Provide support to Community Labs and Kebele management teams
- Respond to the questions, queries, misconceptions, etc. which may be raised in the woreda
- Identify discussion points that require higher management decision and forward to the Woreda Nutrition Coordination Board.
- Prepare list of best practices, sector achievements and forward to the WNCB for recognition and consideration for future planning and implementation.

Annex E:

Terms of Reference: Regional Nutrition Technical Committee

Chair: To be appointed by Regional State President

Coordination/organizer of the meeting: Nutrition Focal Person and RPDU Sr. Program Manager

Frequency of meeting: Quarterly

- Provide technical advisory services to RNCB
- Compile the plan of each sector and obtain one consolidated Woreda nutrition plan
- Facilitate the breakdown of the annual plan into quarterly and monthly plan
- Ensure the plan is done accordingly to the SD roadmap and the inclusion of all interventions in adequate magnitude and depth that enable it to achieve the SD targets
- Coordinate, plan, supervise, monitor, and evaluate implementation of SD projects
- Map innovative interventions/practices and ideas in each sectors & IPs
- Prepare quarterly, biannual, and annual reports for RNCB
- Collect and document innovative ideas for further testing and implementation.
- Summarize and review best practices from Woreda for potential scale up or to be shared with Woredas
- Provide support to Woreda management teams
- Respond to the questions, queries, misconceptions, etc. which may be raised in the woreda
- Identify discussion points that require higher management decision and forward to NCB, NTC, and FPDU.
- Support the Woredas in mainstreaming SD strategy in existing nutrition programs and future proposals

Annex F: Generic meeting agenda template

Agenda _____

Name of Woreda or Region _____

Date of meeting _____

1. Review of implementing partners performance and partnership dashboard
2. Review implementation of SD strategic objectives and initiatives
3. Discuss implementation challenges or problems and review/agree on solutions generated
4. Review stakeholder mapping database – update and changes
5. Review resource allocation and resource use – financial analysis dashboard
6. Update on new projects approved by Woreda and discussion
7. Agree on any actions in partnership with Community Labs
8. Any other business

Annex G:

SD Goals:

The key goals of the Seqota Declaration include, among others, the following:

- Zero stunting in children under 2 years old
- 100% access to adequate food all year round
- Transformed smallholder productivity and income
- Zero post-harvest food loss through reduced post-harvest loss
- Innovation around the promotion of sustainable food systems (climate smart)
- Water, sanitation and hygiene
- Education
- Social protection

SD Strategic objectives and initiatives:

1. Improve the health and nutritional status of Adolescent, Women and Children under two
2. Ensure 100% access to adequate food all year round
3. Transform smallholder productivity and income
4. Ensure Zero post-harvest food loss
5. Enhance innovation around promotion of sustainable food systems (Climate smart)
6. Ensure Universal access to water, sanitation and adoption of good hygiene practices
7. Improve health and nutritional status of school children
8. Improve nutrition status of pregnant and lactating women and children through nutrition sensitive PSNP interventions
9. Improve gender equity, women empowerment and child protection
10. Improve multi-Sectoral coordination and capacity

List of SD Strategic Initiatives

1. Implement Community Based Nutrition (CBN) program
2. Strengthen complementary feeding programs

3. Scale up school health and nutrition services.
4. Increase Nutrition Assessment and Counseling Service (NACS) at facility and community levels.
5. Scale up early detection and management of acute malnutrition and common childhood illnesses.
6. Strengthen the delivery of nutrition smart maternal, child and adolescent health interventions including family planning, immunization and management of childhood illnesses.
7. Develop and implement Multi-channel social and behavioral change communication (SBCC) campaign
8. Capacity Building
9. Increase production and consumption of fruits and vegetables.
10. Increase production and consumption of staple crops and pulses.
11. Increase production and consumption of milk (primarily goat) and dairy products.
12. Increase production and consumption of red meat and meat products.
13. Increase production and consumption of poultry and poultry products.
14. Increase production and consumption of fish and fish source foods.
15. Increase production and consumption of honey and honey products.
16. Improve animal feed provision
17. Improve animal health services
18. Establish 20 hectares of AITCs
19. Establish 0.5 to 1 hectares of satellite demonstration sites
20. Create market opportunity for agricultural products
21. Introduce modern post-harvest technologies
22. Establish Bank of Water Technologies and Solutions
23. Increase irrigated area coverage
24. Increase areas treated with physical a biological soil and water conservation
25. Increase access utilization and coverage of renewal energy sources
26. Increase safe and adequate water supply coverage
27. Increase sanitation coverage
28. Promote hygiene practices
29. Scale up school WASH program
30. Establish Tekeze River Basin Authority
31. Promote home grown school feeding program
32. Promote school WASH program

33. Scale up implementation of school health and nutrition
34. Scale up PSNP 4 to cover more Woredas in the Tekeze River Basin
35. Promote the implementation of gender sensitive social safety net programs
36. Promote provision of credit, grants, microfinance services and other income generating initiatives
37. Increase access to basic nutrition services for all vulnerable groups
38. Scale up Tigray' s Social Cash Transfer Program
39. Increase economic empowerment of women
40. Increase social empowerment of women
41. Increase community awareness and participation on gender equity and child protection
42. Promote child protection
43. Integrate nutrition in to sectoral work plan at all levels
44. Stakeholders engagement and resource mobilization
45. Establish/strengthen nutrition coordination body structure at all levels
46. Knowledge and technology transfer
47. Establish community lab at Woreda levels
48. Implement the first 1000 plus social movement
49. Build the capacity of PDUs for effective implementation of the program
50. Design and implement robust performance management system

Annex H:

Generic Meeting Minute format (can be modified for RNCB and RNTC)

Woreda NCB or NTC Regular Meeting Minute

Date (EC): _____

Venue: _____

Start time _____ End time _____

Members attended

Excused

- 1.
- 2.
- 3.

Absentee

Attach Agenda

Key issues discussed and decisions made with timeline

- 1.
- 2.

Agenda items and decision points summary time

Agenda item	Sector/ Project/program / IP	Presentations Made	Discussion points identified	Action points	Responsible person	Due date

Annex I: Partnership Management Documents

1. Stakeholders mapping and Resource Tracking Tool (SMT-RTT), the user Manual and the step by step instruction for the tools (Separate document with FPDU)
2. FMOH guideline on Community Lab (separate document with FPDU)

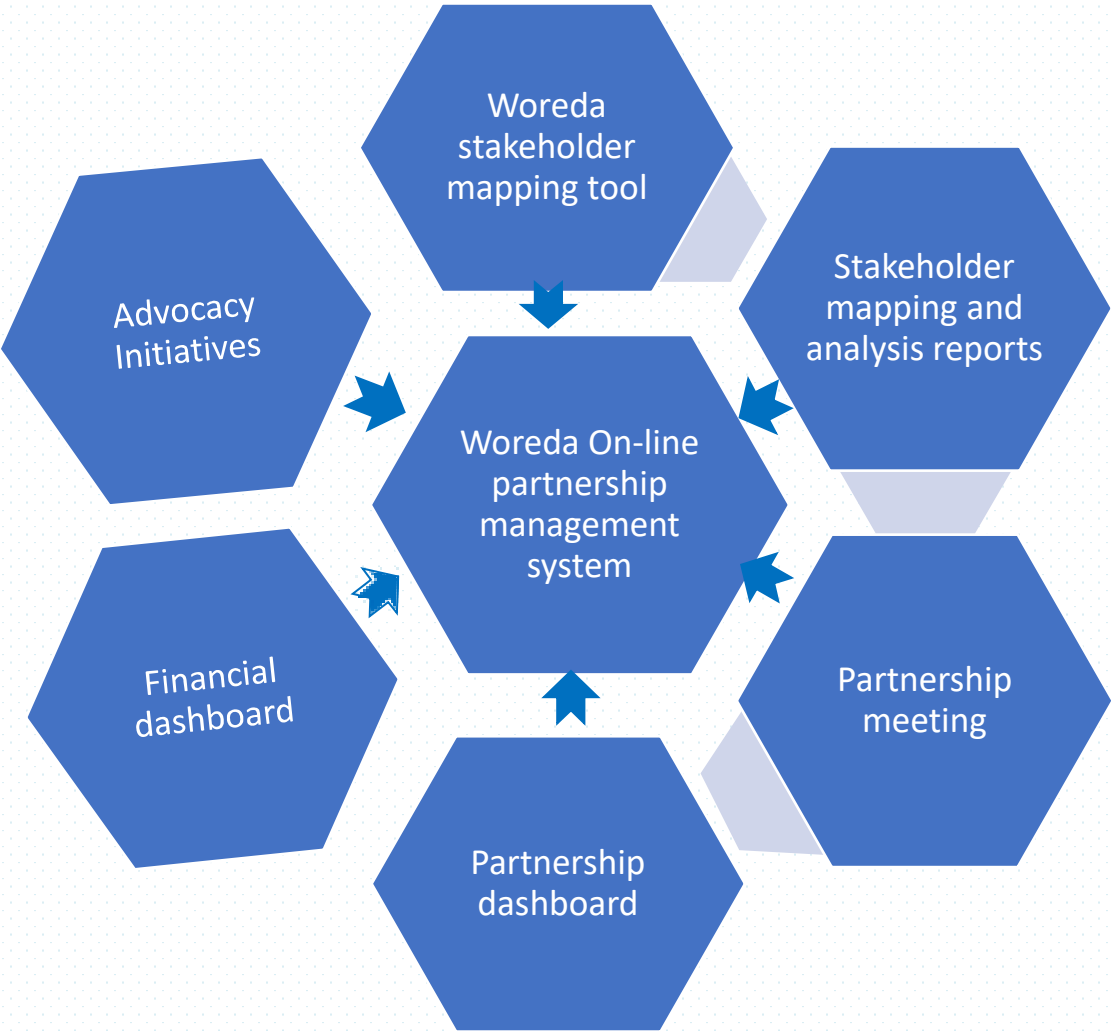
The above two documents are available separately but need to be used for the partnership management program. The Community Lab Manual is already approved by the FMOH and is available. The SMT tool and guideline was developed by TA team and have been field tested in February 2019. Both Resource Tracking Tool (RTT) and SMT were also field-tested during May 2019 training to Woreda and RPDU officials, and integrated into one tool as RTT and SMT as per recommendations from the users.

Annex J: Overview of on-line partnership management database system

The partnership management database system (PMDS) includes stakeholder mapping tool, stakeholder analysis, financial analysis from Nutrition Resource Tracking System, partnership dashboard, partnership meeting minutes, meeting agenda, follow-up action chart, supportive supervision checklist, and any advocacy issues identified for actions. The PMDS will have a Woreda component and a regional component. Where IT system is functional, the on-line system will be implemented. Otherwise, it will be paper-based system until such time when IT system is made operational at the Woreda level. The on-line system will be accessible to RPDU, Regional States, and Woreda officials through user-friendly menu driven system. It will serve as a management tool to monitor and track partnership management at the Woreda level. At the Woreda level, the reports will be available to Woreda Administrators, sector heads, and key partners. FPDU will have access to entire PMDS, thus allowing FPDU to review partnership management at RPDU and Woreda levels.

Woreda on-line partnership management system: Overview

On-line partnership management system should be able to generate reports for management use and actions. Visualization will include partnership dashboard, financial score card, and advocacy



Regional on-line partnership management system: overview



Annex K

Accountability Measures/Evaluation

Date _____

Organization _____

SN	Actions	Unit	Targets	Time table	Responsible body	Evaluation of Actions	Recommendation

Overall remark by coordination body chair:

Annex L: Supportive Supervision Checklist

Seqota Declaration

Federal Program Delivery Unit

Routine Supervision Checklist for Resource Tracking, PM, Advocacy and accountability

Date: (Ethiopia Calendar)

Supervision checklist for TA		Yes	No	I
1. Multi-stakeholder Coordination and Partnership Management (MSCPM)				
1.	Is the Woreda SD/Nutrition Coordination body functional?			
2.	Dose all Nutrition Stakeholders Operating in the Woreda Represented in The SD/Nutrition Coordination Body?			
	Woreda Sector offices			
	1. Woreda Administration			
	2. Woreda Health office			
	3. Woreda Agriculture Office			
	4. Woreda Education office			
	5. Woreda Water, Irrigation and Energy office			
	6. Woreda Livestock and Fishery office			
	7. Woreda Women & Childers Affairs office			
	8. Woreda Labor & Social Affairs Office			
	Partners Operating in the Woreda (Donors, IPs, CSOS)			
	1. Donors			
	2. IPs operating in the Woreda			
	3. CSOs operating in the Woreda			
	4. Others			
3.	Does the Woreda SD/Nutrition Coordination Body meet regularly?			
4.	Does the coordination Body have Per planned schedule of coordination meeting?			
	- Weekly			

		- Biweekly			
		- Monthly			
		- Quarterly			
		- Biannually			
		- Annually			
5.	Does the Woreda SD/Nutrition Coordination Body have TOR to guide their function?				
6.	Does the coordination committee execute activities based on the TOR?				
7.	Does the Woreda SD/Nutrition Coordination Body take minutes of their meetings?				
8.	Dose the Woreda SD/Nutrition Coordination body uses pre designed minute format?				
9.	Do all minutes of the Coordination Body meeting signed and properly Documented?				
10.	Does the Woreda SD/Nutrition Coordination body identify action points and follow up mechanism in the minutes of their meeting?				
11.	Dose the Woreda SD/Nutrition coordination Body Communicated the action points to concerned bodies accordingly?				
12.	Do they document communications: (Requests, feedbacks, warning letters etc.)?				
13.	Does the Woreda SD/Nutrition Coordination body meets in the last?				
	- One Week				
	- In the Last two weeks				
	- In the last one month				
	- In last 3 Month				
	- Never met in the last six months(except the founding)				

14.	Does the Woreda SD/Nutrition Coordination Body have a regular follow up mechanism of Nutrition stakeholders operation in the Woreda?			
15.	Dose the Woreda SD/Nutrition Coordination Body conducted a joint site visit/monitoring mission in the last 3 Months?			
16.	Is the Woreda SD/Nutrition Technical committee functional?			
17.	Does the SD/Nutrition Technical Committee comprise all Nutrition stakeholders: Government Sector offices, IPs/CSOs?			
18.	Do the Woreda SD/ Nutrition technical committee meets regularly? Weekly, Bi-weekly, Monthly, Quarterly?			
19.	Do members of the Woreda SD/Nutrition Technical Committee regularly attended the meetings?			
20.	Does the Woreda SD/Nutrition technical committee identify agenda items for the Woreda SD/Nutrition Coordination body?			
21.	Is there any regular communication mechanism b/n the Woreda SD/Nutrition Technical committee and The Woreda SD/Nutrition Coordination body?			
22.	Dose the Woreda SD/Nutrition Technical committee have TOR to guide their functions?			
23.	Does the functions of the Woreda SD/Nutrition Technical committee guided by the TOR?			
24.	Do the Woreda SD/Nutrition Coordination body and Woreda SD/Nutrition Technical committee have refreshment budget for their meetings?			
25.	Have the Woreda SD/Nutrition Coordination body and Woreda SD/Nutrition Technical committees utilized the refreshment budget in their last meetings?			
26.	Is the stakeholder mapping and partnership dashboard functional so far?			

27.	Do the woreda regularly update the stakeholder mapping tool, the Resource Tracing, financial score card/ partnership dash board? - Monthly - Quarterly - Others			
28.	Dose the Woreda SD/Nutrition technical committee regularly utilized the updated the Stakeholders Mapping tool to identify action points and agenda items for the Woreda SD/Nutrition Coordination Body?			
29.	Dose the Woreda SD/Nutrition Coordination body utilizes the updated dashboard/Stakeholders Mapping tool to make decisions?			
30.	Do all details (including planned activities and budget) of Nutrition Stakeholders (Government sector, IPs, CSOs) operating in the Woreda obtained and updated in the stakeholders mapping tool?			
31.	Are the mapping tool exclusive/ all stakeholders that are providing nutrition related services?			
32.	Is there a community lab in the woreda?			
33.	Are the community labs considered as part of partnership coordination?			

II. Joint planning, Budgeting, Reporting and Resource Tracking System			
1.	Does the Woreda have joint plan/One plan of all SD sectors for the current EFY		
2.	Does the Woreda SD sectors have one budget for the current EFY		
3.	Do the budget and the annual plan detailed in to activities i.e., are the allocated budget attached to SD activities and clearly identify the implementers?		
4.	Is there a clearly specified budget for Nutrition in the current EFY annual plan?		
5.	Does the current EFY plan and budget consider gender issues during the planning?		
6.	Does the Woreda have the Resource Tracking Tool in its functional form?		
7.	Does the Woreda Finance and Economic Cooperation office own the Resource tracking tool?		
8.	Does the Woreda regularly use the resource tracking mechanism? <ul style="list-style-type: none"> - Paper based system - Digital RT system - Online RT System 		
9.	Does the Woreda regularly update the RT system and follow the progress? <ul style="list-style-type: none"> - Monthly - Quarterly - Bi annually - Annually 		
10.	The officer managing and updating the Resource Tracking System is trained on the tools?		
11.	Is the woreda exercising the web-based resource tracking system properly?		
12.	Do the Woreda have a detail break down of budgets and funds as per SD interventions and initiatives?		
13.	Do sector offices report their allocated resources and expenditure to the Nutrition focal person or Woreda administrator regularly?		

14.	Do all stakeholders working on nutrition submit financial and program reports to the Woreda Finance and Cooperation office, Technical committee and Woreda Nutrition Coordination Body?			
15.	Does the report specified in to nutrition sensitive and nutrition specific categories?			
16.	Is the reporting system a web-based?			
17.	Is the Woreda conducted any analysis of Nutrition related expenditures so far?			
18.	Are there challenges in operating financial resource tracking system?			

III. Advocacy			
1.	Do the Woreda have advocacy guideline for Nutrition?		
2.	Have the Woreda conducted any Nutrition related advocacy work in the Current EFY?		
3.	Is there any example activities funded via the effort of advocacy in the Woreda due to reprogramming for idle/ less priority activities, additional funding, re-budgeting etc. in the Woreda in the current EFY.		
4.	Have the Woreda address the general public regularly concerning stunting and malnutrition using mass communications outlets in the current EFY?		
5.	Does the Woreda have a mechanism to discuss the issues of stunting and allocated budget for nutrition related activities with the beneficiary community?		
6.	Is advocacy for nutrition programs are part of the annual plan of the Woreda?		
7.	Dose the annual SD/Nutrition related plan of the Woreda obtains budget for advocacy activities?		

IV. Accountability			
1.	Does the Woreda have a mechanism to ensure accountability		
2.	Are there parameters/criteria set for the accountability mechanism in the Woreda?		
3.	Is there anybody/any sector asked to explain for under achievement of the expected plan/activity in the current EFY?		
4.	Does the SD technical committee regularly evaluate the planned activities of each stakeholder and present to the SD/Nutrition committee for action to ensure accountability?		
5.	Does the Woreda Administrator Exercises her/his power to ensure accountability on the fight against stunting and malnutrition in general?		
6.	Is there any accountability measures taken so far for under achievement of plans in the current EFY?		
7.	Is SD/Nutrition/Stunting a priority to the Woreda administration?		
8.	Are there challenges while exercising the accountability mechanism?		

Note for Supervisors:

9. Have you observe adequate level of political commitment in the Woreda to address the problem of stunting?

10. Are all SD/Nutrition stakeholders operating in the Woreda well-coordinated to work for the same goal?

11. Do stakeholder are confortable to work on Nutrition in the Woreda?

12. Do the Woreda properly utilizing Resource tracking and stakeholders mapping tool and benefited from the system?

13. Do you think SD targets are achievable in this particular Woreda in the given period?

Name of the Supervisor: _____ Signature _____

Date: _____

Attachments: Completed Stakeholder map, Resource tracking tool, list of people met during the supervision ...

References:

Scaling Up Nutrition (SUN) in Practice: Effectively Engaging Multiple Stakeholders, Feb 2014

The Hunger Project: Global Advocacy, Gender-focused, development-led community development for all, February 2014

National Nutrition Program Multi-Sectoral Implementation Guide, June 2016

Seqota Declaration: Innovation Phase Investment Plan 2017-2020, January 2018

Nutrition training manual for health and agriculture workers at community level in Ethiopia; Tesfaye Hailu (EPHI), Masresha Tessema (EPHI), Mariama Fofanah (CIP) and Zelalem Lema (ILRI);

Ethiopian Public Health Institute (EPHI), International Potato Center (CIP) and International Livestock Research Institute (ILRI)

Seqota Declaration: Federal Program Delivery Unit; Community Lab Implementation Guide, May 2018

A multi-Sectoral perspective to Nutrition: From analysis to Action: SUN Annual Gathering, New York, September 2013; by REACH

Glossary of Key Terms:

Community Lab: A Community Lab approach is a multi-sectoral platform that involves all woreda-level stakeholders working collaboratively to find innovative solutions to complex and multi-dimensional problems such as stunting and testing prototype innovations at pilot scale before scaling up successful innovations. Community Lab will be established both at Woreda and Kebele level.

Donors: Donors provide financial support to allow actions to be carried out. Key donors include multilateral and bilateral organizations, trusts and foundations and also include the Government itself. Sometimes a donor is also a catalyst.

Ethiopian Fiscal Year: the period used by the Ethiopian government for accounting and budgeting purposes, ending July 7th of the calendar year

Implementing partners (IPs): Implementing partners are the lead organizations in implementing an action where the Government sector is dominant, with support from a number of NGO's and donors.

Nutrition Sensitive Interventions Nutrition-sensitive interventions are those that have an indirect impact on nutrition and are delivered through sectors other than health, such as the agriculture; education; and water, sanitation, and hygiene sectors. Examples include bio fortification of food crops, conditional cash transfers, and water and sanitation infrastructure improvements. (Source: USAID); Nutrition-sensitive interventions can address some of the underlying and basic causes of malnutrition by incorporating nutrition goals and actions from a wide range of sectors. They can also serve as delivery platforms for nutrition-specific interventions.

Nutrition Resource: Resources allocated for nutrition specific and nutrition sensitive activities and interventions

Nutrition Specific Interventions: Nutrition-specific interventions are those that address the immediate determinants of child nutrition, such as adequate food and nutrition intake, feeding and caregiving practices, and treatment of disease. Examples include promotion of good infant and

young child nutrition, micronutrient supplementation, and deworming. **(Source; USAID);** Nutrition-specific interventions address the immediate causes of undernutrition, like inadequate dietary intake and some of the underlying causes like feeding practices and access to food

Sectors: Government sector ministries that have commitments to fully participate for the SD program implementation.

Service Providers: Are Government sector ministries, federal and regional SD program delivery units, Woreda administrations, sector offices and the implementing partners which provide services for the nutrition program.

Stakeholder: Person, groups or institutions with interests in a project or program. For SD, the stakeholder refers to implementing partners at the Woreda and regional levels

Stakeholder analysis: Stakeholder analysis is the systematic identification and evaluation of a project's key stakeholders, an assessment of their contributions, and the ways in which those contributions affect overall implementation of a program or national strategy.

Stakeholder map: A **stakeholder** map is a **stakeholder** management tool that identifies the **stakeholders (i.e. institutions)** in a national program, their interests, current contributions, and potential involvement in order to support national strategy implementation for results.

Stakeholder mapping: Stakeholder Mapping is a process and visual tool used to clarify and categorize various stakeholders actively participating in a national program by contributing resources, technical support, and implementation of activities as defined in the national strategy. Stakeholder mapping assist with stakeholder management process.

Stakeholder mapping tool: It is a tool that captures all stakeholders in a given geographic area who are contributing to SD and NNP-II, their level of contributions, and their importance in a project/program where they are participating.

Stakeholder engagement: The use of stakeholders as participants in a collaborative decision making and performance management process that guides the creation and execution of a defined scope of work

Responsible Ministries: Responsible Ministries are those that take a lead role in management of an action. The majority of actions are under the Ministry of Health as they are nutrition-specific or health related

Stunting: Stunting is an indicator of chronic malnutrition and is measured by “height-for-age.” Stunting occurs when a child is below minus two standard deviations from median height-for-age of the reference population

Wasting: Wasting is an indicator of acute malnutrition and is measured by “weight-for-height”. Wasting occurs when a child is below minus two standard deviations from median weight-for-height of reference population