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Nutrition Landscape Mapping: Report on Multi-Sectoral Nutrition Governance in Ghana

JUNE 2021

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Recommended Citation

USAID Advancing Nutrition. 2021. Nutrition Landscape Mapping: Report on Multi-Sectoral Nutrition Governance in Ghana. Arlington, VA: USAID Advancing Nutrition.

Photo Credit: Kamal Deen Djabaku.

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Contents

Acknowledgments

Professor Richmond Aryeetey, with support from Gloria Odei Obeng-Amoako, led the nutrition landscape study. USAID Advancing Nutrition acknowledges their impressive work, leading to this publication.

The project extends its gratitude to all stakeholders who supported this exercise, from the national to the sub-national level, including the National Development Planning Commission (NDPC); the Regional Coordinating Councils of the Northern, Upper East, Upper West, and North East regions; and the 17 District Assemblies. The project also acknowledges the role played by the USAID Advancing Nutrition Ghana team, particularly the chief of party, the national support manager, and the planning and coordination officer, in coordinating and supporting the planning and conducting of the nutrition landscape mapping exercise, as well as preparing this report.

Acronyms

CHAG	Christian Health Association of Ghana
CMAM	Community-based Management of Acute Malnutrition
CRS	Catholic Relief Service
CSPG	Cross-Sectoral Planning Group
DA	district assembly
DCD	District Coordinating Director
DHMIS	District Health Management Information System
DMTDP	District Medium-Term Development Plan
DNCC	District Nutrition Coordination Committee
DPCU	District Planning and Coordinating Unit
DR-NCDs	diet-related noncommunicable diseases
FANTA	Food and Nutrition Technical Assistance
FAO	Food and Agriculture Organization
FDA	Food and Drugs Authority
GHS	Ghana Health Service
GIFTS	Girls Iron Folate Supplementation
GSS	Ghana Statistical Service
IYCF	infant and young child feeding
LI	Legislative Instrument
MAD	minimum acceptable diet
MDAs	ministries, departments and agencies
MLGRD	Ministry of Local Government and Rural Development
MMDAs	metropolitan, municipal and district assemblies
MoFA	Ministry of Food and Agriculture
MoH	Ministry of Health
MoTI	Ministry of Trade and Industry
MTDP	Medium-Term Development Plan

MTDPF	Medium-Term Development Policy Framework
NaNuPACC	National Nutrition Partners Coordination Committee
NCD	noncommunicable diseases
ND-GHS	Nutrition Department-Ghana Health Service
NDPC	National Development Planning Commission
NGO	nongovernmental organization
NNP	National Nutrition Policy
RCC	Regional Coordination Council
RCD	Regional Coordinating Director
RING	Resiliency in Northern Ghana
RPCU	Regional Planning and Coordinating Unit
SFP	School Feeding Programme
SPRING	Strengthening Partnerships, Results and Innovations in Nutrition Globally
SUN	Scaling Up Nutrition
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
WIAD	Women in Agricultural Development
WHO	World Health Organization
WFP	World Food Programme

Executive Summary

Ghana has made significant gains in addressing child undernutrition. To make additional gains, it will be important to strengthen nutrition governance—the process and actions taken to institutionalize nutrition as part of the existing government structures, policies, and frameworks. As a first step, we must understand the current context and capacities.

USAID Advancing Nutrition conducted this landscape mapping to understand the processes for multi-sectoral nutrition governance and to examine the capacity gaps that limit multi-sectoral nutrition programming in metropolitan areas, municipalities, and district assemblies (MMDA). The specific objectives to describe the current context related to key components of governance (coordination and partnership with nutrition stakeholders, planning and financing, monitoring and reporting, and advocacy) at the MMDA level, identify drivers[1] (enablers and barriers) related to each component, and recommend ways to strengthen nutrition governance at the MMDA level. To achieve those objectives, USAID Advancing Nutrition conducted a document review and interviewed key stakeholders.

We found a diverse landscape of nutrition actors in Ghana working with government and nongovernmental agencies at different levels and across multiple sectors. However, the nutrition governance at the national level is unclear. Thus, the nutrition department of the Ghana Health Service (GHS) acts as the de facto lead agency. The sub-national level has too few technical officers and high attrition and turnover. The current officers lack the competencies to ensure that nutrition is included in plans, implemented, monitored, and reported. Government policy proposes that nutrition focal persons and the Regional and District Planning Coordinating Units (RPCU and DPCU, respectively) be responsible for the regional and district level nutrition governance. However, currently, there is no focal person position and the RPCUs and DPCUs are not functioning as proposed in the governance policy. Furthermore, staff turnover and attrition is high.

Multi-sectoral nutrition coordination mechanisms at the sub-national level are on paper. However, often they are not created or do not function without donor funding and perhaps a donor requirement to do so. Where committees exist, often the same individuals are invited to participate in these committees, making participation challenging and increasing the workload and cost. In USAID Advancing Nutrition's priority districts, nutrition coordination committees are established or are being established. Government documents regarding the roles and responsibilities for nutrition governance at the sub-national level are consistent. However, nutrition officers—who should play an important role in advocating for multi-sectoral nutrition planning, funding, and implementation—are not authorized to convene multi-sectoral meetings or coordinate activities across departments. They also lack the competencies necessary for multi-sectoral nutrition planning and implementation.

The National Development Planning Commission (NDPC) is responsible for multi-sectoral planning at all levels of governance and it provides guidance for developing medium-term and annual plans that incorporate input from all departments. However, the most recent version of the planning toolkit contains little about nutrition actions and coordination and does less to encourage districts to prioritize nutrition issues in their District Medium-Term Development Plans (DMTDPs). Also, multi-sectoral planning is perceived as unsustainable, only occurring during the lifetime of donor-funded projects.

In terms of financing for nutrition, government funding is limited and often disbursed late. As a result, districts rely heavily on donor funding and are constrained by donor priorities and requirements. Even though a system for tracking budgets exists, it does not identify funding or expenditures specifically for nutrition or nutrition-related activities and each sector tracks their budget separately. Finally, nutrition officers are not well trained to develop and track budgets.

1 Drivers of multi-sectoral planning were defined as behaviors, processes, policies, or resources.

Donor funding requirements, leadership, and planning tools were identified as key drivers of multi-sectoral planning that incorporates nutrition. However, key barriers to multi-sectoral planning include incomplete decentralization, inadequate technical competency on nutrition among district assembly (DA) departments (excluding health), limited DA funding, and a perception of non-sustainability of donor-funded projects.

Another component of governance is monitoring and reporting on nutrition-related indicators. The NDPC requires districts to identify relevant indicators as part of the multi-sectoral planning process. However, for the most part, the only indicators included in the DMTDPs are underweight and stunting. Furthermore, typically only health departments track these nutrition outcome indicators. Other sectors may collect and report nutrition-related data, but all departments have their own vertical information systems, making it challenging to thoroughly understand the nutrition situation. Implementation is not tracked across sectors.

Even when data are available, it is not well utilized for advocacy. Partly, as a consequence, non-health departments do not see nutrition as a priority or responsibility. The establishment of District Nutrition Coordination Committees (DNCC) with the District Coordinating Directors (DCD) as chairperson represents an attempt to elevate the priority of nutrition in the development discourse; however, DCDs often have other commitments. Finally, nutrition is given less priority than activities with more visible, immediate results, such as infrastructure projects.

The main barriers to multi-sectoral nutrition governance were identified as limited funding; vertical information systems; too many coordination platforms; insufficient number of nutrition technical staff; high attrition among qualified staff; limited understanding of nutrition within non-health sectors; and insufficient competencies for advocacy, coordination, multi-sectoral engagement, and developing and tracking budgets.

Finally, the report includes recommendations for short- and long-term actions to strengthen nutrition governance at the MMDA level in Ghana. Recommendations include the NDPC, DAs, Regional Coordinating Councils (RCCs), DA health departments, all other DA departments, nutrition stakeholders at the national level, donor agencies, and USAID Advancing Nutrition.

Background

During the past decade, the Republic of Ghana has made significant strides in addressing malnutrition, particularly with respect to child growth faltering (GSS, GHS, and ICF International 2015; GSS, GHS, and ICF Macro 2009; GSS 2018). In particular, chronic undernutrition among young children has declined by almost a third of the estimate at the beginning of the decade. While this progress is outstanding, a closer look at disaggregated data reveals the need for attention not only on the national estimates of undernutrition—which remains unacceptably high—but also on sub-national performance. For example, the stunting rate in the Northern Region (28.8%) is currently twice that in the Greater Accra region (12.6%). Similarly, while optimal complementary feeding, defined by the minimum acceptable diet (MAD) rate, is low nationwide (12%); in some regions, it is exceptionally low (<5% in Upper East Region) and in others it is significantly higher (19% in the Central Region). These regional differences highlight the need for targeted decisions and actions that address setting specific challenges to improve the nutritional status of young children in Ghana.

Nutrition encompasses biological, social, and environmental components (Leitzmann and Cannon 2005). The determinants of nutritional status are multi-sectoral. Although food is a necessary aspect of nutrition, food, and its nutrients alone cannot ensure optimal nutrition. Based on this premise, nutrition interventions are viewed from two broad perspectives: (1) nutrition-specific that directly address malnutrition through actions on immediate drivers of malnutrition, and (2) nutrition-sensitive interventions that address malnutrition indirectly through effects on underlying and basic drivers of malnutrition (Bhutta et al. 2008; Bhutta et al. 2013). Based on the existing global criteria for nutrition-sensitivity (Aryeetey and Covic 2020; Ruel and Alderman 2013), agriculture production can be considered nutrition-sensitive only when it addresses specific nutrition outcomes, (e.g., increased nutrient profile of crops or increased production of diverse crops) (FAO 2016).

The main malnutrition challenges that captured the attention of decision makers at the national level are poor child growth, anemia, micronutrient deficiency, suboptimal child feeding practices, overweight and obesity, and diet-related chronic diseases (Aryeetey et al. 2020). However, not all regions of the country have these priority challenges.

Global evidence shows the strategies, technologies, approaches, and interventions that address malnutrition in developing country settings (Bhutta et al. 2013). In many countries, an often missing key ingredient are the functional and institutional arrangements needed to translate the strategies into actions and outcomes, particularly at a sufficiently high enough coverage and density to elicit change. Gillespie et al. (2013) advocate for ensuring adequate horizontal coordination of efforts across the multiple sectors to achieve effective nutrition scale up. They also recommend ensuring coherence across institutional hierarchies and across program strategies.

In Ghana, the Scaling Up Nutrition (SUN) movement is bringing multiple stakeholders around nutrition at the national level (SUN 2014). The National Development Planning Commission (NDPC) facilitates and coordinates efforts related to SUN through multiple administrative arrangements, including the SUN Cross-Sectoral Planning Group (CSPG) and medium-term planning.

The National Nutrition Policy (NNP) indicates that an effective institutional arrangement is necessary for results-oriented implementation of nutrition actions (Government of Ghana 2016). The NNP includes guidelines for how nutrition governance and coordination should happen at all levels and suggests the key stakeholders that need to be involved in nutrition planning and action. However, there is limited evidence if and how these guidelines are followed.

In collaboration with the NDPC, the USAID Advancing Nutrition project seeks to address the root causes of malnutrition in 17 districts across four regions in Ghana. One core strategy of USAID Advancing Nutrition is to strengthen governance for nutrition, leveraging existing government and

administrative systems. Therefore, as a first step, the project conducted a landscape analysis of those systems.

Purpose and Objectives

The overarching purpose of this landscape mapping was to better understand the multi-sectoral nutrition governance in selected metropolitan, municipal, and district assemblies (MMDA) in Ghana. The specific objectives were as follows:

1. Describe the contextual factors that influence nutrition governance at the MMDA level.
2. Develop a simple-to-use rubric to assess capacity for multi-sectoral nutrition governance.
3. Identify the drivers and barriers—policies, processes, resources, and behaviors—to nutrition governance.
4. Make recommendations for strengthening nutrition governance capacities.

Methods

For this landscape mapping USAID Advancing Nutrition conducted a document review and interviewed key stakeholders. Because of the short time given for this exercise, the review of existing documents was carried out simultaneously with the stakeholder interviews. Both activities explored the context and capacity for multi-sectoral nutrition governance.

We considered the following components of nutrition governance when assessing capacity: coordinating nutrition actions and actors from multiple sectors, planning multi-sectoral nutrition, financing multi-sectoral nutrition actions, managing multi-sectoral nutrition actions, and monitoring multi-sectoral nutrition actions. These are loosely based on the UNDP capacity assessment framework (UNDP 2008) and the Rapid Assessment Scorecard developed by the USAID-funded Food and Nutrition Technical Assistance III Project (FANTA) for supervising Nutrition Coordination Committees in Uganda (FANTA 2018), which USAID Advancing Nutrition is currently adapting for supervision of District Nutrition Coordination Committees (DNCCs) in Ghana.

What is nutrition governance?

Nutrition governance is the process and actions taken to institutionalize nutrition as a part of existing government structures, policies, and frameworks.

Throughout the planning and reporting of the landscape mapping, USAID Advancing Nutrition consulted with the food security and nutrition advisory panel. The panel is a subset of a larger platform known as the CSPG; members come from approximately 12 selected institutions, including government ministries and agencies, civil society organizations, and academia. The NDPC leads the advisory panel and USAID Advancing Nutrition supports it in providing direction; advice; oversight; and validation of methodologies, analysis, conclusions, and recommendations to the project's team.

Document Review

We reviewed documents containing information related to nutrition governance—both the contextual factors that influence nutrition governance and capacity for multi-sectoral nutrition governance at the MMDA level. This included legislation, policies, strategies, guidelines, and development plans from selected agencies and metropolitan, municipal and district assemblies (MMDAs).

Documents were identified based on a priori search strategy, which is a combination of online purposive search, as well as targeted enquiry among key stakeholders. The online sources included websites of relevant stakeholder and government agencies, including the NDPC, World Health Organization (WHO), and Ghana Health Service (GHS).

Each identified document was skimmed to determine its eligibility for inclusion (if the document included information on the aforementioned topics). See annex 1 for a list of the documents reviewed. Key information pertaining to each document considered eligible for inclusion was recorded in an Microsoft Excel spreadsheet, including the title of the document, date of publication, and key findings for each of the governance components.

Stakeholder Interviews

At the start, to assess the competencies for nutrition governance at the MMDA level, we developed a simple-to-use rubric of district-level capacity. A guiding tool explains the indicators used in the rubric questions (annex 4). Using this rubric, we developed semi-structured guides for interviews with nutrition stakeholders—actors working at the national, regional, and district levels (annex 2).

All interviews were conducted virtually, using either the Zoom meeting platform or telephone. They lasted between one, and one-and-half hours, were audio-recorded, and then transcribed verbatim.

Districts and institutions were selected with input from the advisory panel. Districts were selected from two categories: (1) districts exposed to previous interventions that promoted multi-sector planning/coordination, and (2) districts with no history of interventions. To do this, we obtained a list of districts in the Northern Region and Upper West Region that were exposed to multi-sectoral planning under the USAID-funded Strengthening, Partnership, Results and Innovations in Nutrition Globally (SPRING) and Resiliency in Northern Ghana (RING) projects, as well as the UN REACH Initiative. Directors or managers of each were asked to propose the individual(s) that might best be able to answer our questions. Almost all the planned interviews (20/23) were completed (see table 1). Three interviews were completed at the national level, six at the regional level, and eleven at the district level. The interview transcripts were reviewed and information (quoted or paraphrased responses to questions) relevant to the priority topics were recorded in an Excel spreadsheet.

Table 1. Institutions Represented during Stakeholder Interviews (Planned and Completed), by Level

Level	Institutions	Number of Planned Interviews	Number of Completed Interviews
National	• National Development Planning Commission • Ghana Health Service • Ministry of Food and Agriculture • Ministry of Local Government and Rural Development	5	3
Regional	• North East Region • Northern Region • Upper West Region	6 (2 per region)	6
District	• East Mamprusi, Sagnarigu, Gushegu, Daffiama Bussie Issa, Bawku, Garu	12 (1 per district)	11

Analysis

We reread the interview transcripts from the stakeholder interviews and notes taken during the document review. We identified and extracted key findings into a Excel data extraction sheet. The relevant information was coded and linked to the themes. We then triangulated findings using thematic and content analysis of the data. We summarized the emerging themes to produce a draft report and shared the draft with the advisory panel for review and input. We then organized a virtual stakeholder workshop with the advisory panel to facilitate discussion and validate findings, conclusions, and recommendations.

Findings

Context for Multi-Sectoral Nutrition Governance

Nutrition Actors

The determinants of malnutrition cut across multiple sectors, including but not limited to water and sanitation, agriculture, social protection, and education. A diverse landscape of nutrition actors are found in Ghana, working with government and nongovernmental agencies at different levels and across multiple sectors (see figure 1).

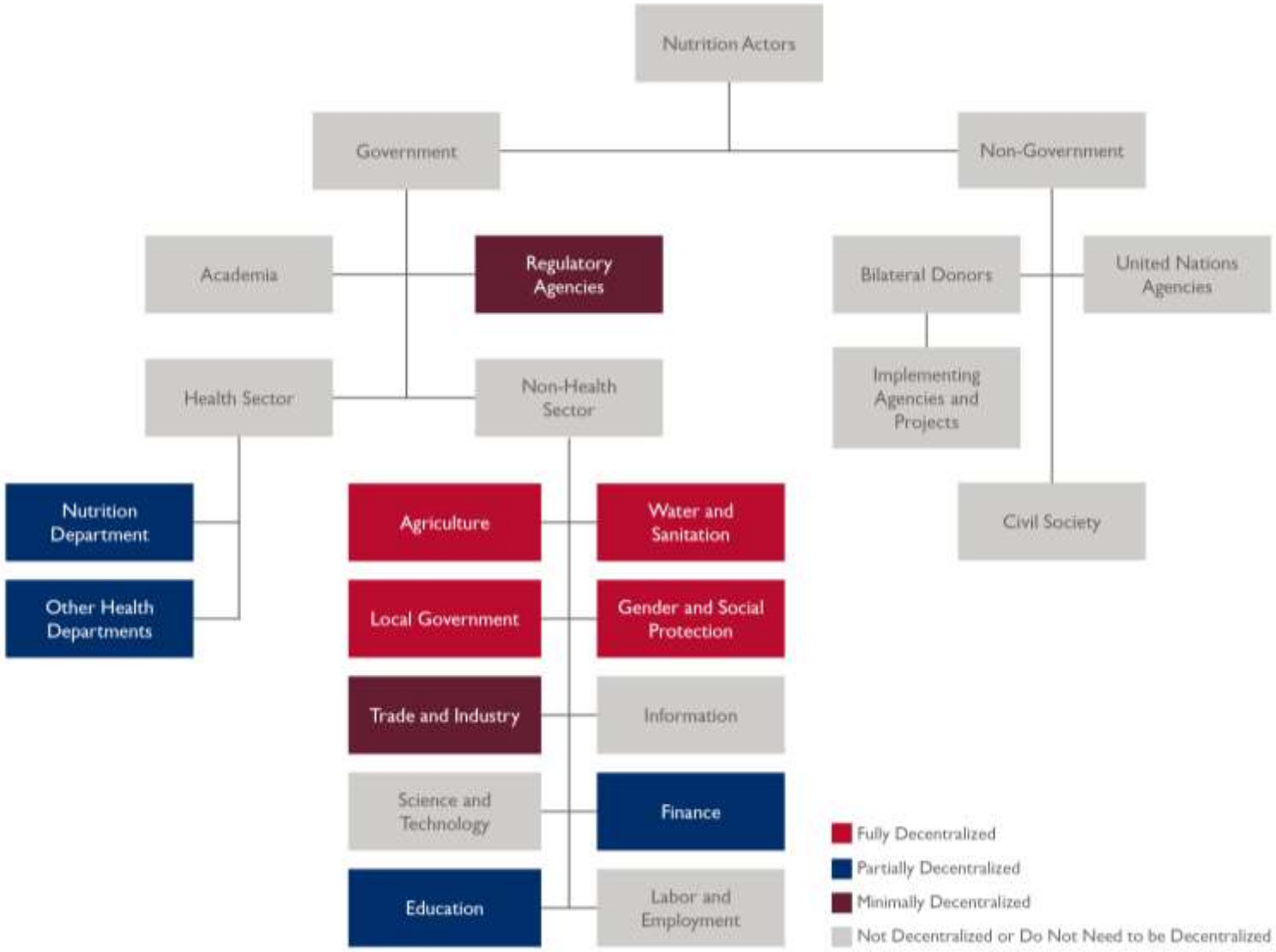
At the national level, the nutrition department of the GHS is recognized, de facto, as the main agency responsible for leading nutrition actions in Ghana (Pinto 2011). In addition, the Women in Agriculture and Development (WIAD) Directorate of the Ministry of Food and Agriculture (MoFA) and the School Feeding Program (SFP), are also key government agencies whose actions are relevant to food and nutrition. Although not directly involved in nutrition program implementation, the NDPC is a key national-level leader for nutrition with respect to its role of coordinating the SUN movement in Ghana.

Other government sectors play an indirect role in food and nutrition issues, but do not identify nutrition as their core mandate. Government ministries and agencies responsible for education, water, and sanitation; information; gender and social protection; trade and industry; and environment, science, and technology fall within this category. In the past few years, some agencies have implemented initiatives that are relevant for food and nutrition. For example, since 2010, the Ministry of Local Government and Rural Development (MLGRD) has led the implementation of a donor-funded project aimed at promoting food security and environmental sustainability. The MLGRD also recently led diverse stakeholders in developing a food safety guideline for all MMDAs. Similarly, in partnership with the GHS, the Ghana Education Service has been a key partner in the Girls Iron Folate Supplementation (GIFTS) initiative, which is being delivered through schools.

Nongovernmental nutrition stakeholders include WHO, United Nations Children's Fund (UNICEF), the World Food Programme (WFP), PLAN International, CARE International, Catholic Relief Service (CRS), and Adventist Development and Relief Agency (ADRA) (Aryeetey et al. in press). USAID and Japan International Cooperation Agency (JICA) are also active in Ghana. Also, a range of civil society organizations and research institutions are engaged with nutrition actions at the national level.

Some of the national-level actors are also present at the sub-national level while others are active only at the district level: Baptist Medical Centre, Presbyterian Agriculture Services, Bawku East Women's Development Association, and the Christian Health Association of Ghana (CHAG). Several USAID-funded projects—FANTA, SPRING, and the RING project—are actively implementing nutrition-related activities at both national and sub-national levels.

Figure 1. Nutrition Stakeholders of Ghana



See annex 4 for a comprehensive list of actors involved in nutrition at various levels in Ghana (Aryeetey et al. in press).

Governance and Coordination Mechanisms at the National Level

Improving nutrition requires coordinating all the multi-sectoral stakeholders. At the national level multiple platforms coordinate the nutrition stakeholders, but no clear differences are evident in their various roles. Since 2011, the SUN CSPG has convened high-level government and nongovernment stakeholders, including 13 ministries, departments and agencies (MDAs) across 11 government ministries when Ghana signed up with the global SUN movement (Aryeetey et al.; Aryeetey and Manson 2021; Pinto 2011). UNICEF convened the Expanded Nutrition Partners' Meeting, which includes government and nongovernmental nutrition actors. Finally, the Nutrition Department-Ghana Health Services (ND-GHS) convened a National Nutrition Partners Coordination Committee (NaNuPACC) prior to Ghana joining the SUN movement; it focused on program coordination (Aryeetey et al.; Aryeetey and Nwafor 2021; Pinto 2011; GHS and SPRING 2017). It is not clear if the NaNuPACC is still active.

Unfortunately, there is no evidence of coherence across national-level issue-specific coordination mechanisms or between issue-specific coordination mechanisms and the broader nutrition coordination mechanisms (such as the SUN CSPG, NaNuPACC, or the Expanded Nutrition Partners Meeting). A recent landscape analysis of nutrition coordination at the national level concluded that coordination across sectors is not functioning well (Aryeetey and Nwafor 2021). This is recognized as a key gap in nutrition governance in Ghana (GHS and SPRING 2017; Pinto 2011; Ghartey 2010; Aryeetey et al. in press; Zakariah-Akoto and Aryeetey 2020).

In addition, several other convening platforms focus on specific nutrition-related issues, for example, the National Salt Iodization committee, which the Ministry of Trade and Industry (MoTI) coordinates. The Food and Drug Authority (FDA) convenes a technical advisory committee on nutrition that provides technical guidance to aid its regulatory functions. Also, the ND-GHS convened an infant and young child feeding (IYCF) task team. Zakariah-Akoto and Aryeetey (2020) summarized a catalog of these coordination platforms.

The same individuals are often asked to participate in many of these coordinating platforms.

> *"Even at the district level, there are lots and lots of committees, multi-sectoral committees. In fact, it is even a problem now. […] every program wants to set up some coordinating structures."*
>
> – National-Level Officer

Nutrition stakeholders are required for advocacy and promotion, coordination, and decision-making, project/program development, program/project implementation, supervision, monitoring and evaluation, and financing and technical support at all administrative levels. The extent of these roles depends on multiple factors, including the definition of roles and responsibilities and funding (quantity, accessibility, flexibility, priorities, duration, and requirements).

Unfortunately, some inconsistencies in roles and responsibilities of nutrition stakeholders, particularly at the national level, are indicated in national policies. The NNP (MOH 2016) does not indicate how to coordinate nutrition at the national level. It identifies the Ministry of Health (MOH) and the GHS as the agencies responsible for providing direction to other MDAs. However, an earlier draft version of the NNP (NDPC 2013) identifies the NDPC as the coordinating agency for nutrition at the national level, with roles specified for other agencies, including the MOH. Stakeholders struggle to understand who oversees nutrition governance in Ghana, and coordination of nutrition actions across sectors has been hindered. This has been a barrier to effective coordination at the national level.

National Structure for Multi-Sectoral Planning and Budgeting

The NDPC provides a planning guideline and toolkit that describes the procedures, stakeholders, and inputs necessary for planning. However, in 2018, the NDPC's planning guidelines, as well as the Medium-Term Development Policy Framework (MTDPF), were more overt in nudging districts to prioritize nutrition issues in their District Medium-Term Development Plans (DMTDPs). The NDPC planning guideline provided explicit guidance for reporting on nutrition in the section on situation analysis. In addition, nutrition was separated from food security, which enabled nutrition performance to stand out clearly, as shown in most plans. Finally, an appendix listed several nutrition indicators for districts to consider including in their action plans. The 2022–2025 planning guideline only lists nutrition as part of social sector issues but does not provide guidance on how to incorporate nutrition actions into DMTDPs.

Furthermore, a review of planning guidelines and toolkits over the past decade shows a trend toward simplifying the process for developing the DMTDP. For example, where the 2014–2017 guideline involved 17 steps, the 2022–2025 planning guideline only outlines 8 steps in the planning sequence. However, the core processes for planning remain, essentially, unchanged. Figure 2 illustrates the process in planning guidelines for developing 2022–2025 DMTDPs.

According to the guidelines, districts are expected to develop DMTDPs that align with the national-level MTDPF. DMTDPs are expected to guide implementation, monitoring, and evaluation. The NDPC approves MMDA plans, ensuring they align with the government's MTDPF and are multi-sectoral, engaging actors across all relevant sectors.

The process begins with training the District Planning and Coordinating Unit (DPCU) members on how to use the planning guidelines. Thereafter, a situation analysis (assessment of the context, development situation, and performance across sectors) is carried out. The findings are then used to identify and prioritize development issues. The identified priorities drive the formulation of goals, objectives, and strategies. Subsequently, programs and sub-programs are formulated based on national development agenda, as indicated in the NMTPF, local political interests, and influence and support of development partners (including donors). After identifying implementable activities, a monitoring and evaluation framework, as well as communication and dissemination plan, are developed.

The planning guideline emphasizes integration across all departments of the DA. Additional policies have been developed that call for multi-sectoral engagement in planning processes as a requirement for funding disbursements. To ensure that all relevant sectors provide input for the process, the district planning officer requests all departments of the DA to submit their sectoral plans. These plans are then integrated into a composite plan. Thereafter, the representatives of the departments are invited to an expanded DPCU workshop where participants can collectively discuss the composite plan. In many instances, the nutrition officers interviewed were not part of this process and, therefore, only vaguely understood how this planning process occurs. The Planning Office then uses feedback received during the workshop to revise the plan. In some districts, the revised composite plan and budget was circulated to the departments again for further input prior to finalization. However, some districts had a different approach—departments only submit their plans and leave the district planning officer and the team at the Planning Office to prioritize aspects of the sector plans that should be included in the DMTDP.

Figure 2. Steps for the 2022–2025 District Medium-Term Development Planning

Source: Ghana's Medium-Term National Development Policy Framework (MTNDPF), 2022-2025.

Although the process for developing the DMTDP appears linear, in reality, it is not. It allows feedback and input from the respective DA departments, as well as from communities, zonal and area councils, including the respective Regional Coordination Council (RCC). This iterative process allows the plan to be continuously refined within the specified period for its development, until it is ready for submission to the NDPC. The NDPC indicated that an audit mechanism ensures that the DMTDP meets its criteria of a well-designed and integrated development plan. However, we were unable to access the criteria for auditing the final plans. A key informant mentioned that the RCC is supposed to implement a quarterly District Assembly Performance Assessment. However, due to funding constraints, this assessment is not regularly implemented.

The DMTDPs are also expressed as District Annual Action Plans with a composite budget, as well as department-specific Annual Action Plans. In districts with donor-fund activities, the Annual Action Plans can incorporate the activities envisaged for implementation as part of the donor-funded project.

Nutrition Governance at the MMDA Level

Coordinating Multi-Sectoral Nutrition Actors and Actions

Although only one department may be responsible for a particular intervention, it may require support from other departments to succeed or would benefit from leveraging the work of other departments. For example, while the Department of Agriculture is responsible for food production, it may need the Department of Health and the Department of Education to help promote the distribution, preparation, and consumption of nutrient-rich foods produced. Similarly, the Department of Health is responsible for delivering health services, but it may need the support from the Department of Education to distribute weekly supplementation of micronutrients in school to adolescent girls. Thus, multi-sectoral coordination is essential for many nutrition interventions to succeed—so that the wide range of nutrition actors and actions implemented by various departments can, together, have a positive impact on the nutritional status of the population of Ghana.

Fortunately, there is greater consistency across government documents regarding the roles and responsibilities for nutrition governance at the sub-national level than at the national level (MOH 2016; NDPC 2013). District Nutrition Officers are expected to propose solutions to address malnutrition while District Health Directors are expected to incorporate nutrition actions into DMTDPs (Act 936; LI 1961). After a district's plan and budget are approved, the DA is responsible for its implementation,

monitoring, and evaluation. Health departments, in particular, take the lead on implementing or assist in implementing nutrition programs (Act 936; LI 1961). However, there is limited information on what is actually happening on the ground and challenges at the national level likely affect nutrition governance at the sub-national level.

According to Act 480 the NDPC is responsible for coordinating decentralized planning across MDAs and MMDAs. All government agencies perform their planning functions on behalf of, and in collaboration with, the NDPC.

The RCC coordinates planning, across districts and the Regional and District Planning Coordination Units (RPCUs and DPCUs) coordinate regional and district planning, respectively. However, little indicates that RPCUs and DPCUs have assumed a coordination role for nutrition, as indicated in the NNP, in any district except a few in Northern Ghana (see table 2).

Members of these committees should come from relevant RCCs and DAs, as well as agencies outside the DA. Some districts even expanded their DPCU to include other key stakeholders, such as traditional leaders and business leaders, to ensure input from a broader cross-section of the population. This practice was considered useful for incorporating the input of diverse population groups who will, typically, not be part of the planning process.

"Then we have, for instance, if there are businessmen and women you invite them to also be part of it... the traditional leaders are not part of the district planning coordinating unit, (okay) but when it comes to plans, they have ideas because they will provide lands for you to build the schools so they are also part of it. Then also you will be dealing with the needs and aspirations of the hairdressers, the dressmakers, those at the market, and everybody so you need to get the executive to also be part of the bigger team."

– Regional Planning Officer

Regional and District Coordinating Directors (RCD and DCD, respectively) are expected to convene Regional and District Nutrition Coordination Committees (RNCC and DNCC, respectively) and galvanize political will for nutrition, participate in coordination meetings, and engage in multi-sectoral nutrition planning. RNCCs and DNCCs are meant to oversee coordination of nutrition actions.

In selected districts in Northern Ghana, where previous nutrition coordination arrangements were established through donor-funded projects, RNCCs and DNCCs are established. Outside Northern Ghana, there is only one example of multi-sectoral coordination involving the DAs and it can be attributed to a multi-sectoral nutrition, health, and agriculture project (Zakaria-Akoto and Aryeetey 2020).

Unfortunately, coordination committees often become dormant after donor-funded projects that pay for the materials, snacks, lunches, and transportation for coordination meetings end. Coordination is costly, particularly when coordination committees have many members. One case reported 40 members of the coordination committee, further adding to the cost.

"This [coordination] becomes a challenge sometimes because you want to usually rely on donors to give us funding to do monitoring. At times as a Nutrition Officer you are there but you don't have the resources."

– District Nutrition Officer

"Because let's say you have a time frame to sit for a meeting. So, beyond that [time allotted for meeting], it requires that you should have snack or lunch. So, because of the funding issue that was why."

– District Nutrition Officer

Furthermore, key informants indicated that those invited (typically the directors of departments) to nutrition coordination meetings do not always attend nor do they nominate a representative to attend.

Limited participation in coordination meetings adversely affects planning and other multi-sectoral arrangements.

"If you put the directors there, then it becomes very difficult rather they will not even have time to attend meetings. Some will not even allow their subordinates to attend if they are not there."

– Planning Officer

"Some of the challenges will be that if we are using the heads if we are forming the teams and we are putting the heads there, for instance the Ghana Health Service, the [Ministry of] Education. If you say that the education is going to come if you put the directors there then it becomes very difficult. […] Rather they will not even have time to attend meetings. Some will not even allow their subordinates to attend if they are not there."

– Regional Nutrition Officer

Table 2. List of Districts with Prior Exposure to District-level Multi-sectoral Nutrition Coordination

Project Name/ Implementing Agency	Districts with Prior Experience of Sub National Multi Sectoral Coordination of Nutrition, by Region				
	Northern Region	North East Region	Upper West Region	Upper East Region	Savannah Region
RING project	Gushegu Nanumba North Sagnarigu Karaga Nanumba South Savelugu-Nanton Tolon Kpandai Tamale Metro Saboba Kumbungu	East Mamprusi* Chereponi*			Central Gonja* West Gonja* East Gonja* North Gonja*
UN REACH Initiative			Lambussie Karni Wa West		
SPRING project	Tolon East Gonja Kumbungu Mion Yendi Tatale Zabzugu Gushegu Karaga	East Mamprusi*		Bongo Talensi Bawku West Garu Tempane	Central Gonja*

*These districts were in the Northern Region.

Health departments should also play an active role in coordination mechanisms. However, the partial decentralization of the health department has affected its ability to effectively participate in nutrition coordination at the MMDA level (Pinto 2011).

Furthermore, nutrition officers working within the health department do not have the authority to lead activities across other departments; although, they are sometimes able to coordinate nutrition activities by leveraging their personal (informal) relationships with staff from other departments. And the number of nutrition officers working in each MMDA is considered insufficient to meet the existing needs at the sub-district level (Aryeetey et al. in press).

Furthermore, there is no evidence that district nutrition focal persons have been hired, named, or identified to help coordinate nutrition-related actions in any district where interviews were conducted.

Capacity or competence to coordinate effectively was also identified as a challenge.

> *"…The other thing is also to build my capacity on how to coordinate effectively with other partners. Where there are three or more people working together, there are always some issues. How to work with partners in a team so everybody feels at ease to contribute."*
>
> – Regional Nutrition Officer

In addition, key informants appear to believe that coordination is just conducting meetings with different sectors or government departments. They made multiple references to multi-sectoral coordination meetings and the cost of snacks and lunch for committee members who attend and the inability to organize meetings when donor funding ends. The key informant interviewed rarely mentioned other coordination activities: operations, monitoring, evaluation, supervision, quality assurance, and accountability.

Drivers

1. Greater clarity of roles and responsibilities for coordination at the MMDA level
2. Donor funding

Barriers

1. Reliance on donor funding
2. Low prioritization of nutrition resulting in inadequate funding for coordination and poor attendance at meetings
3. Limited understanding of what is required for coordination
4. Competing priorities: multiple coordination platforms and the same individuals invited to all meetings
5. Lack of competence for coordination

Multi-Sectoral Nutrition Planning

Planning Multi-Sectorally

Key informants interviewed explained that planning more or less follows the process outlined by the NDPC in its guidelines and toolkits, with only a few minor deviations. Both the planning process and the finished products Medium-Term Development Plans (MTDPs) are multi-sectoral. However, as indicated previously, recent guidance provides less guidance related to planning nutrition actions.

However, the multi-sectoral planning process is tedious and takes significant time and funding. DAs have limited funding (from the DA Common Fund or internally generated funds) to conduct the situation

analyses required for multi-sectoral nutrition planning. Key informants explained that DA departments that obtain funding through their sector ministries, or from projects, do not prioritize multi-sectoral planning at the sub-national level. They said that multi-sectoral planning often only occurs during the lifetime of donor-funded projects that require it as a condition for funds disbursement or as a means for donor-funded projects to achieve their objectives. However, several key informants from districts where the USAID-funded RING and SPRING projects were implemented and multi-sectoral planning was required, indicated that multi-sectoral planning has become the norm because of the prior requirement.

Key informants indicated that high staff turnover and attrition are also barriers to multi-sectoral planning at the MMDA level. Planning officers were particularly worried about the loss of well-trained staff who are replaced by new, inexperienced staff, putting much pressure on them.

"Other challenges are related to human capital, when people go through training and the next minute they are transferred to another place and the intervention is not implemented and somebody comes and even though the person might know the job it might take some time before the person settles in."

– Planning Officer

Furthermore, few were aware that District Planning Officers are expected to coordinate budgets and be the link between government departments and donor agencies.

Prioritizing Nutrition in Multi-Sectoral Plans

In addition to needing a multi-sectoral process of planning, nutrition must be prioritized. A review of four 2018–2021 DMTDPs revealed that nutrition is prioritized in three plans (table 3). However, one district did not propose any nutrition-relevant strategy. The strategies proposed by the health department for addressing malnutrition were unspecified in two districts. Another proposed Community-based Management of Acute Malnutrition (CMAM). In all four districts, the agriculture department and the education department proposed nutrition-sensitive strategies that address malnutrition.

Table 3. Nutrition Prioritization in Selected 2018–2021 DMTDPs

Location	Malnutrition Prioritized	Nutrition Related Indicators Included	Nutrition Specific Interventions Included	Nutrition Sensitive Interventions Included
Bawku	Not indicated as a priority issue	No nutrition outcome indicated	No nutrition-specific interventions proposed	Training on food fortification and biofortified foods
Karaga	Prioritized food and nutrition security	Stunting, underweight, diet-related NCDs (DR-NCDs), healthy diets	Address micro-macro-nutrient deficiencies, DR-NCDs, food hygiene among vendors	Reduce food loss/waste, diversified diets, food/ cooking demonstration, school feeding, coverage extension

Location	Malnutrition Prioritized	Nutrition Related Indicators Included	Nutrition Specific Interventions Included	Nutrition Sensitive Interventions Included
Sissala West	Prioritized as part of situation analysis	Stunting, wasting, vitamin A supplementation	Child nutrition program (non-specific)	Post-harvest crop management, school feeding, food security
Mamprugu-Moagduri	Prioritized as part of food and nutrition section	Underweight, Vitamin A deficiency, acute malnutrition	CMAM	School feeding, food security, nutrient-rich diets, weak nutrition-sensitive production

NCDs: noncommunicable diseases; DR-NCDs: diet-related non-communicable diseases; CMAM: Community-based Acute Malnutrition

District planning officers interviewed are aware that food and nutrition security should be a focus area in the medium-term development planning process; however, they do not understand how to translate recommended strategies in the MTDPF into the DMTDPs. They expressed the belief that implementation of nutrition-related activities by other departments will *somehow* contribute to nutrition.

An inadequate understanding of nutrition and the wide range of actions that can be leveraged to improve nutrition has resulted in a belief that nutrition is the responsibility of the health department alone. Apart from the departments of health, agriculture, and education, there was no indication that nutrition is prioritized by any other non-health departments.

> *"They have their specific areas they want to go into. So, if you want to do anything aside what they want to do, you struggle to get your budget being approved."*
>
> – Regional Nutrition Officer

Furthermore, political heads and decision makers of DAs tend to prioritize activities that ensure re-election, such as construction or *concrete and mortar* projects that are visible. Unfortunately, nutrition interventions rarely fit this category.

> *"The politician likes infrastructure and the like, and because they don't know our plan, they just allocate a small amount to it. So, if they see your budget going beyond what they have allocated they tend not to approve."*
>
> – Nutrition Officer

> *"So, politicians and those kinds of people, once things that they do and can be seen. If you go and build a school. Then everybody can see the school block that you have built as a district assembly. You go and drill a borehole they see. You would go and build a hospital they will see. But you give money for training to be done so that frontline staff can counsel, many people will not see, you get it?"*
>
> – Regional Planning Officer

District nutrition officers could play an important role in advocating for multi-sectoral nutrition planning, funding, and implementation. However, they do not have the power to convene meetings, understand multi-sectoral nutrition planning, or have opportunities to champion the inclusion of nutrition in DMTDPs. They are often not members of the DPCU and are typically not involved in planning and budgeting unless the health director requests input. Although some nutrition officers indicated that they were asked to sit in the DPCU meeting, the official representative who is expected to champion nutrition actions is the health director.

> *"We give our budget to our director he takes it to the regional director and he takes to the national and we are not privy if it is captured or not. We are not made to see the document of the medium-term plan. As I sit down*

here for more than 10 years I have not chanced on that document before; every year we just submit our budget, we don't receive feedback from them for us to know what they captured for nutrition. We can't sit here and say it was captured or not captured … maybe what we need is feedback."

– Regional Nutrition Officer

"Some [Health Directors] will not even allow their subordinates to attend if they are not there."

– Regional Planning Officer

Establishing DNCCs with the DCD as chairperson represents an attempt to elevate the level of priority given to nutrition in the development discourse. However, DCDs often have other commitments and nutrition has less priority compared to more visible infrastructure-related activities.

"Although the Nutrition Officer is the main driving force, he is not empowered to call coordination meetings. It is only the DCD who has power to do this. However, the assembly officials are always busy and do not make sufficient time for convening activities."

– Planning Officer

"Coordinating director too was not part. So you know, they are the final decision makers. So once a decision is taken and they are also part of the decision making, then the decision will become less difficult."

– District Nutrition Officer

Finally, government funding for nutrition is limited and often disbursed late. This can create fatigue and a loss of motivation for planning new nutrition actions. Often nutrition is only prioritized when there is donor funding and then nutrition actions must be aligned with donor priorities instead of MMDA plans.

"When there is funding there is no problem because it has been budgeted for. The problem is when you want to pull resources from the big budget from the national budget. There is always no funding for nutrition. They don't prioritize nutrition."

– Regional Nutrition Officer

"… for me, nutrition has not yet become a political issue in this country, if I'm right. Nutrition has not become a political priority in this country. Because for most of the issues, we still have to depend on donors to come in and give you all that you need to. That's what I can say at my district level."

–District Nutrition Officer

Drivers

1. Useful planning guidelines and toolkits
2. Multi sectoral planning has become the norm in some districts where it was required for donor funding

Barriers

1. Inadequate guidance for planning nutrition actions
2. Limited government funding to conduct situation analyses and multi sectoral planning
3. Reliance on donor funding and need to align with their priorities instead of MMDA priorities
4. High turnover and attrition of qualified staff
5. Inadequate understanding of the wide range of actions that can affect nutrition and how to leverage them to improve nutrition
6. Non health departments low prioritization of nutrition

Financing Multi-Sectoral Nutrition Actions

An important factor contributing to the success of multi-sectoral nutrition programming is financing: budgeting, funding, and budget tracking. District planning officers are expected to coordinate budgets and be the link between government departments and donor agencies. However, because of the limited government funding, reliance on donor funding, and partial decentralization of some sectors, DA departments are not fully accountable to the DA for budgeting and budget tracking.

Furthermore, although there is a system for tracking budgets, it is not sensitive to nutrition. Funding and expenditures for nutrition are not being tracked across all sectors.

Finally, nutrition officers identified the capacity to develop and track budgets as non-existent. Only one respondent indicated the presence of a district-level officer dedicated and trained to track nutrition budgets across sectors. DPCU staff, such as the district planning officer, can step in, but may not have the same motivation to develop and track budgets for nutrition actions.

"When you are asked to prepare a budget, others [donors] will come with their template, but I feel that many times proper budgeting, forecasting is something we still need to build our capacity on, that will help so we can pick up the signals of malnutrition, how we can use it to budget very well. That's one thing for me I will need very well and the officers from the lower level will also need."

– Regional Nutrition Officer

Drivers

1. Budget tracking system exists

Barriers

1. Lack of accountability of departments to the DA regarding budgeting and budget tracking
2. Budget tracking system is not sensitive to nutrition
3. Nutrition officers lack competencies in budgeting and budget tracking

Implementing and Managing Multi-Sectoral Nutrition Actions

Key informants identified funding as the most critical limitation for multi-sectoral nutrition actions. Even when nutrition activities are funded, key informants indicated that funds may be disbursed too late to be useful.

The departments of health, agriculture (because of its natural relationship with nutrition), and education (because of the current interest in adolescent micronutrient supplementation) are all implicated, to some degree, in nutrition actions in the target districts. However, technical officers are often not competent to leverage their interventions to address nutrition (FAO 2012; Aryeetey and Covic 2020).

Accountability is critical when multiple sectors are involved. It requires authority for enforcement at the district level and lower. However, it is unclear who holds the authority to keep these multiple sectors accountable.

In each MMDA at least one nutrition officer within the health department. However, since the health department is not empowered to hold other departments accountable, there is need for a higher authority to ensure accountability.

The NNP proposes that the DPCU should have oversight authority for multi-sectoral nutrition actions at the district level. However, in almost all key informant interviews, there was no awareness or

indication of the existent of this arrangement; essentially this arrangement is not being practiced, except in some of the districts where donor-funded projects required this arrangement as a condition for funds disbursement.

The NNP also calls for the identification of district nutrition focal persons to manage multi-sectoral nutrition actions. However, we did not find anyone in this role in any of the districts visited. It is also not clear the extent to which district level staff visit sub-district offices in order to manage sub-district activities.

Finally, key informants reported that the district is the lowest administrative level at which nutrition staff are posted. Though it is possible that those operating at the district level may visit sub-district offices to oversee sub-district activities, it is not clear that they do so and, as explained before, are not likely to have the authority to hold all actors accountable.

Drivers

1. Donor funding requirements
2. DA leadership
3. DPCU identified as having oversight authority and district nutrition focal person as playing a role in managing multi sectoral nutrition actions

Barriers

1. Inadequate oversight for multi sectoral nutrition actions
2. Lack of awareness of DPCU's oversight role
3. Inadequate funding and/or delayed disbursement of government funds
4. District Nutrition Focal persons not hired or designated
5. Lack of competencies among non health technical officers to leverage non health interventions to address nutrition

Monitoring, Evaluating, and Learning for Multi-Sectoral Nutrition Actions

Monitoring Implementation of Nutrition Actions

The DMTDP cycle requires districts to identify indicators to be included in annual and quarterly reports submitted to the NDPC. These reports provide opportunity for reporting nutrition outcomes and ensuring accountability. However, only three of the four DMTDPs reviewed included nutrition-related indicators. In those cases, only a limited number of nutrition indicators (e.g., distribution of Vitamin A supplements, nutritional status, diet-related disease, and behaviors) are tracked and only by health departments (table 3). There is limited understanding and appreciation of nutrition outcomes other than underweight and stunting indicators among other sectors. And there is no system in place to track nutrition-specific or nutrition-sensitive program implementation across sectors.

Another challenge is that all departments have their own unique systems for tracking outputs and outcomes. They are not connected and there is no system that allows departments to share data in real time for cross-sectoral planning and accountability.

"The main challenge is the sort of authority or funding that will dictate to you how you go about your things and report and most people do their report vertically and the issue of coordination from the national coordinating council is not clear."

– Regional Nutrition Officer

In addition, funding agencies and MDAs often require departments to report outcomes vertically. For example, at the district level, the health department reports to both the DA and to the GHS, through the District Health Management Information System (DHMIS). This is due – at least in part - to incomplete decentralization. As a result, reporting can be excessively burdensome.

All of these factors make multi-sectoral planning, coordination, and implementation of nutrition actions challenging.

Collecting and Reporting Nutrition Outcome Indicators

The NDPC planning guideline calls for conducting a situation analysis to identify and prioritize development issues and formulate goals, objectives, and strategies. To do this properly, data related to implementation and outcomes from across sectors should be reviewed. There are various nationwide surveys that collect nutrition-relevant data; however, the designs and sample sizes does not allow such surveys to disaggregate their findings at the district level. Therefore, routine data collected are necessary. However, as stated above, they are reported vertically and, therefore, not readily available, making it challenging for departments to use each other's data and have a comprehensive understanding of the nutrition situation.

One approach that DAs use to go around this challenge is to organize annual and semi-annual reviews that give opportunity for departments to share their performance with each other. The process for developing the DMTDP also provides an additional opportunity for departments to learn from each other. In both of these learning and sharing opportunities, planning officers play a key role in aggregating sectoral data for use in planning processes.

There is some evidence of limited capacity of some technical officers to perform core technical requirements such as analyses and interpretation of data for decision-making (Aryeetey et al, in press). This is not surprising since an earlier study in 2015 had reported poor technical competence in many areas of nutrition among tutors of health training institutions (Aryeetey, Laar, and Zotor 2015). Some district nutrition officers expressed a desire for training in the analysis of nutrition data so that they can better communicate the nutrition situation to other departments. As a result, nutrition data may not be well communicated to non-health departments.

Furthermore, even though the MTDP indicates that objectives of district plans should reflect the needs of the district, key informants noted that political heads and decision makers do not always make decisions that follow the data.

"Most times with nutrition data, when you present it, people seem not to appreciate it. I am just looking at innovative ways of presenting nutrition data that will have the necessary effects on duty bearers that will make them see the essence."

– Regional Nutrition Officer

"I will need more capacity on how to communicate nutrition outcomes in a more appealing way to partners and duty bearers so they will appreciate their actions and inactions with regards nutrition."

– Regional Nutrition Officer

Drivers

1. Districts required to identify indicators that they will track and report
2. NDPC planning guideline mandates using data to develop situation analyses; identify and prioritize development issues; and formulate goals, objectives, and strategies
3. Some DAs plan annual and semi annual reviews for departments to share data
4. Process of developing DMTDPs is an opportunity for departments to learn from each other

Barriers

1. Nutrition indicators not identified in plans
2. Limited knowledge or understanding of the range of nutrition indicators
3. No system in place to track nutrition specific or nutrition sensitive program implementation
4. No integrated/comprehensive information system (instead there are multiple parallel information systems)
5. Reporting is done vertically and can be overly burdensome
6. Nationwide surveys often cannot be disaggregated to the district level
7. Limited capacity to analyze, interpret, communicate, and use data
8. Political leaders do not always make decisions that follow the data

Conclusions

From this mapping exercise, we can see that there is a diverse landscape of nutrition actors in Ghana, working with government and nongovernmental agencies at all levels and across multiple sectors. However, inconsistencies in roles and responsibilities of nutrition stakeholders were noted, particularly at the national level. Greater consistency was seen across government documents regarding the roles and responsibilities for nutrition governance at the sub-national level. The NDPC provides a planning guideline and toolkit that describes the procedures, stakeholders, and inputs needed for planning. However, recent guidelines have been simplified and now provide less direction for the priority that should be given and how it should be given to nutrition. We offer the following conclusions regarding multi-sectoral nutrition governance capacities at the MMDA level. They are also presented in the rubric in table 4.

Coordinating Nutrition Actions and Actors from Multiple Sectors

With multiple, sometimes competing, coordination mechanisms at the national level, coordination at the sub-national level is critical. Multi-sectoral nutrition coordination mechanisms at the sub-national level exist on paper. The nutrition coordination committees established by RPCUs and DPCUs are responsible for coordination. Unfortunately, RPCUs and DPCUs do not always prioritize nutrition or the formation of these committees. The existence and functionality of these committees are sensitive to the availability of donor funding.

In the districts of interest (participating in the USAID Advancing Nutrition initiative), DNCCs have been established or are in the process of being established. Unfortunately, the partial decentralization of the health department affects the ability of its staff to effectively participate. Often, the same individuals are invited to participate in all major coordination committees, resulting in irregular participation of members.

Finally, the time and cost required for effective coordination is often underestimated.

Multi-Sectoral Nutrition Planning

The NDPC established a clear process for multi-sectoral planning at all levels of governance; however, the most recent version of the planning toolkit says little about nutrition actions and coordination and does less to encourage districts to prioritize nutrition issues in their DMTDPs. However, multi-sectoral planning is perceived as unsustainable, only occurring during the lifetime of donor-funded projects.

Financing Multi-Sectoral Nutrition Actions

In terms of financing for nutrition, government funding is limited and often disbursed late. Districts heavily rely on donor funding and are constrained by donor priorities and requirements. Although there is a system for tracking budgets, it does not identify funding or expenditures specifically for nutrition or nutrition-related activities and each sector tracks their budget separately. Finally, nutrition officers are not well equipped to develop and track budgets.

Implementing and Managing Multi-Sectoral Nutrition Actions

Across government documents the roles and responsibilities are consistent for nutrition governance at the sub-national level. However, nutrition officers, who should play an important role in advocating for multi-sectoral nutrition planning, funding, and implementation, do not have the power to convene meetings and have an inadequate understanding of multi-sectoral nutrition planning. Furthermore, they are not typically members of the DPCUs, are not involved in planning and budgeting, do not have the authority to lead or coordinate activities across departments, and, therefore, cannot effectively champion nutrition.

The NNP calls for identifying the district nutrition focal persons to coordinate multi-sectoral nutrition activities. However, there is no evidence that district nutrition focal persons have been hired, named, or identified in any of the districts where interviews were conducted.

Monitoring, Evaluating, and Learning for Multi-Sectoral Nutrition Actions

Another component of governance is monitoring and reporting nutrition-related indicators. The NDPC requires districts to identify relevant indicators as part of the multi-sectoral planning process. However, the only indicators included in the DMTDPs are underweight and stunting. Furthermore, only health departments typically track these nutrition outcome indicators. Other sectors may collect and report nutrition-related data, but all departments have their own vertical information systems, making it challenging to comprehensively understand the nutrition situation. Implementation across sectors is not tracked.

Even when data are available, it is not well used for advocacy. As a result, it is thought that the health department is solely responsible for nutrition planning and implementation and this reduces the level of priority given nutrition. Establishing DNCCs with the DCD as chairperson is an attempt to elevate the priority of nutrition in the development discourse; however, DCDs are often busy with other commitments and nutrition is less a priority compared to more visible, infrastructure activities. In some cases, nutrition is prioritized only when there is donor funding.

Table 4. Capacity for Nutrition Governance at the MMDA Level

Capacities, by Component	Indicators	Level of Capacity			Comments
		0 Non Existent	1 Low Moderate Level Capacity	2 High Level Capacity	
Coordination					
Coordinating multi-sectoral nutrition actors and actions	• Evidence of a functional mechanism for multi-sectoral nutrition coordination at the district level.				• The mechanism exists but is not functional. • Responsibility for coordination is on nutrition coordination committees formed by RPCUs and DPCUs. • Committees often only become functional as new projects emerge with donor funding and expectations of multi-sectoral coordination. • To ensure input from a broader cross-section of the population, some committees engage traditional leaders and business leaders. • Participation in coordination meetings is affected by multiple mechanisms and partial decentralization of the health department. • Stakeholders misunderstand what coordination of multi-sectoral nutrition coordination entails. • Nutrition officers lack the authority to convene meetings across departments.

Capacities, by Component	Indicators	Level of Capacity			Comments
		0 Non Existent	1 Low Moderate Level Capacity	2 High Level Capacity	
Planning					
Planning multi-sectorally	• Adequate funding for multi-sectoral nutrition planning and implementation. • Evidence of high profile and visible nutrition champions who actively advocated for prioritizing nutrition policies and programs across sectors in the past 12 months. • Evidence of multi-sectoral planning for nutrition happening at the district level.				• Government funding for multi-sectoral planning is limited. • Limited understanding of need for high profile and visible nutrition champions; one respondent did not think this is a useful capacity at the district level. • The NDPC has established a clear process for multi-sectoral planning at all levels of governance; however, the most recent planning toolkit says little about nutrition actions and coordination and does little to encourage districts to prioritize nutrition. • Multi-sectoral planning and implementation is perceived as unsustainable, only occurring during the lifetime of donor-funded projects. • Nutrition officers can rarely participate in planning activities.
Prioritizing nutrition in multi-sectoral plans	• Evidence of at least one nutrition expert or champion being included in district-level planning. • All relevant sectors identified nutrition-relevant priorities in plans.				• The capacity exists but is only activated when for a multi-sectorally funded project. • Nutrition priorities were mainly associated with departments of health and agriculture.

Capacities, by Component	Indicators	Level of Capacity			Comments
		0 Non Existent	1 Low Moderate Level Capacity	2 High Level Capacity	
	• Indicators of key nutrition-relevant outcomes included in plans.				• Districts rely heavily on donor funding and are constrained by donor priorities. • The DMTDP cycle requires districts to identify relevant setting specific indicators to be tracked and reported in annual and quarterly reports. • Nutrition officers do not have the opportunity to champion nutrition. • The main outcomes are included in the DMTDPs are underweight and stunting. • Limited understanding and appreciation of the scope of nutrition beyond these indicators.
Financing					
Budgeting and budget tracking of nutrition actions	• Nutrition budgets across sectors align with sectoral nutrition priorities. • Mechanism for tracking all nutrition-related budgets and expenditure across sectors. • At least one district-level officer dedicated and trained to track nutrition budgets across sectors.				• Because it is only partially decentralized, health departments are not fully accountable to the DA regarding financing, policy direction, and reporting. • Is a system for tracking budgets, but it is not sensitive to nutrition. • Nutrition budgets are not being tracked across all sectors. • Some sectors report vertically.

Capacities, by Component	Indicators	Level of Capacity			Comments
		0 Non Existent	1 Low Moderate Level Capacity	2 High Level Capacity	
					• Only one respondent indicated existence of district-level officerdedicated and trained to track nutrition budgets across sectors. • Nutrition officers do not have the capacity to develop and track budgets.
Management / implementation					
Managing multi-sectoral actions for nutrition	• Evidence of a diverse range of stakeholders—government and nongovernment, from multiple sectors and at all levels—working to improve nutrition—directly or indirectly. • Evidence of at least one nutrition officer provided technical support for mainstreaming nutrition into sectoral priorities of non-health sector agencies, which provide nutrition-sensitive interventions.				• Ghana has a diverse landscape of nutrition actors, working with government and nongovernmental agencies at different levels and across multiple sectors to improve nutrition: directly or indirectly. • Technical officers working in non-health departments require, but often lack, the competencies to leverage their interventions to address nutrition. • Ghana has nutrition officers in every MMDA, but not enough to meet existing needs. • Nutrition focal persons have not been hired. • Staff turnover or attrition is a problem. • Government funding for implementing plans is often disbursed late.

Capacities, by Component	Indicators	Level of Capacity			Comments
		0 Non Existent	1 Low Moderate Level Capacity	2 High Level Capacity	
Monitoring, evaluating, and learning					
Monitoring implementation of nutrition actions	• A nutrition monitoring system is in place to track nutrition-specific and nutrition-sensitive program implementation across relevant sectors.				• Implementation is not tracked across sectors.
Collecting and reporting nutrition outcome indicators	• A nutrition monitoring system is in place to collect and report nutrition and nutrition-relevant outcomes across sectors.				• Nutrition outcomes are tracked, but only by health departments. • As mentioned before, there is limited understanding and appreciation of any nutrition outcomes other than underweight and stunting indicators. • Nutrition-related data may come from multiple sectors, but sectoral information systems are vertical, making it challenging to clearly understand the nutrition situation. • All departments have their own unique information systems for tracking indicators.
Using nutrition data	• A mechanism is in place requiring use of evidence to promote/advocate prioritization of nutrition in multi-sector planning.				• Without nutrition priorities across sectors, this capacity does not exist. • Nutrition data that are available aren't always well used or communicated to non-health departments.

Recommendations

The following recommendations are based on the findings presented above.

Recommended actions for NDPCs

- Establish and disseminate clear guidelines for institutionalizing the RPCU and the DPCU as the coordinating mechanism for nutrition at the regional and district levels. Include criteria for appointing regional and district nutrition focal persons in these guidelines.
- In partnership with the GHS and other partners, organize in-service training on the identified functional capacity gaps for all relevant DPCU members.
- Disseminate the NNP to ensure all DA officials have access. This dissemination should be accompanied with training to enable DA officials—particularly, planning officers—to understand the National Nutrition Goals and proposed strategies.
- Establish/strengthen a system for auditing multi-sectoral plans to determine its nutrition-sensitivity. To achieve this, establish clear criteria for determining the nutrition-sensitivity of multi-sectoral plans.
- Provide planning guidance to MMDAs during 2018–2021. Update the MTDP and provide to all relevant planning units as a routine component of the planning guidance.
- While incomplete decentralization remains, clarify the relationships between departments of the DA and their corresponding MDAs to address institutional expectations that adversely affect multi-sectoral planning and actions at the district level.

Recommended actions for DAs

- Elevate nutrition to a priority in the DPCU by making the district nutrition officer a member of the DPCU.
- Where feasible, establish an integrated nutrition data system to ensure that all departments have access to nutrition-relevant data for planning. Use other complementary processes, such as quarterly review meetings, to routinely update all departments on nutrition programming and outcomes.
- Establish a reasonable minimum and maximum number of nutrition coordination committee members to ensure all relevant departments are represented while limiting the size and cost of the meetings.
- Evaluate the existing multiple coordination platforms and merge any whose functions and targets significantly overlap.
- Allocate sustainable funding for multi-sectoral coordination activities (including planning, operations/implementation, monitoring and evaluation) to ensure that the DPCU does not depend on donor-funded projects to implement its nutrition coordination functions.
- Provide training on multi-sectoral planning and budgeting for technical officers, including nutrition officers, to enable them to contribute to the multi-sectoral planning process. Include nutrition officers in the MTDP training program.

- Organize training for other departments on key nutrition-sensitive priorities, strategies, and indicators. In addition, provide quick reference tools on nutrition-sensitive priorities, strategies, and indicators.
- Provide training for the nutrition focal person who will be appointed at regional and district levels to become competent in advocacy for nutrition at the district level and beyond.

Recommended actions for RCCs

- Organize functional capacity building for district and regional coordinating directors that focuses on how to harness skills and capacities across departments for multi-sectoral nutrition actions.
- Implement training on technical competencies, including data analysis for decision-making and priority setting for nutrition across all departments of the DAs.

Recommended actions for DA health departments

- Empower district nutrition officers to participate actively in DPCU meetings, even if—initially—as non-voting participants.

Recommended actions for all other DA departments

- Identify and prioritize nutrition as part of sector objectives and plans.

Recommended actions for nutrition stakeholders at the national level

- Advocate for establishing a harmonized national level coordination mechanism for nutrition.
- Advocate for establishing a clear system for national nutrition leadership and coordination led by a single government entity. The coordinating entity from this advocacy must be able to exercise authority to demand accountability from all stakeholders across all sectors. A clear separation between political coordination and technical coordination is mandatory.
- Advocate for appointing a nutrition focal person at the district and regional levels, as indicated in NNP.

Recommended actions for donor agencies

- Develop and implement sustainability plans for projects implemented through DAs to promote nutrition.
- Support the establishment or strengthening of integrated data systems at the district level to ensure the reporting of outcomes is from the district's data system.
- Provide technical and financial support for routine auditing of the quality and implementation of DMTDPs.

Recommended actions for USAID Advancing Nutrition

- Organize capacity building for district and regional coordinating directors that focuses on how to harness skills and capacities across departments for multi-sectoral nutrition actions.
- Implement training on technical competencies, including data analysis for decision-making, and priority setting for nutrition, across all departments of the DAs.

References

Aryeetey, R. N., A. Laar, and F. Zotor. 2015. "Capacity for scaling up nutrition: a focus on pre-service training in West Africa and a Ghanaian case study." *Proc Nutr Soc*: 1-5. https://doi.org/10.1017/s0029665114001748.

Aryeetey, R., and N. Covic. 2020. "A Review of Leadership and Capacity Gaps in Nutrition-Sensitive Agricultural Policies and Strategies for Selected Countries in Sub-Saharan Africa and Asia." *Food Nutr Bull* 41 (3): 380-396. https://doi.org/10.1177/0379572120949305.

Aryeetey, R., Atuobi-Yeboah, A., Van Den Bold, M., & Nisbett, N. (2020). Understanding the Differences between Child Stunting and Anemia Reduction and Identifying Outstanding Challenges. Stories of Change in Nutrition, 1-8. Retrieved from https://westafrica.transformnutrition.org/output/stories-of-change-in-nutrition-in-ghana/

Aryeetey R and Nwafor M. 2021. Landscape analysis of Nutrition Enabling Environment in Ghana. University of Ghana and UNICEF Ghana. Accra.

Bhutta, Z. A., J. K. Das, A. Rizvi, M. F. Gaffey, N. Walker, S. Horton, P. Webb, A. Lartey, and R. E. Black. 2013. "Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost?" *The Lancet* 382 (9890): 452-77. https://doi.org/10.1016/s0140-6736(13)60996-4.

Bhutta, Z. A., T. Ahmed, R. E. Black, S. Cousens, K. Dewey, E. Giugliani, B. A. Haider, B. Kirkwood, S. S. Morris, H. P. S. Sachdev, and M. Shekar. 2008. "What works? Interventions for maternal and child undernutrition and survival." *The Lancet* 371: 417-40. https://pubmed.ncbi.nlm.nih.gov/18206226/

Brantuo, M.N.A., W. Okwabi, S. Adu-Afuawuah, E. Agyepong, N.T. Attafuah, G. Brew, V. Gomez, A. Dawson, and J. Ashong. 2009. "Landscape Analysis of Readiness to Accelerate the Reduction of Maternal and Child Undernutrition in Ghana." *SCN News* 37 (31–37).

Couttolenc, B. F. 2012. *Decentralization and Governance in the Ghana Health Sector*. A World Bank Study. Washington, D.C.: World Bank.

Food and Agriculture Organization (FAO). 2012. *Assessing nutrition capacity in the agriculture sector: Ghana case study*. Accra: FAO.

Food and Agriculture Organization (FAO). 2016. *Compendium of indicators for nutrition-sensitive agriculture*. Rome: FAO.

Food and Nutrition Technical Assistance III Project (FANTA). 2018. *DNCC Initiative Approach to Strengthening Nutrition Governance in Uganda: Implementation Guide*. Washington, D.C.: FANTA/FHI 360. https://www.fantaproject.org/sites/default/files/resources/Uganda-DNCC-Implementation-Guide-Apr2018.pdf

Ghana Health Service (GHS), and Strengthening Partnerships for Results in Nutrition Globally (SPRING). 2017. *Health Worker Training Manual for Anaemia Control in Ghana. Facilitators Guide*. Arlington, VA: SPRING Project.

Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International. 2015. *Demographic and Health Survey 2014*. Rockville, Maryland, USA: GSS, GHS, and ICF International.

Ghana Statistical Service (GSS). 2018. *Multiple Indicator Cluster Survey (MICS 2017/2018): Survey Findings Report*. Accra, Ghana: GSS.

Ghana Statistical Service (GSS), Ghana Health Services (GHS), and ICF Macro. 2009. *Ghana Demographic and Health Survey 2008*. GSS, GHS, and ICF Macro (Accra).

Ghartey, A.B. 2010. *Nutrition Policy and Programs in Ghana: The Limitation of a Single Sector Approach*. Washington, D.C.: World Bank.

Gillespie, S., L. Haddad, V. Mannar, P. Menon, and N. Nisbett. 2013. "The politics of reducing malnutrition: building commitment and accelerating progress." *The Lancet* 382 (9891): 552-69. https://doi.org/10.1016/s0140-6736(13)60842-9.

Leitzmann, C., and G. Cannon. 2005. "Dimensions, domains and principles of the new nutrition science." *Public Health Nutr* 8 (6A): 787-94. https://doi.org/10.1079/phn2005821.

Ministry of Health (MOH). 2016. *National Nutrition Policy*. Accra, Ghana: Ministry of Health.

National Development Planning Commission (NDPC). 2013. National Nutrition Policy (draft). Accra: National Development Planning Commission. https://extranet.who.int/nutrition/gina/sites/default/filesstore/GHA%202013%20National%20Nutrition%20Policy.pdf

Pinto, R. F. 2011. *The Nutrition Area in Ghana Institutional Assessment.* Accra, Ghana: n.p.

Resnick, D. 2018. *The devolution revolution: Implications for agricultural service delivery in Ghana*. Washington, D.C.: International Food Policy Research Institute (IFPRI).

Ruel, M. T., and H. Alderman. 2013. "Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition?" *The Lancet* 382 (9891): 536–51. https://doi.org/10.1016/s0140-6736(13)60843-0.

Scaling Up Nutrition Movement (SUN). 2014. *SUN Countries: Ghana.* Washington, D.C.: SUN. Accessed 05-10-2014.

United Nations Development Programme (UNDP). 2008. *Capacity Assessment Methodology User's Guide*. New York: UNDP. https://www.undp.org/content/dam/aplaws/publication/en/publications/capacity-development/undp-capacity-assessment-methodology/UNDP%20Capacity%20Assessment%20Users%20Guide.pdf

Zakariah-Akoto, S., & Aryeetey, R. 2020. *Coordinating Nutrition Partners and programs in Ghana*. Washington, D.C.: IFPRI.

Annexes

Annex 1 Documents Included in this Assessment

No.	Author	Title	Publication Year
1	Pinto, R.	The Nutrition Area in Ghana Institutional Assessment	2011
2	Ghartey Adom Basie	Nutrition Policy and Programs in Ghana. The limitation of a single sector approach.	2010
3	Government of Ghana/ NDPC	The national development planning (system) Act, 1994	1994
4	Government of Ghana/ NDPC	Guidelines For the Preparation of Medium-Term Development Plans by Ministries, Departments and Agencies 2014–2017	2013
5	Government of Ghana/ NDPC	Guidelines For the Preparation of The Sector Monitoring and Evaluation Plan Under Ghana Shared Growth and Development Agenda (GSGDA II), 2014–2017	2014
6	Government of Ghana/ NDPC	Local Governance, 2016	2016
7	University of Ghana and the International Food Policy Research Institute (IFPRI), Ghana	A Meeting Report: Unpacking the Complexity of Improved Nutrition in Ghana: A Consultative Process with National Stakeholders	2018
8	Brantuo et al.	Landscape Analysis of Readiness to Accelerate the Reduction of Maternal and Child Undernutrition in Ghana	2010
9	MOH, Ghana	National Nutrition Policy	2016
10	Nwafor Manson	Review of the Nutrition Policy Environment and Implementation Effectiveness in Ghana	2018
11	Government of Ghana/ NDPC	2017 Reporting template: Joint-Assessment by National Multi-Stakeholder Platforms in line with the SUN Monitoring, Evaluation, Accountability and Learning (MEAL) System	2017
12	Zakariah-Akoto and Richmond Aryeetey	Coordinating Nutrition Partners and Programs	2020

No.	Author	Title	Publication Year
		in Ghana	
13	Richmond Aryeetey and Manson Nwafor	Landscape analysis of Nutrition Enabling Environment in Ghana	2021
14	World Health Organization	Global Nutrition Policy Review 2016–2017 Country progress in creating enabling policy environments for promoting healthy diets and nutrition	2016–2017
15	USAID Advancing Nutrition	Excerpts from scoping exercise	2020
16	Government of Ghana/ NDPC	District: Guidelines for the Preparation of the District Monitoring and Evaluation Plan Under Ghana Shared Growth and Development Agenda (GSGDA II), 2014–2017.	2014

Annex 2 Key Informant Interview Guide

National Level

1. In previous work, we identified the following as the key stakeholders involved in nutrition:
    i. From your perspective, which of these are key players in nutrition? At national level?
    ii. From your perspective, which of these are involved in (Food) and nutrition planning?
    iii. What specific roles do they play in planning?

2. The NNP proposed RPCU and DPCU to lead coordination at regional and district levels. What is the situation with that? Also, focal persons were to be appointed. What is the status of that?

3. What do you see as strengths and major problems or challenges of the coordination of nutrition actions that should be improved? List according to importance.

4. Please describe the placement of nutrition in national development plans. In other words, how/where is nutrition situated/placed? What is the level of priority?

5. Kindly explain the planning process for the districts, particularly in relation to nutrition.
    i. What are the challenges/bottlenecks in planning with respect to nutrition?
    ii. What are the key helpful drivers, with respect to nutrition?
    iii. What are examples of successful multi-sector planning for nutrition over time? In other words, what does/will a good multi-sectoral plan for nutrition look like? Any benchmarks?

6. What is the role of district assembly planning officer, GHS Nutrition Officer etc in medium-term planning, especially in relation to multi-sectoral planning for nutrition?

7. What factors have enabled 'buy-in' for inclusion of nutrition-related activities in the district medium-term plans/sector plans?

8. What is done to ensure that all stakeholders are involved in the medium-term planning process? What has been experienced with that over time?

9. What coordination mechanism/taskforce/committee on nutrition in the district?
    i. How does the planning process relate to the processes of the coordination mechanism? Nutrition CSPG?
    ii. Is the coordination mechanism/taskforce/committee functional? How often do you meet?
    iii. How does the coordination mechanism influence decision-making/program implementation?
    iv. List the sectors/institutions which actively participates in the coordination meetings?
    v. Who convenes the coordination mechanism?

10. What capacities are needed to complete the Mid-term planning process?
    i. What capacities currently exist for multi-sectoral planning?
    ii. What capacities are missing for multi-sectoral planning?

11. How is the medium-term plan monitored and evaluated?
    i. What data is collected to track the implementation of the plans?
    ii. How is the data collected?
    iii. How frequently is nutrition-relevant data collected?[2]
    iv. And who determines the indicators for monitoring and evaluation?
    v. Any challenges related to this data aspect?

12. What do you see as the major strengths of the current system for multi-sectoral planning for nutrition action (at district/region/national)? Or the medium-term planning
    i. List strengths according to importance.
    ii. What are the challenges? List according to importance.

13. How is this plan financed across sectors? What are the key budgeting challenges?

14. Is there any guidelines/criteria that suggest that nutrition should be mainstreamed?

Regional Level

- Background information
  - Position, role/responsibilities, experience in their position/role, how long they have worked in that capacity?
  - What are the key nutrition problems in this region?
  - What are the key drivers/factors?
  - What interventions are in place?
  - Who is implementing these interventions?
    - Probe: which other institutions (government or NGO)?
    - Are there other stakeholders relevant for nutrition?

- Are you familiar with the national nutrition policy (NNP)?
  - The NNP proposed RPCU and nutrition focal points to lead coordination at district levels. What is the situation with that in this region?

1. In previous work, we identified the following as the key stakeholders involved in nutrition
    i. From your perspective, which of these are key players in nutrition? At regional level?
    ii. From your perspective, which of these are involved in (Food) and nutrition planning?
    iii. What specific roles do they play in planning?

2. The NNP proposed RPCU and DPCU to lead coordination at regional and district levels. What is the situation with that? Also focal persons were to be appointed. What is the status of that?

3. What do you see as strengths and major problems or challenges of the coordination of nutrition actions that should be improved? List according to importance.

4. Please describe the placement of nutrition in national development plans. In other words, how/where is nutrition situated/placed? What is the level of priority?

5. Kindly explain the planning process for the districts, particularly in relation to nutrition.
    i. What are the challenges/bottlenecks in planning with respect to nutrition?
    ii. What are the key helpful drivers, with respect to nutrition?
    iii. What are examples of successful multi-sector planning for nutrition over time? In other words, what does/will a good multi-sectoral plan for nutrition look like? ....any benchmarks?

6. What is the role of district assembly planning officer, GHS Nutrition Officer etc in medium-term planning, especially in relation to multi-sectoral planning for nutrition?

7. What factors have enabled 'buy-in' for inclusion of nutrition-related activities in the district medium-term plans/sector plans?

8. What coordination mechanism/taskforce/committee on nutrition in the district?
    i. How does the planning process relate to the processes of the coordination mechanism? Nutrition CSPG?
    ii. Is the coordination mechanism/taskforce/committee functional? How often do you meet?
    iii. How does the coordination mechanism influence decision-making/program implementation?
    iv. List the sectors/ institutions which actively participates in the coordination meetings?
    v. Who convenes the coordination mechanism?

9. What capacities are needed to complete the Mid-term planning process?
    i. What capacities currently exist for multi-sectoral planning?
    ii. What capacities are missing for multi-sectoral planning?

10. How is the medium-term plan monitored and evaluated?
    i. What data is collected to track the implementation of the plans?
    ii. How is the data collected?
    iii. How frequently is nutrition-relevant data collected?
    iv. And who determines the indicators for monitoring and evaluation?
    v. Any challenges related to this data aspects?

11. What do you see as the major strengths of the current system for multi-sectoral planning for nutrition action (at the regional)? Or the medium-term planning
    i. List strength according to importance.
    ii. What are the challenges? List according to importance.

12. How is this plan financed across sectors? What are the key budgeting challenges?

13. Is there any guidelines/criteria that suggest that nutrition should be mainstreamed?

District Level

- Background information
  - Position, role/responsibilities, experience in their position/role, how long they have worked in that capacity?
  - What are the key nutrition problems in their district?
  - What are the key drivers/factors?
  - What interventions are in place?
  - Who is implementing these interventions?
    - Probe: which other institutions (government or NGO)?
    - Are there other stakeholders relevant for nutrition?

- Are you familiar with the national nutrition policy (NNP)?
  - The NNP proposed DPCU and nutrition focal points to lead coordination at district levels. What is the situation with that in this district?

- How do these institutions work together?
  - Describe opportunities for coordination around nutrition….

- Who leads this coordination?
  - Processes for convening? Frequency?
    - Who is part of it?
    - What are its challenges?
    - Probe: financial, leadership, logistics, capacity, data, etc
    - Sources of financing for coordination?

- What about district DMTP? How does it work in this district? Probe for details

- Where is nutrition within this process?
  - What are the bottlenecks/challenges?
  - What works well?
  - What are the gaps that need to be filled? Questions from the rubric:
    - 1…evidence/data for planning
    - 2…data management
    - 3…Multisector budgeting
    - 4…Nutrition technical capacity
    - 5…Use data for advocacy
    - 6…Partnerships (involvement of partners)
    - 7…Monitoring and evaluation

Annex 3 Detailed Guidance on Capacity Assessment Rubric

	Skills and Competencies Rubric				
	Type of functional capacity	**What this capacity will achieve**	**Levels of existing capacity**		
			0 Non existent	**1 Low moderate level capacity**	**2 High level capacity**
1	Capacity to generate shared interest in nutrition priorities across all relevant sectors	There are documented and mainstreamed nutrition-relevant priorities across all relevant sectors	None or only health sector have prioritized and included nutrition-relevant priorities in aspects of the medium-term plan that is specific to their sector	Only two or fewer sectors have prioritized and included nutrition-relevant priorities in aspects of the medium-term plan that is specific to their sector	All relevant sectors have prioritized and include nutrition-relevant priorities in aspects of the medium-term plan that is specific to their sector
2	Capacity to champion adoption of nutrition-relevant outcomes and their indicators in multi-sectoral plans	Indicators of key nutrition and nutrition-relevant outcomes are included in medium-term develop plans	District Medium-Term Development plans does not include key indicators of priority nutrition issues at district-level and national-level	District Medium-Term Development plans include key indicators of priority nutrition issues at district-level and national-level, which are based on data from some but not all nutrition-relevant sectors	District Medium-Term Development plans include key indicators of priority nutrition issues at district-level and national-level, which are based on data from all nutrition-relevant sectors
3	Capacity to harness nutrition outcome data across all sectors for use in planning and accountability	A nutrition monitoring system is in place to track nutrition and nutrition-relevant outcomes across sectors	Only the health sector routinely collates and manages nutrition data for the purpose of tracking nutrition outcomes	Nutrition monitoring data is available within some sectors (including health) but is not centrally collated or shared across nutrition-relevant sectors for the purpose of tracking nutrition outcomes	A centrally collated and managed nutrition monitoring system in place to track nutrition and nutrition-relevant outcomes across all nutrition-relevant sectors for tracking nutrition outcomes

4	Capacity to harness nutrition actions and implementation data across all sectors for use in planning and accountability	A nutrition monitoring system is in place to track nutrition-specific and nutrition-sensitive program implementation across relevant sectors	Either this does not exist in any sector, OR only the health sector routinely documents program implementation	Nutrition program monitoring data is available within some sectors (including health) but is not centrally collated or shared across nutrition-relevant sectors for the purpose of tracking program implementation progress	A centrally collated and managed nutrition monitoring system is in place to track nutrition and nutrition-relevant program implementation across all nutrition-relevant sectors for the purpose of tracking program implementation progress
5	Capacity to track nutrition-related funding across all sectors	A mechanism for tracking all nutrition-related budgets and expenditure across sectors is in place	There is no mechanism for nutrition budget tracking	A mechanism for tracking nutrition-related budgets and expenditures is in place but only within sectors OR it is not functional in the past 12 months	A functional mechanism for tracking all nutrition-related budgets and expenditure across sectors is in place and has been used successfully in the past 12 months
6	Capacity to track nutrition-related sectors across all sectors	At least one district-level officer is dedicated and trained to track nutrition budgets across sectors	No finance officer is available with capacity to track nutrition budgets	At least one district-level finance officer is dedicated and trained to track nutrition budgets across sectors but this information has not been used to inform multi-sector planning	At least one district-level finance officer is dedicated and trained to track nutrition budgets across sectors and use this information for to inform multi-sector planning
7	Capacity to mainstream nutrition budgets across sectors	Nutrition budgets across sectors are aligned with sectoral nutrition priorities	The medium-term development plan and budget has not prioritized nutrition programs or outcomes	Nutrition priorities exist in the medium-term development plan but are not aligned with the budget in the plan	The nutrition priorities in the medium-term development plan align with the budget in the plan
8	Capacity to utilize evidence to advocate for actions related to nutrition across all sectors	A recognized, and documented mechanism is in place requiring use of evidence to promote/advocate	No advocacy process is in place for nutrition advocacy in the medium-term development planning process	No documented step in the medium-term planning process requires use of evidence to promote or advocate	A recognized, and documented step is in place in the medium-term planning process requiring use of evidence to promote/advocate

		prioritization of nutrition in multi-sector planning		prioritization of nutrition in multi-sector planning	prioritization of nutrition in multi-sector planning
9	Capacity to generate high impact advocacy using influential champions	Evidence of high profile and visible nutrition champions who actively advocate for prioritizing nutrition policies and programs across sectors in the past 12 months	No evidence of existing nutrition champions	Evidence of at least one nutrition champion who advocated for prioritizing nutrition policies and programs, but these champions have not been active, or are not influential in the development planning process	Evidence of more than 2 high profile and influential/visible nutrition champions who actively advocated for prioritizing nutrition policies and programs across sectors in the past 12 months
10	Capacity to coordinate nutrition actors across all relevant sectors at the district level	Evidence of a functional multi-sectoral nutrition coordination mechanism	No record of an existing nutrition coordination mechanism	Evidence of a multi-sectoral nutrition coordination mechanism, but it has not been functional (has no record of meetings or an annual workplan) in the past 12 months	A multi-sectoral nutrition coordination mechanism has been functional (has record of meetings and an annual workplan) in the past 12 months
11	Adequate technical capacity for nutrition that is accessible to all departments of the District Assembly	Documented evidence that there is at least one nutrition officer who has provided technical support for mainstreaming nutrition into sectoral priorities of non-health sector agencies that provide nutrition-sensitive interventions	No nutrition officer in district	Is a nutrition officer but his/her technical skills are limited to their sector and not easily accessible to other nutrition-relevant sectors	At least one nutrition officer has provided technical support for mainstreaming nutrition into sectoral priorities of non-health sector agencies, which provide nutrition-sensitive interventions during last planning cycle

Annex 4 Nutrition Actors

National Level

No.	ID/Label	Actor Full Name	Actor Group
1	USAID	United States Agency for International Development	Donor development partner
2	JICA	Japan International Cooperation Agency	Donor development partner
3	GAC	Global Affairs Canada	Donor development partner
4	EU	European Union	Donor development partner
5	DANIDA	Danish International Development Agency	Donor development partner
6	KOICA	Korea International Development Agency	Donor development partner
7	Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria	Donor development partner
8	DFID	Department for International Development	Donor development partner
9	ADRA	Adventist Development and Relief Agency	NGO
10	PATH	PATH Ghana	NGO
11	WV	World Vision Ghana	NGO
12	PLAN	Plan International Ghana	NGO
13	FBHPders	FBH Providers	NGO
14	CoalofNGOs	Coalition of Non-governmental Organisation	NGO
15	CRS	Catholic Relief Services	NGO
16	RotaryInt	Rotary International	NGO
17	GhRedCros	Ghana Red Cross Society	NGO
18	GHASSUN	Coalition of Non-governmental Organisations in Nutrition	NGO
19	WaterAid	Water Aid	NGO
20	YEDENT	Yedent Group of Companies	Private
21	ManuDistrs	Manufacturers and Distributors	Private
22	FlourMillrs	Flour Millers	Private
23	MOH	Ministry of Health	Government
24	MinOTIdtry	Ministry of Trade and Industry	Government
25	GSAuthority	Ghana Standard Authority	Government
26	NHIS	National Health Insurance Scheme	Government
27	TeachHOSP	Teaching Hospitals	Government
28	FDA	Food and Drugs Authority	Government
29	MinoFinance	Ministry of Finance	Government

No.	ID/Label	Actor Full Name	Actor Group
30	MOFA	Ministry of Food and Agriculture Women in Agricultural Development	Government
31	GHS	Ghana Health Service	Government
32	Med&Dent	Ghana Medical and Dental Council	Government
33	PharmCoun	Pharmacy Council	Government
34	Nurs & Mid	Nurse and Midwifery Council	Government
35	Min of Plan	Ministry of Planning	Government
36	LGov(MMDAs)	Ministry of Local Government (Metropolitan, Municipal and District Assembly)	Government
37	NDPC	National Development Planning Commission	Government
38	GhEdServ	Ghana Education Service	Government
39	Fish Comsion	Fisheries Commission	Government
40	World Bank	World Bank	UN
41	WHO	World Health Organization	UN
42	WFP	World Food Programme	UN
43	UNICEF	United Nations International Children's Emergency Fund	UN
44	FAO	Food and Agriculture Organization	UN
45	IITA	The International Institute of Tropical Agriculture	Research/academia
46	CSIR	Council for Scientific and Industrial Research	Research/academia
47	FRI/CSIR	Food Research Institute/Council for Scientific and Industrial Research	Research/academia
48	SARI/CSIR	Savanna Agriculture Research Institute/ Council for Scientific and Industrial Research	Research/academia
49	Univ of Gha	University of Ghana	Research/academia
50	Noguchi	Noguchi Memorial Institute for Medical Research	Research/academia
51	UDS	University for Development Studies	Research/academia
52	ALartey_FAO	Anna Lartey Food and Agriculture Organisation	Opinion leader
53	EAmaful_GHS	Esi Amoaful Ghana Health Service	Opinion leader
54	ISMoses_GHS	Isabella Sagoe-Moses Ghana Health Service	Opinion leader
55	KateQ_GHS	Kate Quarshie Ghana Health Service Anemia	Opinion leader
56	Okwabi_GHS	Mrs. Okwabi Ghana Health Service	Opinion leader
57	Akosa_GHS	Prof. Badu Akosa/Ghana Health Service	Opinion leader
58	PAddy_MOFA	Paulina Addy/Ministry of Food and Agriculture	Opinion leader
59	MGAmngor_CSIR	Mary Glover-Amengor/Council for Scientific and Industrial Research	Opinion leader
60	PMSteiner_UG	Prof Matilda Steiner/University of Ghana	Opinion leader
61	FirstLady	Rebecca Akuffo-Addo/Ghana First Lady	Opinion leader
62	M Qnmther	Mankessim Queenmother	Opinion leader

No.	ID/Label	Actor Full Name	Actor Group
63	GAnti_Media	Gifty Anti Media	Opinion leader
64	MYaaNyarko	Maame Yaa Nyarko	Opinion leader
65	Pres. Kuff	Former President John Agyekum Kuffour	Opinion leader
66	Rev. JAryee	Rev. Joyce Aryee	Opinion leader
67	GIZ	Deutsche Gesellschaft fur Internatonale Zusammenarbeit (GIZ) GmbH	Donor development partner
68	GINAN	Ghana Infant Nutrition Action Network- World Alliance for Breastfeeding Action	NGO
69	CARE	Care International Ghana	NGO
70	TechnoServ	Techno Serve	NGO
71	Hngr Alliance	Hunger Alliance of Ghana	NGO
72	Food Span	Food Span	NGO
73	Implmn Partrs	Implementing Partners	NGO
74	SNV	SNV Netherlands Development Organisation	NGO
75	Peat Frmrs Ass.	Peasant Farmers Association	NGO
76	Hngr Proj	Hunger Project	NGO
77	SEND FOUND	Social Enterprise Development (SEND) Foundation of West Africa	NGO
78	PCD	The Partnership for Child Development	NGO
79	GCSforSUN	Ghana Civil Society for Scaling up Nutrition	NGO
80	FHI360	FHI360	NGO
81	Frmr Basd Org	Farmer Based Organizations	NGO
82	AGI	Association of Ghana Industries	Private
83	FINARFOODS	Finar Foods	Private
84	NESTLE	Nestle Ghana Ltd	Private
85	Proj Pnut But	Project Peanut Butter	Private sector
86	GHS_PRO	Ghana Health Service Health Promotion Unit	Government
87	GHS_MAL	Ghana Health Service Malaria Control Programme	Government
88	GHS_NUTR	Ghana Health Service Nutrition Department	Government
89	GHS_RCH	Ghana Health Service Reproductive and Child Health Unit	Government
90	GSS	Ghana Statistical Services	Government
91	Min of Fish	Ministry of Fisheries	Government
92	Min of Wat & Sani	Ministry of Water and Sanitation	Government
93	CHAG	Christian Health Association of Ghana	Government
94	Gh AIDS Comm	Ghana AIDS Commission	Government
95	UNHCR	United Nations High Commissioner for Refugees	UN
96	UNFPA	United Nations Population Fund	UN

No.	ID/Label	Actor Full Name	Actor Group
97	KHRI	Kintampo Health Research Institute	Research/academia
98	SUN_ACAD	Scaling Up Nutrition Academic Platform	Research/academia
99	KNUST	Kwame Nkrumah University of Science and Technology	Research/academia
100	Crp R Inst_CSIR	Crop Research Institute/Council for Scientific and Industrial Research	Research/academia
101	Soil R Inst_CSIR	Soil Research Institute/Council for Scientific and Industrial Research	Research/academia
102	Wat R Inst_CSIR	Water Research Institute/ Council for Scientific and Industrial Research	Research/academia
103	BNARI	Biotechnology and Nuclear Agriculture Research Institute	Research/academia

Sub-National Level

Regional Planning Coordinating Unit	
1	Regional Coordinating Director (as Head)
2	Regional Economic Planning Officer (as Secretary)
3	Regional Budget Officer
4	Regional Local Government Inspector
5	Regional Director of Health
6	Regional Director of Education
7	Regional Director of Agriculture
8	Chief Works Superintendent
9	Regional Town and Country Planning Officer
10	Regional Statistician
11	Regional Coordinating Council Nominee

Metropolitan/Municipal/District Assembly Planning Coordinating Unit	
1	District Coordinating Director
2	District Planning Officer
3	District Budget Officer
4	District Finance Officer
5	District Director of Health Services

Metropolitan/Municipal/District Assembly Planning Coordinating Unit	
6	District Director of Education
7	District Director of Agriculture
8	District Director of Social Welfare or Community Development
9	District Physical Planning Director
10	District Director of Works or Engineer
11	Nominee of the District Assembly

USAID ADVANCING NUTRITION

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June 2021

USAID Advancing Nutrition is the Agency s flagship multi sectoral nutrition project, addressing the root causes of malnutrition to save lives and enhance long term health and development.

This document was produced for the U. S. Agency for International Development. It was prepared under the terms of contract 7200AA18C00070 awarded to JSI Research & Training Institute, Inc. The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the U.S. Government.