USAID
FROM THE AMERICAN PEOPLE

MULTI-SECTORAL NUTRITION STRATEGY MONITORING & LEARNING PLAN

USAID

MULTI-SECTORAL NUTRITION STRATEGY: 2014-2025

MONITORING AND LEARNING (M&L) PLAN

April 20, 2018

TABLE OF CONTENTS

ACRONYMS

ADS	Automated Directives System
BFS	Bureau for Food Security
CDCS	Country Development Cooperation Strategy
DHS	Demographic and Health Survey
FANTA	Food and Nutrition Technical Assistance (Food for Peace M&E support mechanism)
FAO	Food and Agriculture Organization of the United Nations
FFP	Office of Food for Peace
FtF	Feed the Future
GH	Bureau for Global Health
GLEE	Global Learning & Evidence Exchange
HANCI	Hunger and Nutrition Commitment Index
IPs	Implementing Partners
IR	Intermediate Result
MEL	Monitoring, Evaluation, and Learning
M&L	Monitoring & Learning
MAM	Management of moderate acute malnutrition
MDD-W	Minimum dietary diversity for women of reproductive age
MECap	Expanding Monitoring and Evaluation Capacities task order
MICS	Multiple Indicator Cluster Survey
MSNS	Multi-Sectoral Nutrition Strategy
PAD	Project Appraisal Document
PAR	Participatory Assessment and Reflection
PIRS	Performance Indicator Reference Sheet
POC	Point of Contact
PPR	Performance Plan and Report
RF	Results Framework
SAM	Management of severe acute malnutrition
SO	Strategic Objective
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally
SOW	Statement of Work
SUN	Scaling Up Nutrition Movement
TBD	To be determined
USAID	United States Agency for International Development
USG	United States Government
WASH	Water, sanitation, and hygiene

I. BACKGROUND AND OVERVIEW

I.A. PURPOSE AND USE

The Multi-Sectoral Nutrition Strategy (MSNS)[1], 2014-2025, reaffirms the commitment of the U.S. Agency for International Development (USAID) to global nutrition with an approach to address both the underlying and direct causes of malnutrition in development and humanitarian assistance programming across a variety of national and international stakeholders. The MSNS was developed by a team of dedicated USAID staff representing the full spectrum of USAID bureaus and offices, with the vision of setting and monitoring nutrition targets and managing nutrition funds and programs in a rigorous manner that focuses on high impact actions. Implementation of the MSNS is guided by the Agency Nutrition Monitoring and Learning Leadership Team (henceforth referred to as the Agency Nutrition M&L Team[2]) with support from an advisory group of Mission nutrition experts and managers.

The MSNS provides guidance on: 1) establishing linkages with complementary programs, 2) strengthening professional and institutional capacity to implement nutrition-specific and nutrition-sensitive programming and services (see Figure 3 for definitions), and 3) supporting the enabling policy environment as well as direct service delivery.

The purpose of this Monitoring and Learning (M&L) Plan is to provide the Agency Nutrition M&L Team with an approach and tools that build on existing monitoring and learning systems to conduct periodic assessments (scheduled for 2018, 2022, and 2025). The Agency Nutrition M&L Team will ensure that the periodic assessments:

i. Monitor progress on nutrition outcomes and reach at the MSNS's Goal, Strategic Objective, and Intermediate Result (IR) levels across select countries; and

ii. Assess the effect and utility of a multi-sectoral strategy on nutrition programming and results by answering the following questions:
    a. What is the current progress in implementation of the MSNS in select countries?
    b. How has the MSNS influenced the way programs are designed and implemented?
    c. What differences in nutrition outcomes are found in countries where the MSNS has been implemented to a greater or lesser extent?

The Plan defines an overall monitoring approach (see Section II) that is twofold: 1) monitoring progress in results and higher-level outcomes in countries and across identified Missions with nutrition programming and 2) monitoring implementation of the MSNS's guidance, principles, and approaches related to nutrition-specific and -sensitive programming. In addition, the Plan outlines a set of learning questions (see Section III). Section IV summarizes the methods and limitations of the periodic assessment. Section V describes key roles and responsibilities while Section VI details the timeline for Plan implementation.

This M&L Plan is intended to be dynamic and flexible, and includes a set of tools:

- **Indicator Definition and Management Tools:** Domain definitions (see Annex A), Indicator Matrix Table (see Annex B), Qualitative Data Table (see Annex C), and Performance Indicator Reference Sheets (PIRS) for indicators that are being collected (see Annex D).
- **Data Collection Tools:** A Mission data collection tool (in development) and a complementary participatory stakeholder feedback tool (to be piloted in 2018).
- **M&L Plan Management Tools:** Periodic Assessment Analysis Plan (see Annex E) and Work Plan Template (see Annex F).

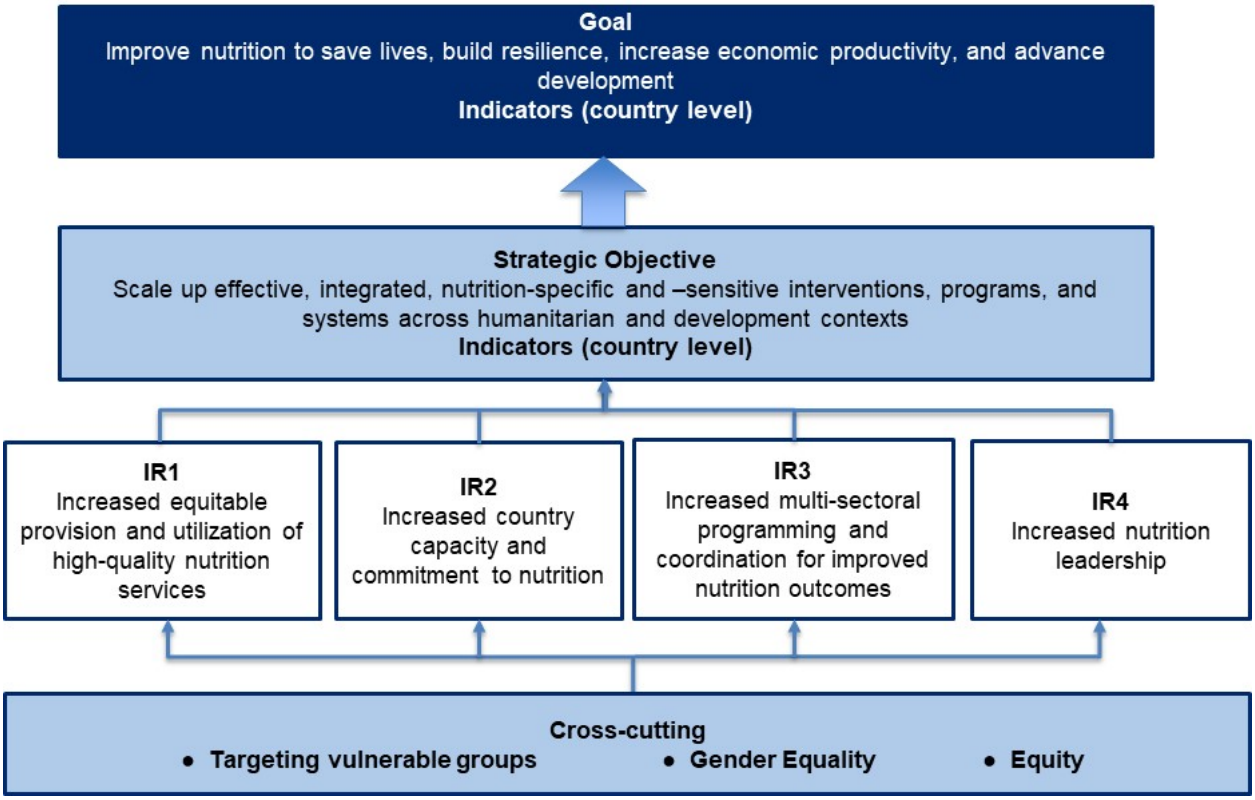
[1] Available at: https://www.usaid.gov/sites/default/files/documents/1867/USAID_Nutrition_Strategy_5-09_508.pdf.
[2] The Agency Nutrition M&L Team will include one activity manager/nutrition advisor from Bureau for Global Health (GH), Bureau for Food Security (BFS), and Food for Peace (FFP).

I.B. Results Framework

The MSNS addresses both direct and underlying causes of malnutrition, with a goal of improving nutrition to save lives, build resilience, increase economic productivity, and advance development. Achieving this Goal, and the related Strategic Objective, requires scaling up effective nutrition-specific and nutrition-sensitive interventions within and across projects and activities, and intensive coordination across sectors.

The MSNS's Results Framework (RF) in Figure 1 includes four IRs, with the first three focusing on the country level, while the fourth encompasses global-level activities. Each IR addresses equity, targeting vulnerable groups, and gender equality and female empowerment, as described in USAID Operational Guidance (ADS) Chapter 205: Integrating Gender Equality and Female Empowerment in USAID's Program Cycle.[3]

Figure 1: MSNS Results Framework



I.C. Programming Strategy

The MSNS includes a set of principles to guide implementation (Figure 2). The M&L Plan is structured to incorporate the guiding principles in various ways. For example, to reflect the principles of country-led policies and processes, engagement with the private sector, coordinated multi-sectoral approaches, and accountability and transparency, the Plan identifies qualitative data measures to examine the status of each of these principles in implementation.

[3] See USAID ADS Chapter 205: https://www.usaid.gov/ads/policy/200/205.

Figure 2: MSNS Guiding Principles[4]

Country-led policies and processes
Sustainable approaches
Accountability and transparency
Equity
Gender equality and female empowerment
Vulnerable groups
Resilience
Evidence-based
Coordinated multi-sectoral approaches
U.S. Government (USG) and international and regional partnerships
Engagement with the private sector

The MSNS envisions that Missions with nutrition programming will undertake steps to optimize USG investments by initiating actions to improve coordination, joint planning, and programming. Missions are responsible for tailoring implementation to the particular context of their programming and the country context. Some actions suggested by the MSNS are:

- Establishing inter-office multi-sectoral nutrition (and food security) working groups
- Appointing a nutrition point of contact (POC) in the Mission to help coordinate multi-sectoral nutrition planning and programming, and liaise with USAID/Washington and other USG agencies
- Ensuring that nutritional expertise is available to work with all sectors in a Mission
- Establishing inclusive, whole-of-government coordination with other USG agencies working in country on nutrition-related programming
- Establishing a multi-sectoral nutrition action plan with country targets and goals

The Strategic Objective is to scale up nutrition-specific and -sensitive programming as summarized in Figure 3.

Figure 3: MSNS Nutrition-Specific and -Sensitive Programming

Nutrition-specific programming addresses the immediate determinants of malnutrition and promotes good health and reduced disease risk for both mothers and their children.	*Nutrition-sensitive programming addresses the underlying and systemic causes of malnutrition.*
This programming includes: ● Management of severe acute malnutrition (SAM) ● Preventive zinc supplementation ● Promotion of breastfeeding ● Appropriate complementary feeding ● Management of moderate acute malnutrition (MAM) ● Periconceptual folic acid supplementation or fortification ● Maternal balanced energy protein supplementation ● Maternal multiple micronutrient supplementation ● Vitamin A supplementation ● Maternal calcium supplementation	*This programming includes:* ● Family planning: healthy timing and spacing of pregnancy ● Water, sanitation, and hygiene (WASH) ● Nutrition-sensitive agriculture ● Food safety and food processing ● Girls' and women's education ● Economic strengthening, livelihoods, and social protection

[4] Complete definitions of the MSNS Guiding Principles can be found on page 6 of the MSNS, 2014-2025.

II. MONITORING PLAN

II.A. MONITORING APPROACH OVERVIEW

The monitoring approach will be twofold: 1) monitor progress in results and higher-level outcomes in countries and across select Missions with nutrition programming and 2) monitor implementation of the MSNS's guidance, principles, and approaches related to nutrition-specific and -sensitive programming.

A set of quantitative indicators have been identified to monitor nutrition outcomes at the Goal and Strategic Objective levels. The nutrition outcomes are defined by internationally recognized measures and disaggregated by priority vulnerable populations for USAID programming, including women of reproductive age and children.

This M&L Plan[5] focuses monitoring of multi-sectoral nutrition programming at the IR-level.[6] The M&L Plan identifies a set of five domains and seven factors.[7] The five domains (defined in Annex A) align with the four MSNS IRs and provide an organizing framework for analysis with a focus on the Mission and country context. The domains contain factors that will be monitored with qualitative data and a subset of indicators. The factors are not exhaustive and can be modified or expanded as appropriate during the monitoring and iterative learning process described in this Plan. The M&L Plan focuses monitoring on countries that have nutrition and agriculture or health funds (see Annex G for the current list).

II.B. MONITORING INDICATORS AND QUALITATIVE MEASURES

The MSNS states that indicators should: 1) be applicable to and useful for project and activity management, 2) reflect key outputs and outcomes of USAID activities, including but not limited to service delivery, 3) support the plausible association between USAID's activities and the intended outcomes and impacts, and 4) be widely reported on so aggregation across and comparison among them is meaningful for accountability and learning.

The M&L Working Group, composed of experienced USAID specialists in the fields of monitoring, evaluation, and learning (MEL) and nutrition developed a set of indicators to measure the results included in the MSNS. The indicator selection process prioritized indicators that are already (or will be) collected regularly by a third-party source or by Missions and implementing partners for other types of reporting. Ultimately, data availability played a significant role in choosing indicators.

The M&L Plan uses established, accepted, and quality indicators to minimize any additional burden on Missions. The indicators are linked to the MSNS vision of reducing malnutrition rather than all aspects of nutrition outcomes. A matrix of indicators, definitions, reporting sources, disaggregation (where necessary), and the linkages to Goal, Strategic Objective, IR, and Cross-Cutting principles are outlined in Annex B. A table of the qualitative data measures is included in Annex C. Annex D includes the Performance Indicator Reference Sheets (PIRS) for the indicators that are currently collected. Each PIRS identifies the source and justification for use, as well as why the source was selected and frequency of data collection. Table 1 summarizes the proposed list of quantitative indicators for the Goal, Strategic Objective, and IRs 1-3.

[5] The Plan does not include a specific evaluation of the MSNS because the purpose of the Plan is to monitor and foster multi-sectoral initiatives, not to appraise their relative success.
[6] When the Plan was created, the M&L Working Group decided to monitor at the IR level since implementation occurs on a decentralized basis and varies across country programs.
[7] Factors are used to organize quantitative data relevant to processes associated with implementation for each IR. Together, the domains and factors provide a structure to mark progress and review the experiential, practice-based evidence about implementation and outcomes.

Table 1: List of Quantitative Indicators for Goal, Strategic Objective, and IRs 1-3

Goal Level
● Prevalence of stunted (HAZ < -2) under five (0-59 months) [National-level]
● Prevalence of wasted (HAZ < -2) under five (0-59 months) [National-level]
● Prevalence of overweight among children under five in USAID-supported countries
● Prevalence of anemia among children 6-59 months in USAID-supported countries
● Prevalence of anemia among women of reproductive age
● Prevalence of healthy weight among women of reproductive age
Strategic Objective Level
● Prevalence of exclusive breastfeeding children under six months of age [National-level]
● Prevalence of children 6-23 months receiving a minimum acceptable diet [National-level]
● Prevalence of women of reproductive age consuming a diet of minimum diversity [National-level]
● Prevalence of moderate to severe food insecurity based on the Food Insecurity Experience Scale (FIES) [National-level]
Intermediate Result Level
IR 1: Increased equitable provision and utilization of high-quality nutrition services
● Percentage of women who took iron tablets or syrup during most recent pregnancy for at least 90 days
● Percentage of children 6-59 months who were given vitamin A supplements in the past six months
● Number of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported nutrition programs
● Number of children under five who were admitted for treatment of moderate acute malnutrition
● Number of children under five who received treatment for severe acute malnutrition
● Number of children under five who received zinc supplementation during episode of diarrhea
● Number of children under five whose parents/caretakers received behavior change communication interventions that promote essential infant and young child feeding behaviors
● Number of pregnant women reached with nutrition-specific interventions through USG-supported programs
● Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs
● Number of learners in primary schools or equivalent non-school based settings reached with USG education
● Percentage of children age 12-23 months with all basic vaccines
● Couple years protection in USG-supported programs
● Percentage of female direct beneficiaries of USG nutrition-sensitive agriculture activities consuming a diet of minimum diversity
● Number of female direct beneficiaries participating in USG nutrition-sensitive agriculture activities
● Number of people gaining access to a basic sanitation service as a result of USG assistance
● Percentage of households with soap and water at a handwashing station commonly used by family members
IR 2: Increased country capacity and commitment to nutrition
● Budget for nutrition in place (Yes/No)
● National multi-sectoral nutrition plan or policy is in place that includes responding to emergency nutrition needs (Yes/No)
● Number of individuals receiving nutrition-related professional training through USG-supported programs
● DHS and/or Multiple Indicator Cluster Survey or comparable national nutrition survey conducted in the past three years (Yes/No)
IR 3: Increased multi-sectoral programming and coordination for improved nutrition outcomes
● Presence of a multi-sectoral and multi-stakeholder coordination mechanism (Yes/No)
Cross-Cutting
● Percentage of women participating in decisions on major household purchases
● Percentage of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income or employment)

The final reporting sources include the Demographic and Health Survey (DHS), Standard F indicators collected through the Performance Plan and Report (PPR), Food and Agriculture Organization of the United Nations (FAO), and the Hunger and Nutrition Commitment Index (HANCI).[8] As indicators are updated by the reporting source, the indicators included in this Plan will be adjusted to reflect any relevant changes.

In addition to the set of quantitative indicators included in Table 1, a set of qualitative measures have been identified (see Annex C). Given the nature of implementation under IR 4, the IR is monitored through qualitative measures, which will be collected during the periodic assessments and are summarized in Section IV.C.

III. LEARNING PLAN

The Learning Plan was developed in consultation with the M&L Working Group to contribute to the nutrition evidence base in three focus areas identified in the MSNS:

- Documenting the impact of nutrition-specific and -sensitive activities on nutrition outcomes with a focus on gender, equity, sustainability, and cost-effectiveness
- Identifying how to cost-effectively bring proven interventions to scale
- Identifying effective interventions in nutrition-sensitive sectors such as agriculture, food safety, humanitarian assistance, health and family planning, economic strengthening, education, early childhood care and development, and water, sanitation, and hygiene

In developing the Plan, the M&L Working Group developed a set of questions to focus learning at the IR level and during early implementation for the first focus area. The answers will build upon the learning underway at the country level (related to impact and effectiveness of programming, focus areas two and three) and will help the Agency Nutrition M&L Team adapt their strategy, programs, and interventions accordingly. These questions include:

1. What is the current progress of MSNS implementation in countries?
    a. How has the MSNS influenced the way programs are designed and implemented in countries?
    b. To what extent has the MSNS contributed to Mission capacity and processes, thereby creating an enabling environment?
    c. What are the challenges and opportunities for further supporting MSNS implementation?

2. Are there plausible links between the processes and implementation influenced by the MSNS and country-level indicators at the Goal, Strategic Objective, and IR levels?
    a. What differences in indicators are found in countries where the MSNS has been implemented to a greater or lesser extent?
    b. What approaches to implementation contribute to equity and gender equality?

The Learning Plan and its questions will focus on the periodic assessments, which will identify instances of quality activity implementation and expand understanding of the MSNS's effect on interventions. While the primary users of the Plan are USAID nutrition leadership and the Agency Nutrition M&L Team,

[8] Food Insecurity Experience Scale (FIES): http://www.fao.org/in-action/voices-of-the-hungry/fies/en; Hunger and Nutrition Commitment Index: http://www.hancindex.org/.

regional and international meetings on the MSNS are highly encouraged to promote learning and collaboration.

IV. PERIODIC ASSESSMENT PLAN: METHODS AND LIMITATIONS

IV.A. Periodic Assessment Plan Overview

To address the monitoring and learning questions, the Agency Nutrition M&L Team will oversee periodic assessments scheduled for 2018, 2022, and 2025 to examine the implementation of the MSNS since its inception in 2014. The assessments will serve as opportunities to engage stakeholders and inform learning around MSNS implementation. The process will facilitate reflection and dialogue to ensure support to the Missions for MSNS implementation is coordinated, grounded in evidence, and adjusted as necessary to remain effective.

The key steps are summarized as follows:

1) **Compilation of nutrition outcome and reach indicator data**. This will require additional analysis and estimation for years in which nutrition outcome data are not available. Reach indicator data will monitor progress in nutrition-specific and -sensitive programming at the population and activity level in the focal USAID countries.
2) **Collection of qualitative data** at the Mission and country stakeholder level. In addition to document review, this includes a Mission data collection tool. A participatory assessment and reflection (PAR) tool may be pilot tested in 2018 for possible inclusion as a method for stakeholder feedback.
3) **Analysis of quantitative and qualitative data** to examine how the implementation of multi-sectoral nutrition programming contributes to institutionalization, sustainability, and scale. For example, descriptive proxies for institutionalization are the processes within the Mission and country government for multi-sectoral coordination and collaboration. Indications of sustainability and scale, while more challenging, will be explored at the country level through the Mission qualitative data and case studies to examine national and sub-national processes and outcomes.

The compilation of indicators from existing sources and Mission-level qualitative data collection will be the basis for analysis and reflection. Detailed analysis plans will be developed at the time of periodic assessments (see Section IV.C. Qualitative Data Collection and Annex E: Periodic Assessment Analysis Plan). After the analysis of all data is complete and the summary report is finalized, a learning and reflection meeting among MSNS United States Government counterparts in Missions and at headquarters will be scheduled to address the findings and recommendations. Quantitative findings for countries will not be compared due to contextual differences. The findings of the assessments may prompt in-depth examinations of qualitative information concerning implementation. Throughout the process, the Agency Nutrition M&L Team will maintain consistent engagement with Missions for feedback to share and inform findings for future MSNS planning actions. Findings may also further inform and refine questions and data collection in 2022 and 2025.

IV.B. Quantitative Indicator Collection and Compilation

Data for all quantitative indicators will be collected, compiled, and analyzed at three key points (2018, 2022, and 2025). All indicators will be compiled from the designated sources (see Annex B) and entered into an indicator data tracking worksheet tool for the first key time point, 2018. Timing and availability of indicator values will be determined for each data source.

As available, indicators will be disaggregated by sex, age, urban versus rural populations, and income quintiles as appropriate and as data permit. MSNS and country summary tables will be generated for each indicator organized by Goal, Strategic Objective, and domain for each IR.

Indicators sourced from USAID's PPR are submitted annually by relevant USAID Missions. Any aggregation of sub-national level data will be performed by the operating unit prior to submission. Disaggregates (e.g., sex) are often recommended to operating units, but reporting disaggregates is not required.

IV.C. Qualitative Data Collection

A systematic collection of qualitative data will provide an assessment of the implementation of the MSNS, as well as contribute to a higher-level assessment of the MSNS's institutionalization, sustainability, and scale.

Document Review

The periodic assessments will draw upon Country Development Cooperation Strategies (CDCS), Project Appraisal Documents (PAD) when available, and evaluations to identify multi-sectoral processes (in design) and programming effectiveness (in implementation).

As part of the assessment periods, the Agency Nutrition M&L Team with input from the Mission advisory group may choose to conduct an internal review of completed evaluations to analyze common themes and findings, as well as advise Missions on evaluation statements of work (SOWs) and evaluation designs. Country-level performance and impact evaluations may be commissioned by USAID Missions that will address some or all of the three key areas identified in Section III, as well as describe challenges and lessons learned to implementing activities and interventions. Mission-based evaluations can be identified in the agency's evaluation registry. In addition, several country case studies of nutrition policy design and implementation will provide insights into the country context, such as those conducted by USAID's Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) Project, Food and Nutrition Technical Assistance (FANTA) Project, and other researchers which point to the importance of coordination and collaboration for working across sectors.[9]

Semi-structured Interviews

A semi-structured interview data collection tool and user guide are in development. Mission level semi-structured interviews will address each qualitative measure (see Annex C) and help the staff at Missions and headquarters to reflect on and analyze the extent to which the MSNS is contributing to changed processes and procedures, thereby creating an enabling environment for effectiveness in implementation.

An interviewer with qualitative methods skills and subject-matter expertise will conduct the interviews. Ideally, interviews will be conducted with all Missions. However, if this is not possible, a subset of Missions with MSNS implementation experience in several domains, and/or with a longer time frame of implementation, will be selected.

Data derived from the semi-structured interviews will be coded and analyzed according to its respective factor and domain to provide explanatory and descriptive information about implementation achievements, influences, challenges, and recommendations. This information will be compared and

[9] Kennedy, Eileen, et al. 2016. "Implementing Multisector Nutrition Programs in Ethiopia and Nepal: Challenges and Opportunities; From a Stakeholder Perspective," Food and Nutrition Bulletin 2016, Vol. 37(4S) S115-S123. https://usaidlearninglab.org/sites/default/files/resource/files/cla_case_competition_casestory_28_usaidmalawi_final.pdf; http://usaidlearninglab.org/library/monitoring%2c-evaluation%2c-and-learning-training.

combined with the monitoring indicator data to look for patterns of convergence and divergence across the countries along domains and the movement in indicators. In addition, the qualitative data will provide experiential knowledge from Missions about implementation that can be used to further learning and adaptation. Annex E includes the periodic assessment analysis plan for triangulation of the quantitative data and qualitative data.

A summary report will include a synthesis of findings of all interviews. The Mission interviews will be repeated in 2022 and 2025 to examine changes and patterns of MSNS implementation.

Stakeholder Feedback

Multi-sectoral Nutrition Global Learning and Evidence Exchanges (GLEEs) started in 2016 as a major vehicle for dissemination of the MSNS and presenting and gathering information on the current state of multi-sectoral nutrition evidence and implementation.[10] Similar events in the future may be useful sources of perspectives from the Missions on successes and challenges in implementation in specific regional and country contexts.

Through review of the Mission data, a subset of countries (identified during each assessment period) will be selected for more in-depth assessment to represent a range of implementation experiences and contexts. A participatory assessment and reflection (PAR) tool is a recommended qualitative assessment approach for engaging a subset of Missions and country stakeholders in more in-depth participatory assessment and reflection on multi-sectoral processes and outcomes. It will be pilot tested in 2018.

The number of countries in the subset will be determined according to information needed to answer learning question 2 (see Section III), which may require in-country stakeholder perspectives across sectors to explore plausible linkage with outcomes. This method will generate findings from a range of multi-sectoral stakeholders in-country involved in MSNS implementation through participatory analysis of challenges, achievements, and solutions. A skilled facilitator and qualitative methods specialist with subject matter expertise should work together to conduct the PAR, collect the data, analyze the findings, and write a report summarizing findings.

Participants will be a range of stakeholders who are engaged with MSNS implementation, including civil society, to be determined in consultation with Missions. This range of stakeholders could include national, district, and sub-district/community participants as relevant. The participatory assessment can be done through existing structures, such as working group meetings in which a Mission participates and can be integrated into a Mission's learning plans.

IV.D. LIMITATIONS

The quantitative indicators that will be compiled are from existing sources that may have data quality limitations beyond the control of this assessment.

- DHS data are reported roughly every five years for each country, but are not reliably available at set intervals. DHS data values will be extrapolated for years that data are not available. To estimate DHS-derived indicator values on average and within countries, the calculated change of the two data points available prior to 2014 will be used to extrapolate the yearly change for reporting in 2018. As data become available, the same approach will be employed to estimate and extrapolate indicator values for time points 2022 and 2025.

[10] GLEEs provide an overview of the MSNS, numerous technical and programmatic knowledge sessions, demonstrations and discussions of tools and approaches, and presentations on country collaboration and coordination.

- Standard F indicators may become available for countries on an annual basis; however, given that many of the indicators selected for this M&L Plan were newly introduced in 2016, data may not exist for the first time point for many countries. These indicators will be reported on as they become available. Reporting of Standard F indicators is also dependent on individual Missions and, as assigned, implementing partners that collect data as part of their MEL plans.
- FAO indicator data are the result of a statistical scale measuring an individual's perception of food and nutrition security. As with all such measures, perception is subject to bias.
- HANCI indicators are relatively new and may not be available for each year. They will be used as they become available.

The data collected through the surveys and interviews may be subject to bias of the respondents or incomplete knowledge of the respondents about the subject of the questions. To address the limitation of incomplete information, the data collection administrator should consult with the Missions and relevant USG headquarters country nutrition points of contact to determine which contact persons are best informed to be respondents for this data collection purpose. Bias by the analyst in this self-selected sample will be a limitation. This will be addressed by adhering to standard coding procedures and data cleaning.

V. ROLES AND RESPONSIBILITIES

The MSNS is implemented by Missions with nutrition-related programming. USAID/Washington bureaus play key contributing roles. The Agency Nutrition M&L Team is composed of technical experts in monitoring, evaluation, and learning from bureaus in USAID/Washington, and will provide technical oversight to the M&L Plan implementation. An advisory group of Mission nutrition experts and managers will support the Agency Nutrition M&L Team. The MSNS M&L Plan reaches across Food for Peace (FFP), Bureau for Food Security (BFS), and the Bureau for Global Health (GH). Activity management leadership will reside in the GH Nutrition Division. The GH MSNS activity manager will be responsible for final decision making and communication with implementers and other stakeholders.

The Agency Nutrition M&L Team and Mission advisory group will provide Missions with technical and strategic guidance, disseminate lessons learned and best practices from global research and evaluations, and support learning opportunities.

The main tasks in carrying out the Plan include: 1) quantitative data collection and compilation, 2) qualitative data collection, 3) periodic assessment analysis, and 4) sharing of findings and use in planning and implementation.

Both quantitative and qualitative data compilation and analysis will be completed by a contractor working with the Agency M&L Nutrition Team. A contractor will work with the Agency M&L Nutrition Team to prepare a report for dissemination for each of the three assessments. Within a few months of each report, a contractor will collaborate with the Agency M&L Nutrition Team to share the findings with USAID staff in Washington and Missions through workshops and webinars.

Implementation of the M&L Plan will include various levels of collaboration, each employing different roles for collaboration including:

- The Agency Nutrition M&L Team ensuring appropriate oversight and role designation for the monitoring and learning tasks relevant to planning and conducting the Plan assessments
- The Mission advisory group providing input and support to the Agency Nutrition M&L Team during all phases of Plan implementation

- Relevant BFS, GH, and FFP staff, Mission nutrition points of contact (POCs), and other sector counterparts, such as monitoring and learning advisors, reviewing the Plan and collaborating on utilizing the Mission data collection tool, along with planning the sharing and use of findings
- Nutrition POCs reporting their implementation of nutrition-specific and -sensitive programming in the Mission data collection tool and PAR, and coordinating the periodic assessment
- Missions and host country stakeholders engaging in learning and information exchanges
- Implementing partners collecting data, reporting on the indicators as part of their existing data collection efforts, and participating in the qualitative data collection.

A template for the M&L work plan is included in Annex F, with a detailed list of tasks. The main monitoring roles and responsibilities, with the frequency in parentheses are:

1) Quantitative and Qualitative Data Compilation and Collection

- Compile indicator data from identified sources (2018, 2022, 2025)
- Document review and country case studies (2018, 2022, 2025)
- Implement the Mission data collection tool, and recommended PAR (2018, 2022, 2025)

2) Analysis

- Analyze and synthesize data (indicators and Mission level qualitative data to answer Learning Question 1) (2018, 2022, 2025)
- Assess plausible linkages between indicators at the Goal, Strategic Objective, and IR levels through triangulation of qualitative and quantitative findings to answer Learning Question 2 (2018, 2022, 2025)
- Write a summary document for internal use on findings (2018, 2022, 2025)
- Produce a summary report for external audiences on findings (2018, 2022, 2025)
- Conduct a pause and reflect session (with the findings) within the Agency Nutrition M&L Team and Mission advisory group to prioritize findings for sharing (2018, 2022, 2025)

3) Sharing and Use of Findings

- Plan and share findings/lessons learned for improving implementation of the MSNS (2019, 2022, 2025); this will include participation of USG staff and external stakeholders in learning and use of findings through processes, platforms and products (e.g. pause and reflect sessions), GLEEs, podcasts, listservs, webinars, infographics, etc.
- Revise or adapt the monitoring indicators, domains, factors, data sources, and analysis approaches based on findings (as needed)
- Revise learning questions based on findings and lessons learned about the relevance for the intended purposes (as needed)

VI. TIMELINE

Data compilation, collection, and analysis will be carried out in 2018, 2022, and 2025. Additional time points for qualitative data collection will be determined after the 2018 data have been analyzed. While the same process of data collection and analysis is anticipated for 2020 and 2025, adjustments to the MSNS M&L Plan should be considered as needed based on the emergent lessons from 2018. Annex F provides a work plan template with indicative timelines for illustrative tasks and responsible parties for each time period.

ANNEXES

ANNEX A: DOMAIN DEFINITIONS AND CROSS-CUTTING PRINCIPLES

This Annex describes the domains and factors that will organize the analyses conducted during the three Periodic Assessment periods. The domains align with the Multi-Sectoral Nutrition Strategy (MSNS) Intermediate Results (IRs). The domains contain factors that will be measured with qualitative methods and a subset of indicators. The domains and factors do not replace sub-IR indicators but are meant to track multi-sectoral processes and systems. The domains were identified through review of the MSNS and a desk review of the presentations about multi-sectoral nutrition awareness and action given by Mission staff at the regional Agriculture/Nutrition Global Learning and Evidence Exchanges (GLEEs).

DOMAIN: NUTRITION SERVICE PROVISION & UTILIZATION (IR 1)

Presence and reach of nutrition-specific services to address the immediate determinants of malnutrition and nutrition-sensitive programs to address the underlying and systemic causes of malnutrition.

Factors:

- Presence/Reach of nutrition-specific services
- Presence/Reach of nutrition-sensitive programming

DOMAIN: COUNTRY CAPACITY AND COMMITMENT (IR 2)

Support country and community-led policies, strategies, and processes. USAID will partner with governments, civil society, private sector, researchers and universities, and other stakeholders to leverage resources, promote coordinated multi-sectoral actions, and advance country priorities.

Factors:

- Support to country capacity & ownership
- Policy
- Government human resources
- Government budget
- Non-governmental institutions' capacity

DOMAIN: MULTI-SECTORAL DESIGN AND PLANNING (IR 3)

Promote and strengthen coordinated multi-sectoral efforts in design and planning for nutrition across sectors (health, agriculture, water, sanitation and hygiene [WASH], environment, early child care and development, education, economic growth, and social protection) as well as geographic convergence of multi-sectoral interventions/services to address the multiple causes of malnutrition. Coordination is defined as the aim of exchanging information and altering activities for mutual benefit and to achieve a common purpose for nutrition.

Factors:

- Structures for cross-sector coordination & collaboration
- Coordinated program design & planning
- Integration of nutrition-specific & -sensitive programs

DOMAIN: MULTI-SECTORAL PROGRAMMING AND LEARNING (IR 3)

Promote and strengthen coordinated multi-sectoral efforts in implementing programs and learning for nutrition across sectors (health, agriculture, WASH, environment, early child care and development, education, economic growth, and social protection) as well as geographic convergence of multi-sectoral interventions/services to address the multiple causes of malnutrition. Coordination is defined as exchanging information and altering activities for mutual benefit and to achieve a common purpose for nutrition.

Factors:

- Coordinated program implementation
- Coordinated use of data for learning

DOMAIN: LEADERSHIP COORDINATION AND COLLABORATION (IR 4)

Partner with other U.S. Government agencies, bilateral and multi-sectoral donors, United Nations agencies, civil society, regional organizations, and implementing partners to ensure coordinated multi-sectoral nutrition efforts and maximize the expertise and resources across organizations. (Coordination: Exchanging information and altering activities for mutual benefit and to achieve a common purpose. Collaboration: Exchanging information, altering activities, sharing resources, and enhancing one another's capacity for mutual benefit and to achieve a common purpose).

Factors:

- Mission-wide coordinated design & planning
- Coordination & collaboration working across USG & global initiatives

CROSS-CUTTING GUIDING PRINCIPLES

Equity: Commit to reaching urban and rural populations, ensuring coverage for the poor and hard-to-reach regardless of gender, class, caste, ethnicity, or sexual orientation.

Gender equality and female empowerment: Support the core development objective of promoting gender equality: working with women, girls, men, and boys to support change in attitudes, behaviors, roles, and responsibilities at home, in the workplace, and in the community; and female empowerment: promoting the ability of women and girls to act freely, exercise their rights, and fulfill their potential as full and equal members of society. USAID programs will be designed with a gender lens and a focus on improving women's nutritional status.

Vulnerable groups: Target resources and programs to the most vulnerable populations including women of reproductive age, pregnant and lactating women and their children in the first two years of life (the 1,000-day window of opportunity), children under five, children in adversity, adolescent girls, people with disabilities, people with infectious diseases, people with nutrition-related non-communicable diseases, people impacted by humanitarian crises, and people living in extreme poverty.

Sustainable approaches: Support country capacity development, systems strengthening, and cost-effective approaches to help ensure nutrition improvements are sustainable over time.

Accountability and transparency: Commit to ensuring openness and full, accurate, and timely disclosure of information and communication on a regular basis.

Resilience: Support programs and policy actions that ensure the ability of people, households, communities, countries, and systems (social, economic, ecological, and other) to mitigate, adapt to, and recover from shocks and stresses in a manner that reduces chronic vulnerability and facilitates inclusive growth. These efforts will focus on people and places at the intersection of chronic poverty and exposure to shocks and stresses who are subject to recurrent crisis.

Evidence-based: Support evidence-based nutrition programming based on rigorous research and field application; strengthen evaluation and learning; increase the documentation of implementation successes and failures; and disseminate best practices and apply lessons learned throughout the Agency and global nutrition community.

Engagement with the private sector: Promote the substantial engagement of the private sector globally and in countries and support increased coordination between the public and private sectors.

This page left intentionally blank

ANNEX B: INDICATOR MATRIX TABLE

Domain	Factor	Indicator Ref. No. & Definition		Reporting Source	Disaggregation[1]	Outcome Pathways/ Linkages
Goal: Improve nutrition to save lives, build resilience, increase economic productivity, and advance development						
N/A	Country-level nutrional outcome measures	G1.1	Prevalence of stunted (HAZ <-2) children under five (0-59 months) [National-level]	FTF as reported in DHS	U/R, Quintile	SO 1-4 G1.6 IR1.1-19, CG1.1-5
		G1.2	Prevalence of wasted (HAZ <-2) children under five (0-59 months) [National-level]	FTF as reported in DHS	U/R, Quintile	SO 1-4 G1.6 IR1.1-19, CG1.1-5
		G1.3	Prevalence of overweight among children under five in USAID-supported countries	DHS	U/R, Quintile	IR1.3, IR1.4, IR1.8
		G1.4	Prevalence of anemia among children 6-59 months in USAID-supported countries	DHS	U/R, Quintile	SO1.1-4 G1.6, CG1.1-5
		G1.5	Prevalence of anemia among women of reproductive age	FTF as reported in DHS	U/R, Quintile	IR1.1 IR1.5 IR1.13-19 SO1.3, CG1.1-5
		G1.6	Prevalence of healthy weight among women of reproductive age	DHS	U/R, Quintile	IR1.1 IR1.5 IR1.13-19 SO1.3, CG1.1-5
Strategic Objective: Scale up effective, integrated nutrition-specific and -sensitive interventions, programs, and systems across humanitarian and development contexts						
N/A	Country-level nutritional outcome measures	SO1.1	Prevalence of exclusive breastfeeding of children under six months of age [National-level]	FTF as reported in DHS	U/R, Quintile	IR1.4, IR1.5, IR1.11, IR1.12
		SO1.2	Prevalence of children 6-23 months receiving a minimum acceptable diet [National-level]	FTF as reported in DHS	U/R, Quintile	IR1.4, IR1.5, IR1.11, IR1.12
		SO1.3	Prevalence of women of reproductive age consuming a diet of minimum diversity [National-level]	FTF as reported in DHS	U/R, Quintile	IR1.5, IR1.11, IR1.13-14, CG1.1-5
		SO1.4	Prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES) [National-level]	FTF as reported in FAO (Voices of the Hungry)	None	G1.1, 1.2, 1.4, 1.5-1.6, IR1.12-IR1.15
IR1: Increased equitable provision and utilization of high-quality nutrition services						
Service Provision & Utilization	Reach of Nutrition-Specific Service Provision and Utilization	IR1.1	Percentage of women who took iron tablets or syrup during most recent pregnancy for at least 90 days	DHS	U/R, Quintile	IR1.4, IR1.5,IR1.8, IR1.11, IR1.13-14, G1.1, G1.2, G1.4,G1.5
		IR1.2	Percentage of children 6-59 months who were given vitamin A supplements in the past six months	DHS	M/F, U/R, Quintile	G1.1, G1.2, G1.4, G1.5, G1.6, SO1.1-SO1.4
		IR1.3	Number of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported nutrition programs (HL.9-1)	PPR	M/F	G1.1, G1.2, G1.4, G1.5, G1.6, SO1.1-SO1.4
		IR1.4	Number of children under five who were admitted for treatment of moderate acute malnutrition (Disaggregate of HL.9-1)	PPR	None	G1.1-1.6, SO1.1-SO1.4
		IR1.5	Number of children under five who received treatment for severe acute malnutrition (Disaggregate of HL.9-1)	PPR	None	G1.1, G1.2, G1.4, G1.5, G1.6, SO1.1-SO1.4
		IR1.6	Number of children under five who received zinc supplementation during episode of diarrhea (Disaggregate of HL.9-1)	PPR	None	G1.1, G1.2, G1.4, G1.5, G1.6, SO1.1-SO1.4
		IR1.7	Number of children under five whose parents/caretakers received behavior change communication interventions that promote essential infant and young child feeding behaviors (Disaggregate of HL.9-1)	PPR	None	G1.1, G1.2, G1.4, G1.5, G1.6, SO1.1-SO1.4
		IR1.8	Number of pregnant women reached with nutrition-specific interventions through USG-supported programs (HL.9-3)	PPR	Age (<19 years, >=19 years)	IR2.1-IR2.7,G1.1-G1.5
		IR1.9	Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs (HL.9-2)	PPR	M/F	G1.1-1.6, SO1.1-SO1.4

ANNEX B: INDICATOR MATRIX TABLE

Domain	Factor	Indicator Ref. No. & Definition		Reporting Source	Disaggregation[1]	Outcome Pathways/ Linkages
Service Provision & Utilization (cont'd)	Reach of Nutrition-Sensitive Programming	IR1.10	Number of learners in primary schools or equivalent non-school based settings reached with USG education assistance (ES.1-3)	PPR	M/F, Age	G1.1-1.6, SO1.1-SO1.4
		IR1.11	Percentage of children age 12-23 months with all basic vaccines	DHS	M/F, U/R, Quintile	G1.1, G1.2, G1.4, G1.5, G1.6, SO1.1-SO1.4
		IR1.12	Couple years protection in USG-supported programs (HL.7.1-1)	PPR	U/R	G1.1, G1.2, G1.4, G1.5, G1.6, SO1.1-SO1.4
		IR1.13	Percentage of female direct beneficiaries of USG nutrition-sensitive agriculture activities consuming a diet of minimum diversity (EG.3.3-10)	PPR	Numerator, Denominator	G1.1, G1.2, G1.4, G1.5, G1.6, SO1.1-SO1.4
		IR1.14	Number of female direct beneficiaries participating in USG nutrition-sensitive agriculture activities (Disaggregate of EG.3.3-10)	PPR	None	G1.1, G1.2, G1.4, G1.5, G1.6, SO1.1-SO1.4
		IR1.15	Number of people gaining access to a basic sanitation service as a result of USG assistance (HL.8.2-2)	PPR	U/R, Quintile	G1.1, G1.2,G1.4, G1.5
		IR1.16	Percentage of households with soap and water at a handwashing station commonly used by family members (HL.8.2-5)	PPR	U/R	G1.1, G1.2,G1.4, G1.5
IR2: Increased country capacity and commitment to nutrition						
Country Capacity & Commitment	Government Budget positioned for nutrition goals	IR2.1	Budget for Nutrition in place (yes/no) / Hunger and Nutrition Commitment Index (HANCI)	HANCI, Secondary source	None	All of the above
	Supporting programs and policy actions that strengthen country capacity and ownership	IR2.2	A national multi-sectoral nutrition plan or policy is in place that includes responding to emergency nutrition needs (yes/no) (HL.9-5)	PPR	None	All of the above
		IR2.3	Number of individuals receiving nutrition-related professional training through USG-supported programs (yes/no) (HL.9-4)	PPR	Sex (M/F)	All of the above
		IR2.4	Demographic and Health Survey / Multiple Indicator Cluster Survey /comparable national nutrition survey conducted in the past three years / Hunger and Nutrition Commitment Index (HANCI)	HANCI, Secondary source	None	All of the above
IR3: Increased multi-sectoral programming and coordination for improved nutrition outcomes						
Multi-sectoral Design & Planning	Structures for coordination and collaboration across sectors and stakeholders	IR3.1	Presence of a multi-sectoral and multi-stakeholder coordination mechanism -- Yes/No / Hunger and Nutrition Commitment Index (HANCI)	HANCI, Secondary source	None	All of the above
Cross-cutting						
	Gender equality/female empowerment	CG1.1	Percentage of women participating in decisions on major household purchases	DHS	U/R, Quintile	All of the above
		CG1.2	Percentage of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income or employment) (Standard F GNDR-2)	PPR	Numerator, Denominator	All of the above

ANNEX C: QUALITATIVE DATA TABLE

Domain	Factor	Qualitative Measure (descriptive, contextual information will be collected about systems, processes, achievements, influences, challenges)	Data Source
IR2: Increased country capacity and commitment to nutrition			
Capacity & Commitment	Supporting programs and policy actions that strengthen country capacity and ownership	Design/implementation with specific country capacity and ownership efforts	CDCS/PADs/Mission qualitative data
	Government Policy positioned for nutrition goals	Policy specified for nutrition (descriptive information)	Mission qualitative data /SUN Joint Assessment reports
	Government Budget positioned for nutrition goals	Budget specified for nutrition (descriptive information)	Mission qualitative data /SUN Joint Assessment reports
	Government Human Resources positioned for nutrition goals	Human resources capacity building efforts specified for nutrition goals (descriptive information)	Mission qualitative data /SUN Joint Assessment reports
	Country non-governmental institutions positioned for nutrition goals	Partnering with: Academic and education institutions Research institutions (including M&E) Private Facility-based and program staff Civil society organizations (CSOs)	Mission qualitative data /SUN Joint Assessment reports
IR3: Increased multi-sectoral programming and coordination for improved nutrition outcomes			
Multi-Sectoral Design & Planning	Means of coordination between country government, other USG agencies, other donors, private and civil society entities working on multi-sectoral nutrition initiatives	Means of coordination (regular meetings, information sharing) with other USG agencies (and other donors/private entities) working on nutrition-related initiatives	Mission qualitative data /SUN Joint Assessment reports
		Coordination Office established by partner Government Ministry	Mission qualitative data /SUN Joint Assessment reports
		Cross-sectoral processes within Mission (also relevant to IR4)	Mission qualitative data
	Joint planning of efforts across country government ministries/sectors on multi-sectoral nutrition initiatives	Joint planning across government sectors for multi-sectoral nutrition	Mission qualitative data /SUN Joint Assessment reports
Multi-Sectoral Programming and Learning	Joint implementation/use of data for M&E and learning	Discrete joint implementation/use of data for monitoring and learning; across Mission offices/sectors, with partner government, other USG agencies, other donors, civil society, and the private sector	Mission qualitative data
	Joint implementation of efforts across country government ministries/partners on multi-sectoral nutrition initiatives	Countries implementing nutrition-sensitive &/or nutrition-specific systems across sectors	Mission qualitative data
	Nutrition-sensitive programs implemented	Descriptive by type of program intervention and sector(s), years	Mission qualitative data
	Nutrition-specific programs implemented	Descriptive by type of program intervention and sector(s), years	Mission qualitative data
	Integration of Nutrition-specific and Nutrition-senstive interventions	Descriptive (co-location, cross sector systems, sector roles, years)	Mission qualitative data
IR4: Increased nutrition leadership			
Leadership Coordination and Collaboration (Note there are synergies with IR 2 & 3)	Mission-wide design and planning for Multi-sectoral nutrition (also relevant to IR3)	Supporting Mission cross-sectoral design and planning, across offices through resources and processes e.g. Point of Contact (POC) at Mission with relevant technical background and time to work across sectors at Mission	CDCS/PADs/Mission qualitative data
	Mission involved in coordination and/or collaboration across USG and global initiatives supporting multi-sectoral country-level nutrition sensitive and/or nutrition specific actions	Means of coordination (regular meetings, information sharing) with other USG agencies working on nutrition-related initiatives	Mission qualitative data
		Mission coordination and/or collaboration in global multisectoral initiatives	CDCS/PADs/Mission qualitative data

ANNEX C: QUALITATIVE DATA TABLE

Domain	Factor	Qualitative Measure (descriptive, contextual information will be collected about systems, processes, achievements, influences, challenges)	Data Source
Cross-cutting			
	Gender equality and female empowerment	Supporting programs working with women, girls, men, and boys to support change in attitudes, behaviors, roles, and responsibilities at home, in the workplace, and in the community; and female empowerment: promoting the ability of women and girls to act freely, exercise their rights, and fulfill their potential as full and equal members of society	Mission qualitative data
	Targeting Vulnerable Groups (reaching poor and hard-to-reach urban & rural populations)	Targeting resources and programs to the most vulnerable populations including women of reproductive age, pregnant and lactating women and their children in the first two years of life (the 1,000 day window of opportunity), children under five, children in adversity, adolescent girls, people with disabilities, people with infectious diseases, people with nutrition-related non-communicable diseases, people impacted by humanitarian crises, and people living in extreme poverty.	Mission qualitative data
	Sustainability	Supporting design, implementation of sustainability in nutrition outcomes	CDCS/PADs/Mission qualitative data
	Resilience; program & policy support	Supporting programs and policy actions that build resilience	CDCS/PADs/Mission qualitative data
	Accountability and transparency	Supporting programs and policy actions for accountability, transparency	CDCS/PADs/Mission qualitative data
	Evidence-based nutrition programming	Evidence-based nutrition programming based on rigorous research and field application	CDCS/PADs/Mission qualitative data
	Engagement with the Private Sector	Supporting increased engagement between private and public sectors	CDCS/PADs/Mission qualitative data

ANNEX D: PERFORMANCE INDICATOR REFERENCE SHEETS

NOTE: Indicator reference sheets are intended to be "living" documents and continually updated and adapted, as necessary, to the Agency Nutrition Monitoring and Learning Team needs and use or application. Specific fields in the following indicator reference sheets, while based on the recommended USAID indicator reference sheet template, have been adapted to use for the operationalization of the MSNS M&L Plan. These initial draft indicator reference sheets have drawn on existing indicator reference sheets for data that are already being collected. As existing PIRS are updated (e.g. Global Food Security Strategy) these indicator reference sheets should be updated.

[1] Note: PIRS have been completed and will be updated as necessary.

Ref. No.	Indicator	Source	PIRS Status	Page Number
IR1.5	Number of children under five who received treatment for severe acute malnutrition	PPR	Completed	29
IR1.6	Number of children under five who received zinc supplementation during episode of diarrhea	PPR	Completed	32
IR1.7	Number of children under five whose parents/caretakers received behavior change communication interventions that promote essential infant and young child feeding behaviors	PPR	Completed	35
IR1.8	Number of pregnant women reached with nutrition-specific interventions through USG-supported programs	PPR	Completed	38
IR1.9	Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs	PPR	Completed	41
IR1.10	Number of learners in primary schools or equivalent non-school based settings reached with USG education assistance	PPR	Completed	43
IR1.11	Percentage of children age 12-23 months with all basic vaccines	PPR	Completed	45
IR1.12	Couple years protection in USG-supported programs	PPR	Completed	46
IR1.13	Percentage of female direct beneficiaries of USG nutrition-sensitive agriculture activities consuming a diet of minimum diversity	PPR	Completed	47
IR1.14	Number of female direct beneficiaries of USG nutrition-sensitive agriculture activities	PPR	Completed	50
IR1.15	Number of people gaining access to a basic sanitation service as a result of USG assistance	PPR	Completed	51
IR1.16	Percentage of households with soap and water at a handwashing station commonly used by family members	PPR	Completed	53
IR2.1	Budget for Nutrition in place	HANCI	Completed	55
IR2.2	A national multi-sectoral nutrition plan or policy is in place that includes responding to emergency nutrition needs	PPR	Completed	56
IR2.3	Number of individuals receiving nutrition-related professional training through USG-supported programs	PPR	Completed	58
IR2.4	Demographic and Health Survey / Multiple Indicator Cluster Survey /comparable national nutrition survey conducted in the past three years	HANCI	Completed	60
IR3.1	Presence of a multi-sectoral & multi-stakeholder coordination mechanism	HANCI	Completed	61
Cross-cutting				
CC1.1	Percentage of women participating in decisions on major household purchases	DHS	Completed	62
CC1.2	Percentage of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income or employment)	PPR	Completed	63

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. G1.1**
INDICATOR: Prevalence of stunted (HAZ < -2) children under five (0-59 months) [National-level]
MSNS RF Alignment ***Goal: Improve nutrition to save lives, build resilience, increase economic productivity, and advance development*** *DOMAIN: Country-level nutritional outcome measures*
Is this a PPR indicator? No ✓
DESCRIPTION
Precise Definition(s): Stunting is a length-for age (for children 0-23 months of age, who are measured lying down) or height-for-age (for children 24-59 months of age, who are measured standing up) measurement that is a reflection of chronic undernutrition. This indicator measures the percent of children 0-59 months at a country-level who are stunted, as defined by a length-for-age z-score (LAZ, for children 0-23 months of age) or height-for age z-score (HAZ, for children 24-59 months of age) less than -2. The z-score indicates how many standard deviations the child is from the median weight-for-height for a child of the same sex and age using the 2006 WHO Child Growth Standards. Although different levels of severity of stunting can be measured, this indicator measures the prevalence of all stunting, i.e. both moderate and severe stunting combined. While stunting is difficult to measure in children 0-6 months and most stunting occurs in the range of-9-23 months (1,000-days), this indicator reports on all children under 59 months to capture the impact of interventions over time and to align with Demographic and Health Surveys (DHS) data. The numerator for this indicator is the sample-weighted number of children 0-23 months in the sample with LAZ<-2 plus the sample-weighted number of children 24-59 months in the sample with HAZ<-2. The denominator is the sample-weighted number of children 0-59 months in the sample with LAZ or HAZ data.
Unit of Measure: Percentage of children
Data type: Impact
Disaggregation: Urban/Rural, Quintile
Justification & Management Utility (Rationale/What it measures): This indicator is the equivalent of HL.9-b: Prevalence of wasted (WH -2) children under five years of age at the ZOI level. Because Feed the Future phase two emphasizes market linkages, systemic changes, the enabling environment and complementary investments in health systems, this indicator measures the impact beyond the ZOI from systemic and economy-wide effects of Feed the Future interventions. Reporting stunting level in the entire country also allows for comparing the nutrition situation in the Zone of Influence to the situation at the national level, and track differential changes happening in the ZOI. This indicator aligns with SDG2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture. Stunted, wasted, and underweight children under 5 years of age are the three major nutritional indicators. Stunting is an indicator of linear growth retardation, most often due to prolonged exposure to an inadequate diet and poor health. Reducing the prevalence of stunting among children, particularly those age zero to 23 months, is important because linear growth deficits accrued early in life are associated with cognitive impairments, poor educational performance, and decreased work productivity among adults. Better nutrition leads to increased cognitive and physical abilities, thus improving individual productivity in general, including improved agricultural productivity.
PLAN FOR DATA COLLECTION
Data Source(s): Data for this indicator for the purposes of the MSNS will be sourced through the DHS. The FTF PIRS states that Primary data: National-level population-based representative sample survey supported under the LSMS-ISA+ national data systems strengthening activity Secondary data: MEASURE DHS, UNICEF MICS or National Nutrition Survey
Method of Data Compilation at the MSNS level: At each time point (2018, 2022, 2025), country-level data will be aggregated across countries with a population-weighted average. In years where data are not reported by OUs, it will be estimated based on prior-year levels.

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. G1.1**
Collection, calculation/measurement description at activity implementation level: National nutrition surveys, population-based health surveys with nutrition modules, national surveillance systems.
Frequency & Timing of Data Acquisition: DHS survey collection is contingent on a number of factors including, but not limited to country context. Data collection is conducted approximately every five years.
Estimated Cost of Data Acquisition: Nominal, time
Location of data storage: DHS Reports
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any): There are two key limitations: the frequency and predictability of reporting periods which may not be reliably timed, and survey areas, both of which are beyond the control of USAID. Survey areas may not be a precise fit with USAID implementation areas.
PLAN FOR DATA ANALYSIS and USE
Data Analysis: In years for which data are not reported, it will be extrapolated using the average annual rate of change (AARC) between the last two data points available from prior years. Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a high prevalence rate, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to lower the prevalence of stunted children under five.
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 02/22/2018

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. G1.2**
INDICATOR: Prevalence of wasted (WHZ < -2) children under five 0-59 months [National Level]
MSNS RF Alignment ***Goal: Improve nutrition to save lives, build resilience, increase economic productivity, and advance development*** *DOMAIN: Country-level nutritional outcome measures*
Is this a PPR indicator? No ✓
DESCRIPTION
Precise Definition: Although different levels of severity of wasting can be measured, this indicator measures the prevalence of all wasting, i.e. both moderate and severe wasting combined. This indicator measures the percent of children 0-59 months who are acutely malnourished, as defined by a weight for height Z score < -2. The numerator for the indicator is the sample-weighted number of children 0-59 months in the sample with a weight for height Z score < -2. The denominator is the sample-weighted number of children 0-59 months in the sample with weight for height Z score data.
Unit of Measure: Percentage of children
Data type: Context
Disaggregation: Urban/Rural, Quintile
Justification & Management Utility (Rationale/What it measures): This indicator is a context indicator equivalent of HL.9-a: Prevalence of wasted (WHZ < -2) children under five years of age at the ZOI level. Monitoring wasting at the national level allows for comparisons with the nutrition situation in the Zone of Influence, and tracking of differential changes happening in the ZOI. This indicator is a SDG2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture indicator. Stunted, wasted, and underweight children under 5 years of age are the three major nutritional indicators. Wasting is an indicator of acute malnutrition. Children who are wasted are too thin for their height, and have a much greater risk of dying than children who are not wasted.
PLAN FOR DATA COLLECTION
Data Source(s): Data for this indicator for the purposes of the MSNS will be sourced through the DHS. The FTF PIRS states that Primary data: National-level population-based representative sample survey supported under the LSMS-ISA+ national data systems strengthening activity Secondary data: MEASURE DHS, UNICEF MICS or National Nutrition Survey
Method of Data Compilation at the MSNS level: At each time point (2018, 2022, 2025), country-level data will be aggregated across countries with a population-weighted average. In years where data are not reported by OUs, it will be estimated based on prior-year levels.
Collection, calculation/measurement description at activity implementation level: National nutrition surveys, population-based health surveys with nutrition modules, national surveillance systems.
Frequency & Timing of Data Acquisition: Reported when data are available
Estimated Cost of Data Acquisition: Nominal, time
Location of data storage: LSMS-ISA+ national data systems strengthening activity, MEASURE DHS, UNICEF MICS or National Nutrition Survey
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any): There are two key limitations: the frequency and predictability of reporting periods which may not be reliably timed, and survey areas, both of which are beyond the control of USAID. Survey areas may not be a precise fit with USAID implementation areas.
PLAN FOR DATA ANALYSIS and USE
Data Analysis: In years for which data are not reported, it will be extrapolated using the average annual rate of change (AARC) between the last two data points available from prior years. Analysis will

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. G1.2**
include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a high prevalence rate, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to lower the prevalence of wasted children under five.
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 2/22/2018

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. G1.3**
INDICATOR: Prevalence of overweight children under five in USAID-supported countries
MSNS RF Alignment ***Goal: Improve nutrition to save lives, build resilience, increase economic productivity, and advance development*** *DOMAIN: Country-level nutritional outcome measures*
Is this a PPR indicator? No ✓
DESCRIPTION
Precise Definition(s): Prevalence of children aged < 5 years who are overweight for age, defined as above +2 standard deviations of the WHO Child Growth Standards median. Prevalence should be calculated as (number of children aged 0–59 months whose z-score is over two standard deviations above the median weight-for-height of the WHO Child Growth Standards/total number of children aged 0–59 months who were measured) x 100.
Unit of Measure: Percentage of children
Data type: Outcome
Disaggregation: Urban/Rural, Quintile
Justification & Management Utility (Rationale/What it measures): This indicator is used to measure nutritional imbalance resulting in overnutrition (i.e. overweight). Child growth is internationally recognized as an important indicator of nutritional status and health in populations. Childhood obesity is associated with a higher probability of obesity in adulthood, which can lead to a variety of disabilities and diseases, such as diabetes and cardiovascular diseases. The risks for most noncommunicable diseases resulting from obesity depend partly on the age at onset and the duration of obesity. Obese children and adolescents are likely to suffer from both short-term and long-term health consequences, the most significant being: cardiovascular diseases, mainly heart disease and stroke; diabetes; musculoskeletal disorders, especially osteoarthritis; and cancer.
PLAN FOR DATA COLLECTION
Data Source(s): Demographic and Health Surveys (DHS)
Method of Data Compilation at the MSNS level: At each time point (2018, 2022, 2025), country-level data will be aggregated across countries with a population-weighted average. In years where data are not reported by OUs, it will be estimated based on prior-year levels.
Collection, calculation/measurement description at activity implementation level: National nutrition surveys, population-based health surveys with nutrition modules, national surveillance systems.
Frequency & Timing of Data Acquisition: DHS survey collection is contingent on a number of factors including, but not limited to country context. Data collection is conducted approximately every five years.
Estimated Cost of Data Acquisition: Nominal, time
Location of data storage: DHS Reports
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any): There are two key limitations: the frequency and predictability of reporting periods which may not be reliably timed, and survey areas, both of which are beyond the control of USAID. Survey areas may not be a precise fit with USAID implementation areas.
PLAN FOR DATA ANALYSIS and USE
Data Analysis: In years for which data are not reported, it will be extrapolated using the average annual rate of change (AARC) between the last two data points available from prior years. Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a high prevalence rate, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to lower the prevalence of overweight children under five.
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 02/08/2018

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. G1.4**
INDICATOR: Prevalence of anemia among children 6-59 months in USAID-supported countries
MSNS RF Alignment ***Goal: Improve nutrition to save lives, build resilience, increase economic productivity, and advance development*** *DOMAIN: Country-level nutritional outcome measures*
Is this a PPR indicator? No ✓
DESCRIPTION
Precise Definition(s): Anemia is measured by hemoglobin concentration in the blood and, for this indicator, is collected among children 6-59 months. Children with a hemoglobin concentration less than 11g/dl are classified as anemic. Note that a similar indicator exists to measure anemia as associated with malaria. Although it may be difficult to determine whether a child's anemia is being caused by malaria or nutritional factors, report results under this indicator when measuring as part of a nutrition-related intervention and report results when measuring as part of a malaria-related intervention.
Unit of Measure: Percentage of children
Data type: Outcome
Disaggregation: Urban/Rural, Quintile
Justification & Management Utility (Rationale/What it measures): This indicator highlights the importance of micronutrient nutrition (iron status, in particular) for child health and development. Child anemia is associated with adverse consequences for child growth and development, including increased morbidity and impaired cognitive development. Reducing undernutrition by a measurement of underweight, stunting, child's anemia or maternal anemia is the overall goal of both FTF and the Global Health Initiative (GHI).
PLAN FOR DATA COLLECTION
Data Source(s): Demographic and Health Surveys (DHS)
Method of Data Compilation at the MSNS level: At each time point (2018, 2022, 2025), country-level data will be aggregated across countries with a population-weighted average. In years where data are not reported by OUs, it will be estimated based on prior-year levels.
Collection, calculation/measurement description at activity implementation level: National nutrition surveys, population-based health surveys with nutrition modules, national surveillance systems.
Frequency & Timing of Data Acquisition: DHS survey collection is contingent on a number of factors including, but not limited to country context. Data collection is conducted approximately every five years.
Estimated Cost of Data Acquisition: Nominal, time
Location of data storage: DHS Reports
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any): There are two key limitations: the frequency and predictability of reporting periods which may not be reliably timed, and survey areas, both of which are beyond the control of USAID. Survey areas may not be a precise fit with USAID implementation areas.
PLAN FOR DATA ANALYSIS and USE
Data Analysis: In years for which data are not reported, it will be extrapolated using the average annual rate of change (AARC) between the last two data points available from prior years. Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a high prevalence rate, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to lower the prevalence of anemia among children 6-59 months.
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 02/22/2018

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. G1.5**
INDICATOR: Prevalence of anemia among women of reproductive age
MSNS RF Alignment ***Goal: Improve nutrition to save lives, build resilience, increase economic productivity, and advance development*** *DOMAIN: Country-level nutritional outcome measures*
Is this a PPR indicator? No ✓
DESCRIPTION
Precise Definition(s): Anemia is measured by hemoglobin concentration in the blood and, for this indicator, is collected among women of reproductive age (15-49 years). Non pregnant women (NPW) with a hemoglobin concentration less than 12g/dl and pregnant women (PW) with a hemoglobin concentration less than 11g/dl are classified as anemic. Although different levels of severity of anemia can be measured, this indicator measures the prevalence of all anemia, i.e. mild, moderate and severe anemia combined The numerator for this indicator is the sample-weighted number of anemic women 15-49 years in the sample. The denominator is the sample-weighted number of women 15-49 years in the sample with hemoglobin data.
Unit of Measure: Percentage of women
Data type: Outcome
Disaggregation: Urban/Rural, Quintile
Justification & Management Utility (Rationale/What it measures): This indicator emphasizes the importance of women's micronutrient nutrition both pre-pregnancy and during pregnancy for the growth and development of the child in-utero and for a safe delivery and positive birth outcome. Maternal anemia during pregnancy is associated with increased risk of hemorrhage, sepsis, maternal mortality, perinatal mortality, and low birth weight. Maternal micronutrient nutrition (including adequate iron stores) is also necessary to support optimal maternal care for the child, including nutrient content of breastmilk fed to the child, during infancy and early childhood. This IR emphasizes use of nutrition services with the assumption that if people use the health and nutrition services, anemia in women of reproductive age will drop.
PLAN FOR DATA COLLECTION
Data Source(s): Data for this indicator for the purposes of the MSNS will be sourced through the DHS. The FTF PIRS states that Primary data: National-level population-based representative sample survey supported under the LSMS-ISA+ national data systems strengthening activity Secondary data: MEASURE DHS, UNICEF MICS or National Nutrition Survey.
Method of Data Compilation at the MSNS level: At each time point (2018, 2022, 2025), country-level data will be aggregated across countries with a population-weighted average. In years where data are not reported by OUs, it will be estimated based on prior-year levels.
Collection, calculation/measurement description at activity implementation level: National nutrition surveys, population-based health surveys with nutrition modules, national surveillance systems.
Frequency & Timing of Data Acquisition: DHS survey collection is contingent on a number of factors including, but not limited to country context. Data collection is conducted approximately every five years.
Estimated Cost of Data Acquisition: Nominal, time
Location of data storage: DHS Reports
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any): There are two key limitations: the frequency and predictability of reporting periods which may not be reliably timed, and survey areas, both of which are beyond the control of USAID. Survey areas may not be a precise fit with USAID implementation areas.

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. G1.5**
PLAN FOR DATA ANALYSIS and USE
Data Analysis: In years for which data are not reported, it will be extrapolated using the average annual rate of change (AARC) between the last two data points available from prior years. Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a high prevalence rate, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to lower the prevalence of anemia among women of reproductive age.
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 02/22/2018

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. G1.6**
INDICATOR: Prevalence of healthy weight among women of reproductive age
MSNS RF Alignment ***Goal: Improve nutrition to save lives, build resilience, increase economic productivity, and advance development*** *DOMAIN: Country-level nutritional outcome measures*
Is this a PPR indicator? No ✓
DESCRIPTION
Precise Definition(s): This indicator measures the percent of non-pregnant women (NPW) of reproductive age (15-49 years) who are of healthy weight, as defined by a body mass index (BMI) from 18.5 to 24.9. To calculate an individual's BMI, weight and height data are needed: BMI = weight (kg) ÷ height (cm)^2.
Unit of Measure: Percentage
Data type: Context
Disaggregation: Urban/Rural, Quintile
Justification & Management Utility (Rationale/What it measures): This indicator provides information about the extent to which women's diets meet their caloric requirements. Adequate energy in the diet is necessary to support the continuing growth of adolescent girls and women's ability to provide optimal care for their children and participate fully in income generation activities. Undernutrition among women of reproductive age is associated with increased morbidity, poor food security, and can result in adverse birth outcomes in future pregnancies. Improvements in women's nutritional status are expected to improve women's work productivity, which may also have benefits for agricultural production, linking the two strategic objectives of Feed the Future (FTF).
PLAN FOR DATA COLLECTION
Data Source(s): Demographic and Health Surveys (DHS)
Method of Data Compilation at the MSNS level: At each time point (2018, 2022, 2025), country-level data will be aggregated across countries with a population-weighted average. In years where data are not reported by OUs, it will be estimated based on prior-year levels.
Collection, calculation/measurement description at activity implementation level: National nutrition surveys, population-based health surveys with nutrition modules, national surveillance systems.
Frequency & Timing of Data Acquisition: DHS survey collection is contingent on a number of factors including, but not limited to country context. Data collection is conducted approximately every five years.
Estimated Cost of Data Acquisition: Nominal, time
Location of data storage: DHS Reports
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any): There are two key limitations: the frequency and predictability of reporting periods which may not be reliably timed, and survey areas, both of which are beyond the control of USAID. Survey areas may not be a precise fit with USAID implementation areas.
PLAN FOR DATA ANALYSIS and USE
Data Analysis: In years for which data are not reported, it will be extrapolated using the average annual rate of change (AARC) between the last two data points available from prior years. Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: N/A
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 02/23/2018

Multi-Sectoral Nutrition Strategy M&L Plan Indicator Reference No. SO1.1
INDICATOR: Prevalence of exclusive breastfeeding of children under six months of age [National-level]
MSNS RF Alignment ***Strategic Objective: Scale up effective, integrated nutrition-specific and -sensitive interventions, programs, and systems across humanitarian and development contexts*** *DOMAIN: Country-level nutritional outcome measures*
Is this a PPR indicator? No ✓
DESCRIPTION
Precise Definition(s): This indicator measures the percent of children 0-5 months of age who were exclusively breastfed during the day preceding the survey. Exclusive breastfeeding means that the infant received breast milk (including milk expressed or from a wet nurse) and may have received oral rehydration solution, vitamins, minerals and/or medicines, but did not receive any other food or liquid, including water. The numerator for this indicator is the sample-weighted number of children 0-5 months in the sample exclusively breastfed on the day and night preceding the survey. The denominator is the sample-weighted number of children 0-5 months in the sample with exclusive breastfeeding data. For detailed guidance on how to collect and tabulate this indicator, refer to the WHO document: Indicators for assessing infant and young child feeding practices, Part 2, Measurement, available at http://whqlibdoc.who.int/publications/2010/9789241599290_eng.pdf
Unit of Measure: Percent
Data type: Context
Disaggregation: Urban/Rural, Quintile
Justification & Management Utility (Rationale/What it measures): This indicator is a context indicator equivalent of HL.9.1-b 3Prevalence of exclusive breastfeeding of children under six months of age at the ZOI level. Monitoring exclusive breastfeeding among children under six months of age at the national level allows for comparisons with the nutrition situation in the Zone of Influence, and tracking of differential changes happening in the ZOI. Tracking this context indicator of a key determinant of good nutritional status also helps with understanding why positive changes in nutrition indicators at the national level are or are not occurring. Exclusive breastfeeding for 6 months provides children with significant health and nutrition benefits, including protection from gastrointestinal infections and reduced risk of mortality due to infectious disease.
PLAN FOR DATA COLLECTION
Data Source(s): Data for this indicator for the purposes of the MSNS will be sourced through the DHS. The FTF PIRS states that Primary data: National-level population-based representative sample survey supported under the LSMS-ISA+ national data systems strengthening activity Secondary data: MEASURE DHS, UNICEF MICS or National Nutrition Survey
Method of Data Compilation at the MSNS level: At each time point (2018, 2022, 2025), country-level data will be aggregated across countries with a population-weighted average. In years where data are not reported by OUs, it will be estimated based on prior-year levels.
Collection, calculation/measurement description at activity implementation level: National nutrition surveys, population-based health surveys with nutrition modules, national surveillance systems.
Frequency & Timing of Data Acquisition: DHS survey collection is contingent on a number of factors including, but not limited to country context. Data collection is conducted approximately every five years.
Estimated Cost of Data Acquisition: Nominal, time
Location of data storage: DHS Reports
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. SO1.1**
DATA QUALITY
Known Data Limitations and Significance (if any): There are two key limitations: the frequency and predictability of reporting periods which may not be reliably timed, and survey areas, both of which are beyond the control of USAID. Survey areas may not be a precise fit with USAID implementation areas.
PLAN FOR DATA ANALYSIS and USE
Data Analysis: In years for which data are not reported, it will be extrapolated using the average annual rate of change (AARC) between the last two data points available from prior years. Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a low prevalence rate, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to increase the prevalence of exclusive breastfeeding of children under six months of age.
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 02/22/2018

Multi-Sectoral Nutrition Strategy M&L Plan
Indicator Reference No. SO1.2

INDICATOR: Prevalence of children 6-23 months receiving a minimum acceptable diet [National-level]

MSNS RF Alignment

Strategic Objective: Scale up effective, integrated nutrition-specific and -sensitive interventions, programs, and systems across humanitarian and development contexts

DOMAIN: Country-level nutritional outcome measures

Is this a PPR indicator? No ✓

DESCRIPTION

Precise Definition(s): This indicator measures the proportion of children 6-23 months of age who receive a minimum acceptable diet (MAD), apart from breast milk. The "minimum acceptable diet" indicator measures both the minimum feeding frequency and minimum dietary diversity, as appropriate for various age groups. If children meet the minimum feeding frequency and minimum dietary diversity for their respective age group and breastfeeding status, then they are considered to receive a minimum acceptable diet.

Tabulation of the indicator requires that data on breastfeeding, dietary diversity, number of semi-solid/solid feeds and number of milk feeds be collected for children 6-23 months the day preceding the survey. The indicator is calculated from the following two fractions:

1. Breastfed children 6-23 months of age in the sample who had at least the minimum dietary diversity and the minimum meal frequency during the previous day
   ---
   Breastfed children 6-23 months of age in the sample with MAD component data and

2. Non-breastfed children 6-23 months of age who received at least two milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day
   ---
   Non-breastfed children 6-23 months of age in the sample with MAD component data

Minimum dietary diversity for breastfed children 6-23 months is defined as four or more food groups out of the following 7 food groups (refer to the WHO IYCF operational guidance document cited below):

1. Grains, roots and tubers
2. Legumes and nuts
3. Dairy products (milk, yogurt, cheese)
4. Flesh foods (meat, fish, poultry and liver/organ meats)
5. Eggs
6. Vitamin-A rich fruits and vegetables
7. Other fruits and vegetables

Minimum meal frequency for breastfed children is defined as two or more feedings of solid, semi-solid, or soft food for children 6-8 months and three or more feedings of solid, semi-solid or soft food for children 9-23 months.

For the MAD indicator, minimum dietary diversity for non-breastfed children is defined as four or more food groups out of the following six food groups:

1. Grains, roots and tubers
2. Legumes and nuts
3. Flesh foods (meat, fish, poultry and liver/organ meats)
4. Eggs
5. Vitamin-A rich fruits and vegetables
6. Other fruits and vegetables

Multi-Sectoral Nutrition Strategy M&L Plan Indicator Reference No. SO1.2
Minimum meal frequency for non-breastfed children is defined as four or more feedings of solid, semi-solid, soft food, or milk feeds for children 6-23 months. For non-breastfed children to receive a minimum adequate diet, at least two of these feedings must be milk feeds. For detailed guidance on how to collect and tabulate this indicator, refer to the WHO document: Indicators for assessing infant and young child feeding practices, Part 2, Measurement, available at http://whqlibdoc.who.int/publications/2010/9789241599290_eng.pdf
Unit of Measure: Percent
Data type: Context
Disaggregation: Urban/Rural, Quintile
Justification & Management Utility (Rationale/What it measures): This indicator is a context indicator equivalent of HL.9.1-a Prevalence of children 6-23 months receiving a minimum acceptable diet at the ZOI level. Monitoring minimum adequate diet of children 6-23 months at the national level allows for comparisons with the nutrition situation in the Zone of Influence, and tracking of differential changes happening in the ZOI. Tracking this context indicator of a key determinant of good nutritional status also helps with understanding why positive changes in nutrition indicators at the national level are or are not occurring. Appropriate feeding of children 6-23 months is multidimensional. The minimum acceptable diet indicator combines standards of dietary diversity (a proxy for nutrient density) and feeding frequency (a proxy for energy density) by breastfeeding status and thus provides a useful way to track progress at simultaneously improving the key quality and quantity dimensions of children's diets.
PLAN FOR DATA COLLECTION
Data Source(s): Data for this indicator for the purposes of the MSNS will be sourced through the DHS. The FTF PIRS states that Primary data: National-level population-based representative sample survey supported under the LSMS-ISA+ national data systems strengthening activity Secondary data: MEASURE DHS, UNICEF MICS or National Nutrition Survey
Method of Data Compilation at the MSNS level: At each time point (2018, 2022, 2025), country-level data will be aggregated across countries with a population-weighted average. In years where data are not reported by OUs, it will be estimated based on prior-year levels.
Collection, calculation/measurement description at activity implementation level: National nutrition surveys, population-based health surveys with nutrition modules, national surveillance systems.
Frequency & Timing of Data Acquisition: DHS survey collection is contingent on a number of factors including, but not limited to country context. Data collection is conducted approximately every five years.
Estimated Cost of Data Acquisition: Nominal, time
Location of data storage: DHS Reports
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any): There are two key limitations: the frequency and predictability of reporting periods which may not be reliably timed, and survey areas, both of which are beyond the control of USAID. Survey areas may not be a precise fit with USAID implementation areas.
PLAN FOR DATA ANALYSIS and USE
Data Analysis: In years for which data are not reported, it will be extrapolated using the average annual rate of change (AARC) between the last two data points available from prior years. Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a low prevalence rate, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to increase the prevalence of minimum acceptable diet among children 6-23 months of age.
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 02/22/2018

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. SO1.3**
INDICATOR: Prevalence of women of reproductive age consuming a diet of minimum diversity [National-level]
MSNS RF Alignment ***Strategic Objective: Scale up effective, integrated nutrition-specific and -sensitive interventions, programs, and systems across humanitarian and development contexts*** *DOMAIN: Country-level nutritional outcome measures*
Is this a PPR indicator? No ✓
DESCRIPTION
Precise Definition(s): This indicator captures the percent of women of reproductive age (15-49 years) in the population who are consuming a diet of minimum diversity (MDD-W). A woman of reproductive age is considered to consume a diet of minimum diversity if she consumed at least five of 10 specific food groups during the previous day and night. The 10 food groups included in the MDD-W indicator are: 1. Grains, white roots and tubers, and plantains 2. Pulses (beans, peas and lentils) 3. Nuts and seeds[1] (including groundnut) 4. Dairy 5. Meat, poultry and fish 6. Eggs 7. Dark green leafy vegetables 8. Other vitamin A-rich fruits and vegetables 9. Other vegetables 10. Other fruits The numerator for this indicator is the sample-weighted number of women 15-49 years in the sample who consumed at least five out of 10 food groups throughout the previous day and night. The denominator is the sample-weighted number of women 15-49 years of age in the sample with food group data. Note that while Feed the Future usually considers groundnut as part of a legume value chain, for MDD-W purposes it is classified in the Nuts and seeds group. MDD-W is a new version of the Women's Dietary Diversity Score (WDDS) indicator (HL.9.1-c). There are two main differences between the MDD-W and the WDDS. First, the MDD-W is a prevalence indicator, whereas the WDDS is a quasi-continuous score. Prevalence indicators, which reflect the proportion of a population of interest that is above or below a defined threshold (in this case, women who are consuming a diet of minimum diversity), are more intuitive and understandable to a broad audience of stakeholders. MDD-W will be more useful for reporting and describing progress toward improved nutrition for women than the WDDS, which reports the mean number of food groups consumed by women. Second, the food groups used to calculate MDD-W are slightly different from those used to calculate WDDS. MDD-W uses 10 food groups, while WDDS uses nine. Since Feed the Future used WDDS to establish baselines and set targets through 2017, the initiative will continue to track WDDS through the second interim survey in 2017, after which it will be dropped. Feed the Future started collecting data on MDD-W in the first interim survey in 2015 and will continue to monitor only MDD-W.
Unit of Measure: Percent
Data type: Context
Disaggregation: Urban/Rural, Quintile

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. SO1.3**
Justification & Management Utility (Rationale/What it measures): This indicator is a context indicator equivalent of HL.9.1-d Prevalence of women of reproductive age consuming a diet of minimum diversity at the ZOI level. Monitoring consumption of diets of minimum diversity among women of reproductive age at the national level allows for comparisons with the nutrition situation in the Zone of Influence, and tracking of differential changes happening in the ZOI. Tracking this context indicator of a key determinant of good nutritional status also helps with understanding why positive changes in nutrition indicators at the national level are or are not occurring. Dietary diversity is a key characteristic of a high quality diet with adequate micronutrient content and is thus important to ensuring the health and nutrition of both women and their children. Research has validated that women of reproductive age consuming foods from five or more of the 10 food groups in the MDD-W indicator are more likely to consume a diet higher in micronutrient adequacy than women consuming foods from fewer than five of these food groups[2].
PLAN FOR DATA COLLECTION
Data Source(s): Data for this indicator for the purposes of the MSNS will be sourced through the DHS. The FTF PIRS states that Primary data: National-level population-based representative sample survey supported under the LSMS-ISA+ national data systems strengthening activity Secondary data: MEASURE DHS, UNICEF MICS or National Nutrition Survey
Method of Data Compilation at the MSNS level: At each time point (2018, 2022, 2025), country-level data will be aggregated across countries with a population-weighted average. In years where data are not reported by OUs, it will be estimated based on prior-year levels.
Collection, calculation/measurement description at activity implementation level: National nutrition surveys, population-based health surveys with nutrition modules, national surveillance systems.
Frequency & Timing of Data Acquisition: DHS survey collection is contingent on a number of factors including, but not limited to country context. Data collection is conducted approximately every five years.
Estimated Cost of Data Acquisition: Nominal, time
Location of data storage: DHS Reports
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any): There are two key limitations: the frequency and predictability of reporting periods which may not be reliably timed, and survey areas, both of which are beyond the control of USAID. Survey areas may not be a precise fit with USAID implementation areas.
PLAN FOR DATA ANALYSIS and USE
Data Analysis: In years for which data are not reported, it will be extrapolated using the average annual rate of change (AARC) between the last two data points available from prior years. Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a low prevalence rate, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to increase the prevalence of women of reproductive age consuming a diet of minimum dietary diversity.
CHANGES TO INDICATOR and/or OTHER NOTES
[1] "Seeds" in the botanical sense includes a very broad range of items, including grains and pulses. However, seeds are used here in a culinary sense to refer to a limited number of seeds, excluding grains or pulses, which are typically high in fat content and are consumed as a substantial ingredient in local dishes or eaten as a substantial snack or side dish. Examples include squash/melon/gourd seeds used as a main ingredient in West African stews and sesame seed paste (tahini) in some dishes in Middle Eastern cuisines. [2] http://www.fao.org/fileadmin/templates/nutrition_assessment/Dietary_Diversity/Minimum_dietary_diversity_-_women__MDD-W__Sept_2014.pdf
THIS SHEET LAST UPDATED ON: 3/22/2018

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. SO1.4**
INDICATOR: Prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES) [National-level]
MSNS RF Alignment ***Strategic Objective: Scale up effective, integrated nutrition-specific and -sensitive interventions, programs, and systems across humanitarian and development contexts*** *DOMAIN: Country-level nutritional outcome measures*
Is this a PPR indicator? No ✓
DESCRIPTION
Precise Definition(s): The indicator measures the percentage of households that experienced food insecurity at moderate and severe levels during the 12 months prior to data collection. The severity of the experience of food insecurity is defined as a measurable latent trait (a characteristic that is not directly observable, but can be measured indirectly, for example by taking into account behavioral and psychological experiences, in this case around food insecurity). It is measured through the Food Insecurity Experience Scale (FIES), a measurement scale established by the Food and Agriculture Organization (FAO) of the United Nations. The indicator is based on an estimation of the probability that each household belongs to a specific category of food insecurity severity (moderate and severe), as determined by the household's position on the scale.[1] The inability to access food results in a series of experiences and conditions that are common across cultures and socio-economic contexts. These experiences range from being concerned about the possibility of obtaining enough food, to the need to compromise on the quality or the diversity of food consumed, to being forced to reduce the intake of food by reducing portion sizes or skipping meals, to the extreme condition of feeling hungry and not having the means (money or other resources) to access food. The new FIES global indicator for measuring food insecurity (access) is calculated from answers to a set of eight questions that covers a range of severity of food insecurity.[2] The questions refer to difficulty in accessing food due to lack of money or other resources, and reflect the food-related behavior and experiences of the household. The questions are as follows: 1) During the past 12 months, was there a time when you or others in your household were worried you would not have enough food to eat because of a lack of money or other resources? 2) During the past 12 months, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources? 3) During the past 12 months, was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources? 4) During the past 12 months, was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food? 5) During the past 12 months, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources? 6) During the past 12 months, was there a time when your household did not have food because of a lack of money or other resources? 7) During the past 12 months, was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food? 8) During the past 12 months, was there a time when you or others in your household went without eating for a whole day because of a lack of money or other resources? The response categories for each of the questions include 'Yes (1),' 'No (0),' and 'Refused.' Cases with 'Refused' are excluded from the analysis.

Multi-Sectoral Nutrition Strategy M&L Plan Indicator Reference No. SO1.4
The prevalence of food insecurity is calculated using the one-parameter logistic model, also known as the Rasch model, which is the simplest formulation for an Item Response Theory-based model.[3] The Rasch model assumes that households' responses to each of the eight binary questions (0/1) are conditionally independent (meaning that the only statistical link between them is the fact that all of them contribute to measure only one and the same food insecurity latent trait), and that each question has the same discrimination power with respect to food insecurity severity. Based on these assumptions, the model uses conditional maximum likelihood procedures to generate estimates of both the questions' and households' severity parameters.[4] Provided the data are consistent with the Rasch model assumption, the estimated household severity parameters are defined on a continuous, interval-level scale of the severity of food insecurity (latent trait). An interval scale is one where the difference between points on the scale is measureable and consistent. Households are assigned to categories of severity after statistically determining appropriate thresholds that define the categories. Based on the application of the FIES in more than 140 countries in 2014-2016, FAO has suggested cross-nationally comparable thresholds that correspond to the severity level of the 5th question "Ate less than should" (to separate "mild" from "moderate" levels of severity) and of the 8th question "Did not eat for a whole day" (to separate "moderate" from "severe" levels) for global monitoring purposes. Adopting these thresholds (after adjusting the country's metric to make the country-specific scale's severity parameters comparable to the global standard scale and thus to other Feed the Future target countries as well), households with a sample-weighted sum of the probabilities of being between the severity level of the 5th item on the FIES global reference scale (adjusted on the country's metric) and the 7th item, inclusive are assigned to the "moderate" category of food insecurity, while households with a sample-weighted sum of the probabilities of being greater than or equal to the severity level of the 8th item on the FIES global reference scale (adjusted on the country's metric) are assigned to the "severe" food insecurity category.[5]
Unit of Measure: Percent
Data type: Context
Disaggregation: None
Justification & Management Utility (Rationale/What it measures): This indicator is one of the measures for the goal of the Global Food Security Strategy to "Sustainably reduce global hunger, malnutrition, and poverty". All three objectives and underlying intermediate results and cross-cutting intermediate results seek to contribute one way or another to reduce food insecurity. Because Feed the Future phase two emphasizes market linkages, systemic changes, and the enabling environment, this indicator measures the impact beyond the ZOI from economy-wide effects of Feed the Future interventions. Reporting food insecurity in the entire country also allows for comparing the food insecurity situation in the ZOI to the situation at the national level, and track differential changes happening in the ZOI. This indicator is one of the indicators used to monitor *SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture*. Most existing food insecurity indicators focus on potential *consequences* of food insecurity (e.g., nutrition outcomes), *adequacy* of diet (food consumption scores, dietary diversity), or *physical experience* and behavior (e.g., household hunger scale). The food insecurity prevalence based on FIES measures the *access* dimension of food security based on households' psychological and behavioral experience with accessing food in the desired quantity, quality, and continuity. The FIES was developed to complement existing food and nutrition indicators; hence, when used in combination with other existing indicators, it will offer a more comprehensive understanding of causes and consequences of food insecurity. The analytic treatment of the data through the Rasch model based on sound statistical methods allows for testing the quality of the data with respect to their validity and reliability and ensures that the indicator estimates are comparable across cultural and socio-economic contexts.

Multi-Sectoral Nutrition Strategy M&L Plan Indicator Reference No. SO1.4
PLAN FOR DATA COLLECTION
Data Source(s): Food and Agriculture Organization of the United Nations (FAO) FAOSTAT
Method of Data Compilation at the MSNS level: At each time point (2018, 2022, 2025), country-level data will be aggregated across countries with a population-weighted average. In years where data are not reported by OUs, it will be estimated based on prior-year levels.
Collection, calculation/measurement description at activity implementation level: National nutrition surveys, population-based health surveys with nutrition modules, national surveillance systems.
Frequency & Timing of Data Acquisition: Annual estimates are based on data collected worldwide using the Food Insecurity Experience Scale (FIES)
Estimated Cost of Data Acquisition: Nominal, time
Location of data storage: http://www.fao.org/faostat/en/#data/FS
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any): Data are estimates and reporting by FAO is subject to the availability of reliable data.
PLAN FOR DATA ANALYSIS and USE
Data Analysis: In years for which data are not reported, it will be extrapolated using the average annual rate of change (AARC) between the last two data points available from prior years. Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a high prevalence rate, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to lower the prevalence of moderate to severe hunger.
CHANGES TO INDICATOR and/or OTHER NOTES
[1] Technical resources, including the datasets and the FIES statistical program, are available at the FAO's Voices of the Hungry website. [2] For detailed definition and background, refer to FAO's Voices of the Hungry paper, Methods for Estimating Comparable Prevalence Rates of Food Insecurity Experienced by Adults throughout the World. [3] For details about item response theory in the context of food security measurement, refer to Introduction to Item Response Theory Applied to Food Security Measurement. [4] For details on assumptions and technical computations, refer to Introduction to Item Response Theory Applied to Food Security Measurement. [5] The 5th item refers to the question, "In the past 12 months, did you eat less than you thought you should?", and the 8th item refers to the question "In the past 12 months, did you go a whole day without eating?" on the global reference scale developed by FAO's Voices of the Hungry project. Note: The severity threshold for moderate to severe food insecurity has been recently updated from the 4th to the 5th item by FAO. The key resource document from the FAO, titled "The Food Insecurity Experience Scale-Development of a Global Standard for Monitoring Hunger Worldwide", has not been revised yet.
THIS SHEET LAST UPDATED ON: 02/22/2018

Multi-Sectoral Nutrition Strategy M&L Plan Indicator Reference No. IR1.1
INDICATOR: Percentage of women who took iron tablets or syrup during most recent pregnancy for at least 90 days
MSNS RF Alignment **IR1: Increased equitable provision and utilization of high-quality nutrition services** ***DOMAIN:*** Service Provision & Utilization
Is this a PPR indicator? No
DESCRIPTION
Precise Definition(s): Number of women who took iron during their last pregnancy for at least 90 days, divided by the number of women with a birth in the five years preceding the survey. Numerator: Number of women who took iron tablets or syrup during most recent pregnancy for at least 90 days Denominator: Number of women with a birth in the five years preceding the survey.
Unit of Measure: Percentage of pregnant women
Data type: Output
Disaggregation: Urban/Rural, Quintile
Justification & Management Utility (Rationale/What it measures): Good coverage of nutrition-specific interventions among pregnant women is essential to prevent both child and maternal undernutrition and to improve survival. Undernutrition is an underlying cause in 45 percent of childhood deaths. Part of this burden can be alleviated through maternal nutrition interventions. Moreover, maternal anemia is estimated to contribute to 20 percent of maternal deaths.
PLAN FOR DATA COLLECTION
Data Source(s): Demographic and Health Surveys (DHS)
Method of Data Compilation at the MSNS level: At each time point (2018, 2022, 2025), country-level data will be aggregated across countries with a population-weighted average. In years where data are not reported by OUs, it will be estimated based on prior-year levels.
Collection, calculation/measurement description at activity implementation level: Direct beneficiaries; only those reached through United States Government activities through health facility records, activity records/program data, beneficiary- or population-based surveys
Frequency & Timing of Data Acquisition: DHS survey collection is contingent on a number of factors including, but not limited to country context. Data collection is conducted approximately every five years.
Estimated Cost of Data Acquisition: Nominal, time
Location of data storage: DHS Reports
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any): There are two key limitations: the frequency and predictability of reporting periods which may not be reliably timed, and survey areas, both of which are beyond the control of USAID. Survey areas may not be a precise fit with USAID implementation areas.
PLAN FOR DATA ANALYSIS and USE
Data Analysis: In years for which data are not reported, it will be extrapolated using the average annual rate of change (AARC) between the last two data points available from prior years. Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a low percentage, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to increase the number of people benefiting from interventions (out of the total served).
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 02/08/2018

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR1.2**
INDICATOR: Percentage of children 6-59 months who were given vitamin A supplements in the six months
MSNS RF Alignment **IR1: Increased equitable provision and utilization of high-quality nutrition services** ***DOMAIN****:* Service Provision & Utilization
Is this a PPR indicator? No ✓
DESCRIPTION
Precise Definition(s): Percentage of children under five years of age who received Vitamin A in the last 6 months from the time this data is collected. Numerator: Number of living children 6–59 months who received vitamin A supplements in the six months preceding the interview. Denominator: Number of living children 6-59 months of age.
Unit of Measure: Percentage of children
Data type: Output
Disaggregation: M/F, Urban/Rural, Quintile
Justification & Management Utility (Rationale/What it measures): Vitamin A supplementation reduces risk of under-five mortality by about one-fourth among the millions of children deficient in this micronutrient. Measures reach of nutrition-specific programming.
PLAN FOR DATA COLLECTION
Data Source(s): Demographic and Health Surveys (DHS) Reports
Method of Data Compilation at the MSNS level: At each time point (2018, 2022, 2025), country-level data will be aggregated across countries with a population-weighted average. In years where data are not reported by OUs, it will be estimated based on prior-year levels.
Collection, calculation/measurement description at activity implementation level: The data can be collected through regular monitoring systems such as registration/attendance lists during activities or unique identifier cards (e.g. growth monitoring cards or ration cards), or beneficiary-based surveys.
Frequency & Timing of Data Acquisition: DHS survey collection is contingent on a number of factors including, but not limited to country context. Data collection is conducted approximately every five years.
Estimated Cost of Data Acquisition: Nominal, time
Location of data storage: DHS Reports
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any): There are two key limitations: the frequency and predictability of reporting periods which may not be reliably timed, and survey areas both of which are beyond the control of USAID. Survey areas may not be a precise fit with USAID implementation areas.
PLAN FOR DATA ANALYSIS and USE
Data Analysis: In years for which data are not reported, it will be extrapolated using the average annual rate of change (AARC) between the last two data points available from prior years. Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached. Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a low total number and/or a low percentage, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to increase the number of people benefiting from interventions (out of the total served).
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 02/08/2018

Multi-Sectoral Nutrition Strategy M&L Plan
Indicator Reference No. IR1.3

INDICATOR: Number of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported nutrition programs

MSNS RF Alignment
IR1: Increased equitable provision and utilization of high-quality nutrition services
DOMAIN: Service Provision & Utilization

Is this a PPR indicator? Yes ✓

DESCRIPTION

Precise Definition(s): Children under five: Children under five years are those zero to 59 months of age. They are often targeted by US-supported activities with nutrition objectives.

Reached by nutrition-specific interventions: A child can be counted as reached if s/he receives one or more of the following nutrition-specific interventions directly or through the mother/caretaker:

1. Behavior change communication interventions that promote essential infant and young child feeding behaviors including:
- Immediate, exclusive, and continued breastfeeding
- Appropriate, adequate and safe complementary foods from 6 to 24 months of age

2. Vitamin A supplementation in the past 6 months
3. Zinc supplementation during episodes of diarrhea
4. Multiple Micronutrient Powder (MNP) supplementation
5. Treatment of severe acute malnutrition
6. Treatment of moderate acute malnutrition
7. Direct food assistance of fortified/specialized food products (i.e. CSB+, Supercereal Plus, RUTF, RUSF, etc)

The above interventions that have been **bolded** are used as indicators for MSNS IRs 1.4, 1.5, 1.6 and 1.7. Two of the above disaggregates were not chosen to be included as MSNS M&L indicators in the first assessment due to limited data availability. Please note that the complete list of original interventions that are disaggregates of Standard Indicator HL.9-1 is provided above for transparency and alignment with the Standard Indicator, and not intended for disaggregation in the MSNS.

Missions and IPs who have a strong justification may opt out of the requirement to disaggregate this indicator into the seven interventions and two sex disaggregates. For example, OUs may opt out if IPs rely on the government health system to collect this data and these disaggregates are not included in that system. The reason should be noted in the online PPR reporting database. In this case, Missions may report solely the total number of children under 5 reached. If only some disaggregates are available, then Missions should report both the total number and the number for each available disaggregate.

Projects that support Growth Monitoring & Promotion (GMP) interventions should report children reached under the BCC disaggregate (#1).

Children are often reached through interventions that target adults such as mothers and caretakers. If, after birth, the child benefits from the intervention, then the child should be counted-- regardless of the primary recipient of the information, counseling, or intervention. For example, if a project provides counseling on complementary feeding to a mother, then the child should be counted as reached. Implementers should not count a child as reached during pregnancy. There is a separate standard indicator that enumerates the number of pregnant women reached (HL 9.3).

A child reached directly or via a caretaker should be counted if s/he receives a product, participates in an activity, or accesses services from a USG-supported activity during the reporting year.

A child should not be counted as reached if the mother or caretaker was solely exposed to a mass media behavior change campaign such as radio messages. Children reached solely through

Multi-Sectoral Nutrition Strategy M&L Plan
Indicator Reference No. IR1.3

community drama, comedy, or video shows should not be included. However, projects should still use mass communication interventions like dramas and radio shows to reinforce SBCC messages.

If USAID is supporting a nutrition activity that is purchasing nutrition commodities (e.g. Vit A, zinc, MNPs) or providing 'significant' support for the delivery of the supplement, then the child should be counted as reached. Significant is defined as: a reasonable expectation that the intervention would not have occurred in the absence of USAID funding.

Children can be double-counted across the intervention disaggregates if they receive more than one intervention, but a unique number of children reached must be entered into the sex disaggregates. In order to avoid double counting across interventions, the implementing partner should follow a two-step process:

1. First, count each child by the type of intervention. For example, a child whose mother receives counseling on exclusive breastfeeding and who also receives vitamin A during a child health day should be counted once under each intervention;
2. Second, eliminate double counting when estimating the total number of children under-5 reached and to disaggregate by sex. The partner may develop a system to track individual children using unique identifiers or estimate the overlap between the different types of interventions and subtract it from the total. Please refer to the forthcoming FAQs and supplemental guidance document for more examples of how to avoid double counting.

In cases where disaggregation is not possible, the unique number of children reached will likely be the number of children reached through Vitamin A distribution campaigns, in countries that support them.

To avoid double counting across all USAID funded activities, the Mission should estimate the overlap between the different activities before reporting the aggregate number in the PPR. Please refer to the forthcoming FAQs and supplemental guidance for more information on how to limit double counting.

In CMAM projects some children who are discharged as "cured" may relapse and be readmitted at a later date. There are standard methods for categorizing children as 'relapsed', but due to loss to follow-up, it is generally not possible to identify these children. Therefore, a limitation of this indicator is that there may be some double counting of children who were treated for severe and/or moderate acute malnutrition and relapsed during the same fiscal year.

Unit of Measure: Number of children

Data type: Output

Disaggregation: *For MSNS Purposes:* M/F
Original Disaggregation:
Sex: Male, Female
Intervention:

- **Number of children under 5 whose parents/caretakers received behavior change communication interventions that promote essential infant and young child feeding behaviors***
- Number of children 6-59 months who received vitamin A supplementation in the past 6 months
- **Number of children under 5 who received zinc supplementation during episode of diarrhea***
- Number of children under 5 who received Multiple Micronutrient Powder (MNP) supplementation
- **Number of children under 5 who were admitted for treatment of severe acute malnutrition***
- **Number of children under 5 who were admitted for treatment of moderate acute malnutrition***
- Number of children under 5 who received direct food assistance

***Denotes use as indicator in the MSNS. Please see IRs 1.4, 1.5, 1.6 and 1.7.

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR1.3**
Justification & Management Utility (Rationale/What it measures): Standard Indicator HL.9-1 Good coverage of evidence-based nutrition-specific interventions among children under 5 years of age is essential to prevent and treat malnutrition and to improve child survival. Under-nutrition is an underlying cause in 45 percent of childhood deaths. Measures reach of nutrition-specific programming.
PLAN FOR DATA COLLECTION
Data Source(s): PPR – Standard Indicator HL.9-1
Method of Data Compilation at the MSNS level: This indicator will be reported as a total number across MSNS select countries.
Collection, calculation/measurement description at activity implementation level: The data can be collected through regular monitoring systems such as registration/attendance lists during activities or unique identifier cards (e.g. growth monitoring cards or ration cards), or beneficiary-based surveys. The data disaggregation by type of intervention can also be collected using population-based surveys if the implementing partner has a reasonably good estimate of the total number of children reached. In this case, a partner may conduct an annual population-based survey in the activity's program area that provides the proportion of children under five reached with each particular USG-supported intervention and then apply that proportion to the total number of children under five reached. In cases where multiple partners are operating in the same area and beneficiaries are counted as reached through different monitoring systems, we encourage the use of coordinated annual surveys between the partners with shared costs that would increase the ability of the Mission to adjust for double counting.
Frequency & Timing of Data Acquisition: Annual
Estimated Cost of Data Acquisition:
Location of data storage: FACTSInfo NextGen
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any): This indicator is a disaggregate of HL.9-1, which disaggregates by sex and intervention. Because of the overlapping nature of the interventions, care must be taken to avoid double counting beneficiaries. Guidance is provided in the definition.
PLAN FOR DATA ANALYSIS and USE
Data Analysis: Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a low total number and/or a low percentage, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to increase the number of people benefiting from interventions (out of the total served).
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 04/20/2018

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR1.4**
INDICATOR: Number of children under five who were admitted for treatment of moderate acute malnutrition
MSNS RF Alignment **IR1: Increased equitable provision and utilization of high-quality nutrition services** ***DOMAIN****:* Service Provision & Utilization
Is this a PPR indicator? Yes ✓
DESCRIPTION
Precise Definition(s): The number of children under five who were admitted for treatment of moderate malnutrition who were reached with nutrition-specific interventions through USG- supported nutrition programs. This is a disaggregate (#6) of *Number of children under five (0-59 months) reached with nutrition-specific interventions through USG- supported nutrition programs* (MSNS IR 1.3, F Indicator HL.9-1) Children under five: Children under five years are those zero to 59 months of age. They are often targeted by US-supported activities with nutrition objectives. Reached by nutrition-specific interventions: A child can be counted as reached if s/he receives one or more of the following nutrition-specific interventions directly or through the mother/caretaker: 1. Behavior change communication interventions that promote essential infant and young child feeding behaviors including: • Immediate, exclusive, and continued breastfeeding • Appropriate, adequate and safe complementary foods from 6 to 24 months of age 2. Vitamin A supplementation in the past 6 months 3. Zinc supplementation during episodes of diarrhea 4. Multiple Micronutrient Powder (MNP) supplementation 5. Treatment of severe acute malnutrition 6. Treatment of moderate acute malnutrition 7. Direct food assistance of fortified/specialized food products (i.e. CSB+, Supercereal Plus, RUTF, RUSF, etc) Missions and IPs who have a strong justification may opt out of the requirement to disaggregate this indicator into the seven interventions and two sex disaggregates. For example, OUs may opt out if IPs rely on the government health system to collect this data and these disaggregates are not included in that system. The reason should be noted in the online PPR reporting database. In this case, Missions may report solely the total number of children under 5 reached. If only some disaggregates are available then Missions should report both the total number and the number for each available disaggregate. Projects that support Growth Monitoring & Promotion (GMP) interventions should report children reached under the BCC disaggregate (#1). Children are often reached through interventions that target adults such as mothers and caretakers. If, after birth, the child benefits from the intervention, then the child should be counted-- regardless of the primary recipient of the information, counseling, or intervention. For example, if a project provides counseling on complementary feeding to a mother, then the child should be counted as reached. Implementers should not count a child as reached during pregnancy. There is a separate standard indicator that enumerates the number of pregnant women reached (HL 9.3). A child reached directly or via a caretaker should be counted if s/he receives a product, participates in an activity, or accesses services from a USG-supported activity during the reporting year. A child should not be counted as reached if the mother or caretaker was solely exposed to a mass media behavior change campaign such as radio messages. Children reached solely through

Multi-Sectoral Nutrition Strategy M&L Plan Indicator Reference No. IR1.4
community drama, comedy, or video shows should not be included. However, projects should still use mass communication interventions like dramas and radio shows to reinforce SBCC messages. If USAID is supporting a nutrition activity that is purchasing nutrition commodities (e.g. Vit A, zinc, MNPs) or providing 'significant' support for the delivery of the supplement, then the child should be counted as reached. Significant is defined as: a reasonable expectation that the intervention would not have occurred in the absence of USAID funding. Children can be double-counted across the intervention disaggregates if they receive more than one intervention, but a unique number of children reached must be entered into the sex disaggregates. In order to avoid double counting across interventions, the implementing partner should follow a two step process: 1. First, count each child by the type of intervention. For example, a child whose mother receives counseling on exclusive breastfeeding and who also receives vitamin A during a child health day should be counted once under each intervention; 2. Second, eliminate double counting when estimating the total number of children under-5 reached and to disaggregate by sex. The partner may develop a system to track individual children using unique identifiers or estimate the overlap between the different types of interventions and subtract it from the total. Please refer to the forthcoming FAQs and supplemental guidance document for more examples of how to avoid double counting. In cases where disaggregation is not possible, the unique number of children reached will likely be the number of children reached through Vitamin A distribution campaigns, in countries that support them. To avoid double counting across all USAID funded activities, the Mission should estimate the overlap between the different activities before reporting the aggregate number in the PPR. Please refer to the forthcoming FAQs and supplemental guidance for more information on how to limit double counting. In CMAM projects some children who are discharged as "cured" may relapse and be readmitted at a later date. There are standard methods for categorizing children as 'relapsed', but due to loss to follow-up, it is generally not possible to identify these children. Therefore, a limitation of this indicator is that there may be some double counting of children who were treated for severe and/or moderate acute malnutrition and relapsed during the same fiscal year. There are three nutrition PPR indicators (HL 9.1, HL 9.2, HL 9.3) that seek to measure children and pregnant women, reached. These indicators measure various age groups and interventions in the critical 1,000-day period of life from pregnancy to age two, as well as key interventions reaching children under 5 years of age. There is some degree of overlap in individuals reached across these indicators. Partners are allowed to double count children and mothers/caretakers reached across these PPR indicators since they seek to measure different underlying constructs.
Unit of Measure: Number of children
Data type: Output
Disaggregation: None
Justification & Management Utility (Rationale/What it measures): Good coverage of evidence-based nutrition-specific interventions among children under 5 years of age is essential to prevent and treat malnutrition and to improve child survival. Under-nutrition is an underlying cause in 45 percent of childhood deaths. Measures reach of nutrition-specific programming in treating moderate malnutrition. Disaggregate of Standard Foreign Assistance Indicator HL. 9-1
PLAN FOR DATA COLLECTION
Data Source(s): PPR – Disaggregation of Standard Indicator HL.9-1
Method of Data Compilation at the MSNS level: This indicator will be reported as a total number across MSNS select countries.

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR1.4**
Collection, calculation/measurement description at activity implementation level: The data can be collected through regular monitoring systems such as registration/attendance lists during activities or unique identifier cards (e.g. growth monitoring cards or ration cards), or beneficiary-based surveys. The data disaggregation by type of intervention can also be collected using population-based surveys if the implementing partner has a reasonably good estimate of the total number of children reached. In this case, a partner may conduct an annual population-based survey in the activity's program area that provides the proportion of children under five reached with each particular USG-supported intervention and then apply that proportion to the total number of children under five reached. In cases where multiple partners are operating in the same area and beneficiaries are counted as reached through different monitoring systems, we encourage the use of coordinated annual surveys between the partners with shared costs that would increase the ability of the Mission to adjust for double counting.
Frequency & Timing of Data Acquisition: Annual
Estimated Cost of Data Acquisition:
Location of data storage: FACTSInfo NextGen
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any): This indicator is a disaggregate of HL.9-1, which disaggregates by sex and intervention. Because of the overlapping nature of the interventions, care must be taken to avoid double counting beneficiaries. Guidance is provided in the definition.
PLAN FOR DATA ANALYSIS and USE
Data Analysis: Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a low total number and/or a low percentage, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to increase the number of people benefiting from interventions (out of the total served)
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 02/08/2018

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR1.5**
INDICATOR: Number of children under five who received treatment for severe acute malnutrition
MSNS RF Alignment **IR1: Increased equitable provision and utilization of high-quality nutrition services** ***DOMAIN****:* Service Provision & Utilization
Is this a PPR indicator? Yes ✓
DESCRIPTION
Precise Definition(s): The number of children under five who were admitted for treatment of severe acute malnutrition who were reached with nutrition-specific interventions through USG-supported nutrition programs. This is a (#5) of *Number of children under five (0-59 months) reached with nutrition-specific interventions through USG- supported nutrition programs* (MSNS IR 1.3, F Indicator HL.9-1) Reached by nutrition-specific interventions: A child can be counted as reached if s/he receives one or more of the following nutrition-specific interventions directly or through the mother/caretaker: 1. Behavior change communication interventions that promote essential infant and young child feeding behaviors including: • Immediate, exclusive, and continued breastfeeding • Appropriate, adequate and safe complementary foods from 6 to 24 months of age 2. Vitamin A supplementation in the past 6 months 3. Zinc supplementation during episodes of diarrhea 4. Multiple Micronutrient Powder (MNP) supplementation 5. Treatment of severe acute malnutrition 6. Treatment of moderate acute malnutrition 7. Direct food assistance of fortified/specialized food products (i.e. CSB+, Supercereal Plus, RUTF, RUSF, etc) Missions and IPs who have a strong justification may opt out of the requirement to disaggregate this indicator into the seven interventions and two sex disaggregates. For example, OUs may opt out if IPs rely on the government health system to collect this data and these disaggregates are not included in that system. The reason should be noted in the online PPR reporting database. In this case, Missions may report solely the total number of children under 5 reached. If only some disaggregates are available then Missions should report both the total number and the number for each available disaggregate. Projects that support Growth Monitoring & Promotion (GMP) interventions should report children reached under the BCC disaggregate (#1). Children are often reached through interventions that target adults such as mothers and caretakers. If, after birth, the child benefits from the intervention, then the child should be counted-- regardless of the primary recipient of the information, counseling, or intervention. For example, if a project provides counseling on complementary feeding to a mother, then the child should be counted as reached. Implementers should not count a child as reached during pregnancy. There is a separate standard indicator that enumerates the number of pregnant women reached (HL 9.3). A child reached directly or via a caretaker should be counted if s/he receives a product, participates in an activity, or accesses services from a USG-supported activity during the reporting year. A child should not be counted as reached if the mother or caretaker was solely exposed to a mass media behavior change campaign such as radio messages. Children reached solely through community drama, comedy, or video shows should not be included. However, projects should still use mass communication interventions like dramas and radio shows to reinforce SBCC messages.

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR1.5**
If USAID is supporting a nutrition activity that is purchasing nutrition commodities (e.g. Vit A, zinc, MNPs) or providing 'significant' support for the delivery of the supplement, then the child should be counted as reached. Significant is defined as: a reasonable expectation that the intervention would not have occurred in the absence of USAID funding. Children can be double-counted across the intervention disaggregates if they receive more than one intervention, but a unique number of children reached must be entered into the sex disaggregates. In order to avoid double counting across interventions, the implementing partner should follow a two step process: 1. First, count each child by the type of intervention. For example, a child whose mother receives counseling on exclusive breastfeeding and who also receives vitamin A during a child health day should be counted once under each intervention; 2. Second, eliminate double counting when estimating the total number of children under-5 reached and to disaggregate by sex. The partner may develop a system to track individual children using unique identifiers or estimate the overlap between the different types of interventions and subtract it from the total. Please refer to the forthcoming FAQs and supplemental guidance document for more examples of how to avoid double counting. In cases where disaggregation is not possible, the unique number of children reached will likely be the number of children reached through Vitamin A distribution campaigns, in countries that support them. To avoid double counting across all USAID funded activities, the Mission should estimate the overlap between the different activities before reporting the aggregate number in the PPR. Please refer to the forthcoming FAQs and supplemental guidance for more information on how to limit double counting. In CMAM projects some children who are discharged as "cured" may relapse and be readmitted at a later date. There are standard methods for categorizing children as 'relapsed', but due to loss to follow-up, it is generally not possible to identify these children. Therefore, a limitation of this indicator is that there may be some double counting of children who were treated for severe and/or moderate acute malnutrition and relapsed during the same fiscal year. There are three nutrition PPR indicators (HL 9.1, HL 9.2, HL 9.3) that seek to measure children and pregnant women, reached. These indicators measure various age groups and interventions in the critical 1,000-day period of life from pregnancy to age two, as well as key interventions reaching children under 5 years of age. There is some degree of overlap in individuals reached across these indicators. Partners are allowed to double count children and mothers/caretakers reached across these PPR indicators since they seek to measure different underlying constructs.
Unit of Measure: Number of Children
Data type: Output
Disaggregation: None
Justification & Management Utility (Rationale/What it measures): Good coverage of evidence-based nutrition-specific interventions among children under 5 years of age is essential to prevent and treat malnutrition and to improve child survival. Under-nutrition is an underlying cause in 45 percent of childhood deaths. Measures reach of nutrition-specific programming in treating moderate malnutrition. Disaggregate of Standard Foreign Assistance Indicator HL. 9-1.
PLAN FOR DATA COLLECTION
Data Source(s): PPR – Disaggregation of Standard Indicator HL.9-1
Method of Data Compilation at the MSNS level: This indicator will be reported as a total number across MSNS select countries.
Collection, calculation/measurement description at activity implementation level: The data can be collected through regular monitoring systems such as registration/attendance lists during activities or unique identifier cards (e.g. growth monitoring cards or ration cards), or beneficiary-based surveys. The

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR1.5**
data disaggregation by type of intervention can also be collected using population-based surveys if the implementing partner has a reasonably good estimate of the total number of children reached. In this case, a partner may conduct an annual population-based survey in the activity's program area that provides the proportion of children under five reached with each particular USG-supported intervention and then apply that proportion to the total number of children under five reached. In cases where multiple partners are operating in the same area and beneficiaries are counted as reached through different monitoring systems, we encourage the use of coordinated annual surveys between the partners with shared costs that would increase the ability of the Mission to adjust for double counting.
Frequency & Timing of Data Acquisition: Annual
Estimated Cost of Data Acquisition:
Location of data storage: FACTSInfo NextGen
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any): This indicator is a disaggregate of HL.9-1, which disaggregates by sex and intervention. Because of the overlapping nature of the interventions, care must be taken to avoid double counting beneficiaries. Guidance is provided in the definition.
PLAN FOR DATA ANALYSIS and USE
Data Analysis: Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a low total number and/or a low percentage, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to increase the number of people benefiting from interventions (out of the total served).
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 02/08/2018

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR1.6**
INDICATOR: Number of children under five who received zinc supplementation during episode of diarrhea
MSNS RF Alignment **IR1: Increased equitable provision and utilization of high-quality nutrition services** ***DOMAIN:*** Service Provision & Utilization
Is this a PPR indicator? Yes ✓
DESCRIPTION
Precise Definition(s): The number of children under five who received zinc supplementation during episode of diarrhea who were reached with nutrition-specific interventions through USG- supported nutrition programs. This is a disaggregate (#3) of *Number of children under five (0-59 months) reached with nutrition-specific interventions through USG- supported nutrition programs* (MSNS IR 1.3, F Indicator HL.9-1) Children under five: Children under five years are those zero to 59 months of age. They are often targeted by US-supported activities with nutrition objectives. Reached by nutrition-specific interventions: A child can be counted as reached if s/he receives one or more of the following nutrition-specific interventions directly or through the mother/caretaker: 1. Behavior change communication interventions that promote essential infant and young child feeding behaviors including: • Immediate, exclusive, and continued breastfeeding • Appropriate, adequate and safe complementary foods from 6 to 24 months of age 2. Vitamin A supplementation in the past 6 months 3. Zinc supplementation during episodes of diarrhea 4. Multiple Micronutrient Powder (MNP) supplementation 5. Treatment of severe acute malnutrition 6. Treatment of moderate acute malnutrition 7. Direct food assistance of fortified/specialized food products (i.e. CSB+, Supercereal Plus, RUTF, RUSF, etc) Missions and IPs who have a strong justification may opt out of the requirement to disaggregate this indicator into the seven interventions and two sex disaggregates. For example, OUs may opt out if IPs rely on the government health system to collect this data and these disaggregates are not included in that system. The reason should be noted in the online PPR reporting database. In this case, Missions may report solely the total number of children under 5 reached. If only some disaggregates are available then Missions should report both the total number and the number for each available disaggregate. Projects that support Growth Monitoring & Promotion (GMP) interventions should report children reached under the BCC disaggregate (#1). Children are often reached through interventions that target adults such as mothers and caretakers. If, after birth, the child benefits from the intervention, then the child should be counted-- regardless of the primary recipient of the information, counseling, or intervention. For example, if a project provides counseling on complementary feeding to a mother, then the child should be counted as reached. Implementers should not count a child as reached during pregnancy. There is a separate standard indicator that enumerates the number of pregnant women reached (HL 9.3). A child reached directly or via a caretaker should be counted if s/he receives a product, participates in an activity, or accesses services from a USG-supported activity during the reporting year.

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR1.6**
A child should not be counted as reached if the mother or caretaker was solely exposed to a mass media behavior change campaign such as radio messages. Children reached solely through community drama, comedy, or video shows should not be included. However, projects should still use mass communication interventions like dramas and radio shows to reinforce SBCC messages. If USAID is supporting a nutrition activity that is purchasing nutrition commodities (e.g. Vit A, zinc, MNPs) or providing 'significant' support for the delivery of the supplement, then the child should be counted as reached. Significant is defined as: a reasonable expectation that the intervention would not have occurred in the absence of USAID funding. Children can be double-counted across the intervention disaggregates if they receive more than one intervention, but a unique number of children reached must be entered into the sex disaggregates. In order to avoid double counting across interventions, the implementing partner should follow a two step process: 1. First, count each child by the type of intervention. For example, a child whose mother receives counseling on exclusive breastfeeding and who also receives vitamin A during a child health day should be counted once under each intervention; 2. Second, eliminate double counting when estimating the total number of children under-5 reached and to disaggregate by sex. The partner may develop a system to track individual children using unique identifiers or estimate the overlap between the different types of interventions and subtract it from the total. Please refer to the forthcoming FAQs and supplemental guidance document for more examples of how to avoid double counting. In cases where disaggregation is not possible, the unique number of children reached will likely be the number of children reached reached through Vitamin A distribution campaigns, in countries that support them. To avoid double counting across all USAID funded activities, the Mission should estimate the overlap between the different activities before reporting the aggregate number in the PPR. Please refer to the forthcoming FAQs and supplemental guidance for more information on how to limit double counting. In CMAM projects some children who are discharged as "cured" may relapse and be readmitted at a later date. There are standard methods for categorizing children as 'relapsed', but due to loss to follow-up, it is generally not possible to identify these children. Therefore, a limitation of this indicator is that there may be some double counting of children who were treated for severe and/or moderate acute malnutrition and relapsed during the same fiscal year. There are three nutrition PPR indicators (HL 9.1, HL 9.2, HL 9.3) that seek to measure children and pregnant women, reached. These indicators measure various age groups and interventions in the critical 1,000-day period of life from pregnancy to age two, as well as key interventions reaching children under 5 years of age. There is some degree of overlap in individuals reached across these indicators. Partners are allowed to double count children and mothers/caretakers reached across these PPR indicators since they seek to measure different underlying constructs.
Unit of Measure: Number of Children
Data type: Output
Disaggregation: None
Justification & Management Utility (Rationale/What it measures): Good coverage of evidence-based nutrition-specific interventions among children under 5 years of age is essential to prevent and treat malnutrition and to improve child survival. Under-nutrition is an underlying cause in 45 percent of childhood deaths. Measures reach of nutrition-specific programming in treating moderate malnutrition. Disaggregate of Standard Foreign Assistance Indicator HL. 9-1.

Multi-Sectoral Nutrition Strategy M&L Plan Indicator Reference No. IR1.6
PLAN FOR DATA COLLECTION
Data Source(s): PPR – Disaggregation of Standard Indicator HL.9-1
Method of Data Compilation at the MSNS level: This indicator will be reported as a total number across MSNS select countries.
Collection, calculation/measurement description at activity implementation level: The data can be collected through regular monitoring systems. such as registration/attendance lists during activities or unique identifier cards (e.g. growth monitoring cards or ration cards), or beneficiary-based surveys. The data disaggregation by type of intervention can also be collected using population-based surveys if the implementing partner has a reasonably good estimate of the total number of children reached. In this case, a partner may conduct an annual population-based survey in the activity's program area that provides the proportion of children under five reached with each particular USG-supported intervention and then apply that proportion to the total number of children under five reached. In cases where multiple partners are operating in the same area and beneficiaries are counted as reached through different monitoring systems, we encourage the use of coordinated annual surveys between the partners with shared costs that would increase the ability of the Mission to adjust for double counting.
Frequency & Timing of Data Acquisition: Annual
Estimated Cost of Data Acquisition:
Location of data storage: FACTSInfo NextGen
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any): This indicator is a disaggregate of HL.9-1, which disaggregates by sex and intervention. Because of the overlapping nature of the interventions, care must be taken to avoid double counting beneficiaries. Guidance is provided in the definition.
PLAN FOR DATA ANALYSIS and USE
Data Analysis: Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a low total number and/or a low percentage, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to increase the number of people benefiting from interventions (out of the total served).
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 02/08/2018

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR1.7**
INDICATOR: Number of children under five whose parents/caretakers received behavior change communication interventions that promote essential infant and young child feeding behaviors
MSNS RF Alignment **IR1: Increased equitable provision and utilization of high-quality nutrition services** ***DOMAIN****:* Service Provision & Utilization
Is this a PPR indicator? Yes ✓
DESCRIPTION
Precise Definition(s): The number of children under five whose parents/caretakers received behavior change communication interventions that promote essential infant and youth child feeding behaviors, who were reached with nutrition-specific interventions through USG- supported nutrition programs. This is a disaggregate (#1) of *Number of children under five (0-59 months) reached with nutrition-specific interventions through USG- supported nutrition programs* (MSNS IR 1.3, F Indicator HL.9-1) Children under five years are those zero to 59 months of age. They are often targeted by US-supported activities with nutrition objectives. This indicator is a disaggregate of HL.9-1. Reached by nutrition-specific interventions: A child can be counted as reached if s/he receives one or more of the following nutrition-specific interventions directly or through the mother/caretaker: 1. Behavior change communication interventions that promote essential infant and young child feeding behaviors including: • Immediate, exclusive, and continued breastfeeding • Appropriate, adequate and safe complementary foods from 6 to 24 months of age 2. Vitamin A supplementation in the past 6 months 3. Zinc supplementation during episodes of diarrhea 4. Multiple Micronutrient Powder (MNP) supplementation 5. Treatment of severe acute malnutrition 6. Treatment of moderate acute malnutrition 7. Direct food assistance of fortified/specialized food products (i.e. CSB+, Supercereal Plus, RUTF, RUSF, etc) Missions and IPs who have a strong justification may opt out of the requirement to disaggregate this indicator into the seven interventions and two sex disaggregates. For example, OUs may opt out if IPs rely on the government health system to collect this data and these disaggregates are not included in that system. The reason should be noted in the online PPR reporting database. In this case, Missions may report solely the total number of children under 5 reached. If only some disaggregates are available then Missions should report both the total number and the number for each available disaggregate. Projects that support Growth Monitoring & Promotion (GMP) interventions should report children reached under the BCC disaggregate (#1) Children are often reached through interventions that target adults such as mothers and caretakers. If, after birth, the child benefits from the intervention, then the child should be counted-- regardless of the primary recipient of the information, counseling, or intervention. For example, if a project provides counseling on complementary feeding to a mother, then the child should be counted as reached. Implementers should not count a child as reached during pregnancy. There is a separate standard indicator that enumerates the number of pregnant women reached (HL 9.3). A child reached directly or via a caretaker should be counted if s/he receives a product, participates in an activity, or accesses services from a USG-supported activity during the reporting year.

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR1.7**
A child should not be counted as reached if the mother or caretaker was solely exposed to a mass media behavior change campaign such as radio messages. Children reached solely through community drama, comedy, or video shows should not be included. However, projects should still use mass communication interventions like dramas and radio shows to reinforce SBCC messages. If USAID is supporting a nutrition activity that is purchasing nutrition commodities (e.g. Vit A, zinc, MNPs) or providing 'significant' support for the delivery of the supplement, then the child should be counted as reached. Significant is defined as: a reasonable expectation that the intervention would not have occurred in the absence of USAID funding. Children can be double-counted across the intervention disaggregates if they receive more than one intervention, but a unique number of children reached must be entered into the sex disaggregates. In order to avoid double counting across interventions, the implementing partner should follow a two step process: 1. First, count each child by the type of intervention. For example, a child whose mother receives counseling on exclusive breastfeeding and who also receives vitamin A during a child health day should be counted once under each intervention; 2. Second, eliminate double counting when estimating the total number of children under-5 reached and to disaggregate by sex. The partner may develop a system to track individual children using unique identifiers or estimate the overlap between the different types of interventions and subtract it from the total. Please refer to the forthcoming FAQs and supplemental guidance document for more examples of how to avoid double counting. In cases where disaggregation is not possible, the unique number of children reached will likely be the number of children reached through Vitamin A distribution campaigns, in countries that support them. To avoid double counting across all USAID funded activities, the Mission should estimate the overlap between the different activities before reporting the aggregate number in the PPR. Please refer to the forthcoming FAQs and supplemental guidance for more information on how to limit double counting. In CMAM projects some children who are discharged as "cured" may relapse and be readmitted at a later date. There are standard methods for categorizing children as 'relapsed', but due to loss to follow-up, it is generally not possible to identify these children. Therefore, a limitation of this indicator is that there may be some double counting of children who were treated for severe and/or moderate acute malnutrition and relapsed during the same fiscal year. There are three nutrition PPR indicators (HL 9.1, HL 9.2, HL 9.3) that seek to measure children and pregnant women, reached. These indicators measure various age groups and interventions in the critical 1,000-day period of life from pregnancy to age two, as well as key interventions reaching children under 5 years of age. There is some degree of overlap in individuals reached across these indicators. Partners are allowed to double count children and mothers/caretakers reached across these PPR indicators since they seek to measure different underlying constructs.
Unit of Measure: Number of children
Data type: Output
Disaggregation: None
Justification & Management Utility (Rationale/What it measures): Good coverage of evidence-based nutrition-specific interventions among children under 5 years of age is essential to prevent and treat malnutrition and to improve child survival. Under-nutrition is an underlying cause in 45 percent of childhood deaths. Measures reach of nutrition-specific programming in treating moderate malnutrition. Disaggregate of Standard Foreign Assistance Indicator HL. 9-1

Multi-Sectoral Nutrition Strategy M&L Plan Indicator Reference No. IR1.7
PLAN FOR DATA COLLECTION
Data Source(s): PPR – Disaggregation of Standard Indicator HL.9-1
Method of Data Compilation at the MSNS level: This indicator will be reported as a total number across MSNS select countries.
Collection, calculation/measurement description at activity implementation level: The data can be collected through regular monitoring systems. such as registration/attendance lists during activities or unique identifier cards (e.g. growth monitoring cards or ration cards), or beneficiary-based surveys. The data disaggregation by type of intervention can also be collected using population-based surveys if the implementing partner has a reasonably good estimate of the total number of children reached. In this case, a partner may conduct an annual population-based survey in the activity's program area that provides the proportion of children under five reached with each particular USG-supported intervention and then apply that proportion to the total number of children under five reached. In cases where multiple partners are operating in the same area and beneficiaries are counted as reached through different monitoring systems, we encourage the use of coordinated annual surveys between the partners with shared costs that would increase the ability of the Mission to adjust for double counting.
Frequency & Timing of Data Acquisition: Annual
Estimated Cost of Data Acquisition:
Location of data storage: FACTSInfo NextGen
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any): This indicator is a disaggregate of HL.9-1, which disaggregates by sex and intervention. Because of the overlapping nature of the interventions, care must be taken to avoid double counting beneficiaries. Guidance is provided in the definition. is provided in the definition.
PLAN FOR DATA ANALYSIS and USE
Data Analysis: Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a low total number and/or a low percentage, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to increase the number of people benefiting from interventions (out of the total served).
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 02/08/2018

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR1.8**
INDICATOR: Number of pregnant women reached with nutrition-specific interventions through USG-supported programs
MSNS RF Alignment **IR1: Increased equitable provision and utilization of high-quality nutrition services** ***DOMAIN:*** Service Provision & Utilization
Is this a PPR indicator? Yes ✓
DESCRIPTION
Precise Definition(s): Pregnant women: This indicator captures the reach of activities that are targeted towards women during pregnancy, intended to contribute to the health of both the mother and the child, and to positive birth outcomes. A separate standard indicator will count the number of children under 2 reached by USG-supported programs (IR1.9 Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs). Nutrition-specific interventions: A pregnant woman can be counted as reached if she receives one or more of the following interventions: 1. Iron and folic acid supplementation 2. Counseling on maternal and/or child nutrition 3. Calcium supplementation 4. Multiple micronutrient supplementation 5. Direct food assistance of fortified/specialized food products (i.e. CSB+, Supercereal Plus, RUTF, RUSF, etc.) If possible, the Mission and IPs should also disaggregate this indicator by age (number of women < 19, number of women > or equal to 19) to determine whether projects are reaching this particularly vulnerable adolescent population. Missions and IPs who have a strong justification may opt out of the requirement to disaggregate this indicator into the five nutrition interventions and the age disaggregate. For example, OUs may opt out if IPs rely on the government health system to collect this data and these disaggregates are not included in that system. The reason should be noted in the online PPR reporting database. In this case, Missions may report just the total number of pregnant women reached. If only some disaggregates are available then Missions should report both the total number and the number for each available disaggregate. Iron and folic acid (IFA) supplementation is a commonly implemented intervention for pregnant women, often with broad coverage. Ideally, however, pregnant women should receive nutrition interventions beyond IFA, within a comprehensive ANC program informed by the local epidemiology of nutrient deficiencies. Nutrition interventions for women are often delivered at the facility level, included in the package of antenatal care, but they may also be delivered through community-level platforms, such as care groups or community health extension activities. A woman is reached with IFA if she receives the IFA according to national guidelines regardless of the number of days she adheres. If a woman only receives Iron or only Folic Acid, she would not be counted as reached.
Unit of Measure: Number of pregnant women
Data type: Output
Disaggregation: Women <19 years and women 19 years and older
Justification & Management Utility (Rationale/What it measures): The 1,000-days between pregnancy and a child's second birthday are the most critical period to ensure optimum physical and cognitive development. Good coverage of nutrition-specific interventions among pregnant women is essential to prevent both child and maternal under-nutrition and to improve survival. Under-nutrition is an underlying cause in 45

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR1.8**
percent of childhood deaths. Part of this burden can be alleviated through maternal nutrition interventions. Moreover, maternal anemia is estimated to contribute to 20 percent of maternal deaths. Measures reach of nutrition-specific programming
PLAN FOR DATA COLLECTION
Data Source(s): PPR – Standard Indicator HL.9-3
Method of Data Compilation at the MSNS level: This indicator will be reported as a total number across MSNS select countries.
Collection, calculation/measurement description at activity implementation level: If the IP contributed to "supply" side activities (e.g. procuring the commodity), then the women reached through these interventions can be counted as reached. If the activities are only "demand" creation (e.g. awareness raising), then they should not be counted under this indicator. The nutrition interventions during pregnancy listed above affect neonatal health outcomes such as low birth weight, small for gestational age, preterm birth, and cretinism. Nevertheless, pregnant women reached by these interventions should be counted under this indicator, and not counted as a "child reached" under the two other Nutrition PPR indicators: (1) Number of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported programs; (2) Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs. Women can be double-counted across the intervention disaggregates if they receive more than one intervention, but a unique number of women reached must be entered into the age disaggregates. In order to avoid double counting across interventions, the implementing partner should follow a two-step process: 1. First, count each pregnant woman by the type of intervention. For example, a woman who receives IFA and who also receives nutrition counseling should be counted twice, once under each intervention; 2. Second, eliminate double counting when estimating the total number of pregnant women reached and to disaggregate by age group. The partner should estimate the overlap between the different types of interventions. For example, if 100 women receive comprehensive facility-based ANC care and 20 of those women are also participants in a community-based nutrition SBCC program, the total number of pregnant women reported in aggregate is only 100, not 120. To avoid double counting across all USAID funded activities, the Mission should estimate the overlap between the different activities before reporting the aggregate number in the PPR. Please refer to the forthcoming FAQs and supplemental guidance for more information on how to limit double counting. There are three nutrition standard indicators (HL 9.1, HL 9.2, HL 9.3) that seek to measure children, pregnant women, and/or caretakers reached, and types of interventions. These indicators measure various age groups and interventions in the critical 1,000-day period of life from pregnancy to age two, as well as key interventions reaching children under 5 years of age. There is some degree of overlap in individuals reached across these indicators. Partners are allowed to double count children and mothers/caretakers reached across these PPR indicators since they seek to measure different underlying constructs. The data can be collected from health facility records or the implementing partner's routine monitoring systems such as women's health cards, or with beneficiary-based surveys. The data disaggregation by type of intervention can also be collected using population-based surveys if the implementing partner has a reasonably good estimate of the total number of pregnant women reached. In this case, a partner may conduct an annual population-based survey in the program area that

Multi-Sectoral Nutrition Strategy M&L Plan Indicator Reference No. IR1.8
provides the proportion of pregnant women reached with each particular USG-supported intervention and then apply that proportion to the total number of pregnant women reached. In cases where multiple partners are operating in the same area and beneficiaries are counted as reached through different monitoring systems, we encourage the use of coordinated annual surveys between the partners with shared costs that would increase the capacity of the Mission to adjust for double counting.
Frequency & Timing of Data Acquisition: Annual
Estimated Cost of Data Acquisition:
Location of data storage: FACTSInfo NextGen
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any):
PLAN FOR DATA ANALYSIS and USE
Data Analysis: Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a low total number and/or a low percentage, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to increase the number of people benefiting from interventions (out of the total served).
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 11/20/2017

Multi-Sectoral Nutrition Strategy M&L Plan
Indicator Reference No. IR1.9

INDICATOR: Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs

MSNS RF Alignment

IR1: Increased equitable provision and utilization of high-quality nutrition services

***DOMAIN**:* Service Provision & Utilization

Is this a PPR indicator? Yes ✓

DESCRIPTION

Precise Definition(s): Children under two: This indicator captures the children reached from birth to 23 months. Children are counted as reached if their mother/caregiver participated in the community-level nutrition program and a separate standard indicator will count the number of pregnant women reached by USG-supported programs (IR1.8 Number of pregnant women reached with nutrition-specific interventions through USG-supported programs).

Community-level nutrition interventions: Community-level nutrition activities are implemented on an on-going basis at the community-level and involve multiple, repeated contacts with pregnant women and mothers/caregivers of children. At a minimum 'multiple contacts' means two or more community-level interactions during the reporting year. However, an IP does not need to track the number of contacts and can estimate this based on the nature of the intervention. For example, a Care Group approach by its very nature includes multiple repeated contacts. Community-level nutrition activities should always include social and behavior change communication interventions focused on key maternal and infant and young child nutrition practices. Common strategies to deliver community-level interventions include The Care Group Model, Mothers' Support Groups, Husbands' Groups (École des Maris), and PD Hearth for malnourished children.

Community-level nutrition activities should coordinate with public health and nutrition campaigns such as child health days and similar population-level outreach activities conducted at a national (usually) or sub-national level at different points in the year. Population-level campaigns may focus on delivering a single intervention, but most commonly deliver a package of interventions that usually includes vitamin A supplements, de-worming tablets, and routine immunization, and may include screening for acute malnutrition, growth monitoring, and distribution of insecticide-treated mosquito nets. However, children under two reached only by population-level campaigns should not be counted under this indicator. Children reached solely through community drama, comedy, or video shows should not be included. However, projects should still use mass communication interventions like dramas to reinforce SBCC messages.

Facility-level Interventions that are brought to the community-level may be counted as community-level interventions if these involve multiple, repeated contacts with the target population (e.g. services provided by community-based health extension agents, mobile health posts).

Children are counted as reached if their mother/caregiver participated in the community-level nutrition program. If, after birth, the child benefits from the intervention, then the child should be counted--regardless of the primary recipient of the information, counseling, or intervention. For example, if a project provides counseling on complementary feeding to a mother, then the child should be counted as reached.

Children reached by community-level nutrition programs should be counted only once per reporting year, regardless of the number of contacts with the child.
To avoid double counting across all USAID funded activities, the Mission should estimate the overlap between the different activities before reporting the aggregate number in the PPR. Please refer to the forthcoming FAQs and supplemental guidance for more information on how to limit double counting.

Unit of Measure: Number of children

Data type: Output

Disaggregation: M/F

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR1.9**
Justification & Management Utility (Rationale/What it measures): Standard Indicator HL.9-2 Measures reach of nutrition-specific programming.
PLAN FOR DATA COLLECTION
Data Source(s): PPR – Standard Indicator HL.9-2
Method of Data Compilation at the MSNS level: This indicator will be reported as a total number across MSNS select countries.
Collection, calculation/measurement description at activity implementation level: The data can be collected through regular monitoring systems such as registration/attendance lists during activities or unique identifier cards.
Frequency & Timing of Data Acquisition: Annual
Estimated Cost of Data Acquisition:
Location of data storage: FACTSInfo NextGen
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any):
PLAN FOR DATA ANALYSIS and USE
Data Analysis: Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a low total number and/or a low percentage, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to increase the number of people benefiting from interventions (out of the total served).
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 11/20/2017

Multi-Sectoral Nutrition Strategy M&L Plan Indicator Reference No. IR1.10
INDICATOR: Number of learners in primary schools or equivalent non-school based settings reached with USG education assistance
MSNS RF Alignment **IR1: Increased equitable provision and utilization of high-quality nutrition services** ***DOMAIN:*** Service Provision & Utilization
Is this a PPR indicator? Yes ✓
DESCRIPTION
Precise Definition(s): A learner is an individual who is enrolled in an education program for the purpose of acquiring academic basic education skills or knowledge. Learners who are enrolled in formal primary school or the non-formal equivalent of primary school can be counted towards this indicator. This includes, but is not limited to, learners enrolled in government schools, NGO-run schools, religious schools, accelerated or alternative learning programs, so long as the school or program is designed to provide an education equivalent to the accepted primary-school curriculum. Learners enrolled in kindergarten can be included in this number only if kindergarten is accepted and funded by the government as an integrated component of primary education. Learners should be counted if they are enrolled in primary or primary equivalent education (as defined above), and they directly benefit from USG education assistance designed to support student acquisition of academic basic education skills and knowledge. Examples of USG education assistance that fall into this category can include, but are not limited to: pedagogical training for teachers; providing teaching and learning materials (TLM); improving teacher attendance; providing a safe learning environment; and supporting an early grade reading intervention. Examples of USG-supported education assistance that does not support student acquisition of academic basic education skills and knowledge include, but are not limited to: EMIS or assessment data collection; and administrative training for non-educators. When calculating this indicator, each learner should be counted only once in data for the year being reported. In other words, if a learner benefits from two overlapping programs and each meets the criteria outlined here, the learner should be counted only once. This indicator should report all individual learners who were reached during the year being reported, even if some of these learners may also have been counted in previous years. In other words, if a student was counted towards this indicator in previous fiscal year, the student can be counted towards the indicator again in the current fiscal year.
Unit of Measure: Number of learners
Data type: Output
Disaggregation: M/F, Age
Justification & Management Utility (Rationale/What it measures): Standard Indicator ES.1-3 This indicator provides a sense of the overall scale of students benefitting from USG education assistance. It measures reach of U.S. programming that is nutrition-sensitive.
PLAN FOR DATA COLLECTION
Data Source(s): PPR – Standard Indicator ES.1-3
Method of Data Compilation at the MSNS level: This indicator will be reported as a total number across MSNS select countries.
Collection, calculation/measurement description at activity implementation level: Official Government Records & Official reports from Implementing Partner(s)
Frequency & Timing of Data Acquisition: Annual

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR1.10**
Estimated Cost of Data Acquisition:
Location of data storage: FACTSInfo NextGen
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any):
PLAN FOR DATA ANALYSIS and USE
Data Analysis: Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a low total number and/or a low percentage, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to increase the number of people benefiting from interventions (out of the total served).
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 11/20/2017

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR1.11**
INDICATOR: Percentage of children age 12-23 months with all basic vaccines
MSNS RF Alignment **IR1: Increased equitable provision and utilization of high-quality nutrition services**
DOMAIN*:* Service Provision & Utilization
Is this a PPR indicator? No ✓
DESCRIPTION
Precise Definition(s): Percentage of children 12-23 months who had 8 basic vaccinations: Bacillus Calmette–Guérin (BCG), measles and three doses each of diphtheria/pertussis/tetanus (DPT) and polio vaccine (excluding polio vaccine given at birth).
Unit of Measure: Percentage of Children
Data type: Output
Disaggregation: M/F, Urban/Rural, Quintile
Justification & Management Utility (Rationale/What it measures): Measures reach of nutrition-sensitive programming.
PLAN FOR DATA COLLECTION
Data Source(s): Demographic and Health Surveys (DHS)
Method of Data Compilation at the MSNS level: At each time point (2018, 2022, 2025), country-level data will be aggregated across countries with a population-weighted average. In years where data are not reported by OUs, it will be estimated based on prior-year levels.
Collection, calculation/measurement description at activity implementation level:
Frequency & Timing of Data Acquisition: DHS survey collection is contingent on a number of factors including, but not limited to country context. Data collection is conducted approximately every five years.
Estimated Cost of Data Acquisition: Nominal, time
Location of data storage: DHS Reports
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any): There are two key limitations: the frequency and predictability of reporting periods which may not be reliably timed, and survey areas, both of which are beyond the control of USAID. Survey areas may not be a precise fit with USAID implementation areas.
PLAN FOR DATA ANALYSIS and USE
Data Analysis: In years for which data are not reported, it will be extrapolated using the average annual rate of change (AARC) between the last two data points available from prior years. Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached. Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a low prevalence rate, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to increase the prevalence of basic vaccination in children age 12-23 months.
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 02/08/2018

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR1.12**
INDICATOR: Couple years protection in USG-supported programs
MSNS RF Alignment **IR1: Increased equitable provision and utilization of high-quality nutrition services** ***DOMAIN**:* Service Provision & Utilization
Is this a PPR indicator? Yes ✓
DESCRIPTION
Precise Definition(s): The estimated protection provided by family planning (FP) services during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period in USG supported programs. The couple years protection (CYP) is calculated by multiplying the quantity of each method distributed to clients by a conversion factor, to yield an estimate of the duration of contraceptive protection provided per unit of that method (Wishik and Chen, 1973; Stover, Bertrand, and Shelton, 2000). The CYPs for each method are then summed over all methods to obtain a total CYP figure. Please see conversion factors at: https://www.usaid.gov/what-we-do/global-health/family-planning/couple-years-protection-cyp
Unit of Measure: Number, specific to a particular year
Data type: Output
Disaggregation: Urban/Rural
Justification & Management Utility (Rationale/What it measures): Standard Indicator HL.7.1-1 Indicator is used to measure actual distribution of contraceptive methods at Service Delivery Points (SDPs) or through Community Health Workers (CHWs). Couples who use family planning are more likely to have more resources to provide adequate nutrition to themselves and their children, require fewer nutritional services, lessening strain on existing services. This indicator measures the amount of contraceptive coverage provided to a given population in a given year, which is related to contraceptive prevalence and reduction in unintended pregnancies. This indicator is an annually-available proxy for Modern Contraceptive Prevalence Rate (MCPR).
PLAN FOR DATA COLLECTION
Data Source(s): PPR -- Standard Indicator HL.7.1-1
Method of Data Compilation at the MSNS level: This indicator will be reported as a total number across MSNS select countries.
Collection, calculation/measurement description at activity implementation level: Data collected from USG supported projects that provide Family Planning (FP) services in countries receiving FP/RH funds.
Frequency & Timing of Data Acquisition: Annual
Estimated Cost of Data Acquisition:
Location of data storage: FACTSInfo NextGen
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any):
PLAN FOR DATA ANALYSIS and USE
Data Analysis: Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a low total number and/or a low percentage, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to increase the number of people benefiting from interventions (out of the total served).
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 02/08/2018

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR1.13**
INDICATOR: Percentage of female direct beneficiaries of USG nutrition-sensitive agriculture activities consuming a diet of minimum diversity
MSNS RF Alignment **IR1: Increased equitable provision and utilization of high-quality nutrition services** ***DOMAIN:*** Service Provision & Utilization
Is this a PPR indicator? Yes ✓
DESCRIPTION

Precise Definition(s): A female direct beneficiary of a nutrition-sensitive agriculture activity is defined as a female of any age who is directly reached by the activity with agriculture-related intervention(s) (e.g. training, technical assistance, input access). Her interaction with the activity should be significant, meaning that a woman reached by an agriculture activity solely through brief attendance at a meeting or gathering should not be counted as beneficiary.

This indicator is applicable to nutrition-sensitive agriculture activities with explicit consumption, diet quality, or other nutrition-related objectives and/or outcomes. These nutrition-sensitive agriculture activities should be implementing components addressing one or more of the three agriculture-to-nutrition pathways: Food Production, Agricultural income, and Women's Empowerment [1].

A female is considered to be consuming a diet of minimum diversity if she consumed at least five of 10 specific food groups during the previous day and night [2].

The 10 food groups are:
1. Grains, white roots and tubers, and plantains
2. Pulses (beans, peas and lentils)
3. Nuts and seeds [3] (including groundnut)
4. Dairy
5. Meat, poultry, and fish
6. Eggs
7. Dark green leafy vegetables
8. Other vitamin A-rich fruits and vegetables
9. Other vegetables
10. Other fruits

The numerator for this indicator is the total number of female direct beneficiaries of the nutrition-sensitive agriculture activity who consumed 5 out of 10 food groups during the previous day and night.

The denominator is the total number of female direct beneficiaries of the nutrition-sensitive agriculture activity.

If data for this indicator are collected through a beneficiary-based sample survey, the numerator is the sample-weighted extrapolated total number of female direct beneficiaries of the nutrition-sensitive agriculture activity who consumed 5 out of 10 food groups during the previous day and night. The denominator is the sample-weighted extrapolated total number of female direct beneficiaries of the nutrition-sensitive agriculture activity with food group data.

Data should be collected annually at the same time of year since the indicator will likely display considerable seasonal variability. If possible, data should be collected at the time of year when diversity is likely to be the lowest to best capture improvements in year-round consumption of a diverse diet. However, Feed the Future recognizes that data for this indicator is likely to be collected in the post-harvest/sale period when data for other Required if Applicable (RiA) indicators, such as gross margins and incremental sales, are collected. In this case, the indicator value may reflect a best-case scenario in terms of yearly access to a quality and diverse diet by female beneficiaries.

Multi-Sectoral Nutrition Strategy M&L Plan Indicator Reference No. IR1.13
Notes: 1. This indicator complements the Feed the Future indicator "Prevalence of women of reproductive age consuming a diet of minimum diversity," which measures minimum dietary diversity among women 15-49 years old in the Feed the Future Zone of Influence through a population-based survey. 2. Using the data collected for this indicator, activities may wish to create a custom indicator measuring the average number of food groups consumed by female beneficiaries. This will allow managers to better understand progress made under this indicator, and would be especially useful in situations where diet diversity is very low at baseline. [1] See Improving Nutrition through Agriculture Technical Brief Series, https://www.spring-nutrition.org/publications/series/improving-nutrition-through-agriculture-technical-brief-series [2] See Introducing the Minimum Dietary Diversity – Women (MDD-W) Global Dietary Diversity Indicator for Women, http://www.fao.org/fileadmin/templates/nutrition_assessment/Dietary_Diversity/Minimum_dietary_diversity_-_women__MDD-W__Sept_2014.pdf. Additional detail on collecting and analyzing minimum dietary diversity indicator may be found in Minimum Dietary Diversity for Women – A Guide to Measurement (http://www.fao.org/3/a-i5486e.pdf) [3] "Seeds" in the botanical sense includes a very broad range of items, including grains and pulses. However, "seeds" is used here in a culinary sense to refer to a limited number of seeds, excluding grains or pulses, that are typically high in fat content and are consumed as a substantial ingredient in local dishes or eaten as a substantial snack or side dish. Examples include squash, melon or gourd seeds used as a main ingredient in West African stews and sesame seed paste (tahini) in some dishes in Middle Eastern cuisines.
Unit of Measure: Percentage of beneficiaries
Data type: Outcome
Disaggregation: Numerator/Denominator (Not officially a disaggregate of the standard indicator, but available in FTFMS)
Justification & Management Utility (Rationale/What it measures): Standard Indicator EG.3.3-10 This indicator will capture results under Increased Availability of and Access to High-quality Nutrition-Sensitive Services and Commodities. Minimum Dietary Diversity – Women (MDD-W) is a validated proxy indicator for the quality of the diet for women of reproductive age (15-49 years). Women of reproductive age consuming foods from five or more of the 10 food groups are more likely to consume a diet higher in micronutrient adequacy than women consuming foods from fewer than five of these food groups [3]. While it is possible that some female direct beneficiaries measured under this indicator will be younger than 15 years or 50 years or older, we assume the majority will be women of reproductive age. Thus, the indicator would still be a validated proxy for the likelihood of micronutrient adequacy for the majority of beneficiaries captured, while still capturing the consumption of a diverse diet for the remainder.
PLAN FOR DATA COLLECTION
Data Source(s): PPR -- Standard Indicator EG.3.3-10
Method of Data Compilation at the MSNS level: For each timepoint (2018, 2022, 2025), the sum of all numerator data for all countries will be divided by the sum of all denominator data for all countries to find the aggregate percentage.
Collection, calculation/measurement description at activity implementation level: Data for this indicator can be collected through routine reporting systems or annual (or more frequent) beneficiary-based surveys.
Frequency & Timing of Data Acquisition: Annual
Estimated Cost of Data Acquisition:
Location of data storage: FACTSInfo NextGen
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR1.13**
DATA QUALITY
Known Data Limitations and Significance (if any):
PLAN FOR DATA ANALYSIS and USE
Data Analysis: Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a low total number and/or a low percentage, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to increase the number of people benefiting from interventions (out of the total served).
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 11/20/2017

Multi-Sectoral Nutrition Strategy M&L Plan Indicator Reference No. IR1.14
INDICATOR: Number of female direct beneficiaries participating in USG nutrition-sensitive agriculture activities
MSNS RF Alignment **IR1: Increased equitable provision and utilization of high-quality nutrition services** ***DOMAIN****:* Service Provision & Utilization
Is this a PPR indicator? Yes ✓
DESCRIPTION
Precise Definition(s): Denominator of Percentage of female direct beneficiaries of USG nutrition-sensitive agriculture activities consuming a diet of minimum diversity (EG 3.3-10).
Unit of Measure: Number of beneficiaries
Data type: Outcome
Disaggregation: None
Justification & Management Utility (Rationale/What it measures): Denominator of Standard Indicator EG.3.3-10 The number of female direct beneficiaries of the nutrition-sensitive agriculture activity should be reported to allow a weighted average percent to be calculated across activities.
PLAN FOR DATA COLLECTION
Data Source(s): PPR – Denominator of Standard Indicator EG.3.3-10
Method of Data Compilation at the MSNS level: This indicator will be reported as a total number across MSNS select countries.
Collection, calculation/measurement description at activity implementation level: Data for this indicator can be collected through routine reporting systems or annual (or more frequent) beneficiary-based surveys.
Frequency & Timing of Data Acquisition:
Estimated Cost of Data Acquisition:
Location of data storage: FACTSInfo NextGen
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any):
PLAN FOR DATA ANALYSIS and USE
Data Analysis: Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a low total number and/or a low percentage, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to increase the number of people benefiting from interventions (out of the total served).
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 02/08/2018

Multi-Sectoral Nutrition Strategy M&L Plan
Indicator Reference No. IR1.15

INDICATOR: Number of people gaining access to a basic sanitation service as a result of USG assistance

MSNS RF Alignment

IR1: Increased equitable provision and utilization of high-quality nutrition services

***DOMAIN**:* Service Provision & Utilization

Is this a PPR indicator? Yes ✓

DESCRIPTION

Precise Definition(s): A basic sanitation service, defined according to the Joint Monitoring Programme (JMP), is a sanitation facility that hygienically separates human excreta from human contact, and that is not shared with other households. Sanitation facilities meeting these criteria include:

- flush or pour/flush facility connected to a piped sewer system;
- a septic system or a pit latrine with slab;
- composting toilets;
- or ventilated improved pit latrines (with slab).

All other sanitation facilities do not meet this definition and are considered "unimproved." Unimproved sanitation includes: flush or pour/flush toilets without a sewer connection; pit latrines without slab/open pit; bucket latrines; or hanging toilets/latrines. Households that use a facility shared with other households are not counted as using a basic sanitation facility. A household is defined as a person or group of persons that usually live and eat together.

Persons are counted as "gaining access" to an improved sanitation facility, either newly established or rehabilitated from a non-functional or unimproved state, as a result of USG assistance if their household did not have similar "access", i.e., an improved sanitation facility was not available for household use, prior to completion of an improved sanitation facility associated with USG assistance.

This assistance may come in the form of hygiene promotion to generate demand. It may also come as programs to facilitate access to supplies and services needed to install improved facilities or improvements in the supply chain(s).

Limitations:

It is important to note that providing "access" does not necessarily guarantee beneficiary "use" of a basic sanitation facility and thus potential health benefits are not certain to be realized from simply providing "access." Not all household members may regularly use the noted basic sanitation facility. In particular, in many cultures young children are often left to defecate in the open and create health risks for all household members including themselves. The measurement of this indicator does not capture such detrimental, uneven sanitation behavior within a household.

Additional limitations of this indicator are that it does not fully measure the quality of services, i.e. accessibility, quantity, and affordability, or the issue of facilities for adequate menstrual hygiene management.

Unit of Measure: Number of beneficiaries

Data type: Output

Disaggregation: Urban/Rural

Justification & Management Utility (Rationale/What it measures): Use of an improved sanitation facility by households is strongly linked to decreases in the incidence of waterborne disease among household members, especially among those under age five. Diarrhea remains the second leading cause of child deaths worldwide.

Useful for program management, funding allocations and tracking, and reporting towards USAID's Water and Development Strategy objectives.

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR1.15**
PLAN FOR DATA COLLECTION
Data Source(s): PPR – Standard Indicator HL8.2
Method of Data Compilation at the MSNS level: This indicator will be reported as a total number across MSNS select countries.
Collection, calculation/measurement description at activity implementation level: Data for this indicator can be collected through routine reporting systems or annual (or more frequent) beneficiary-based surveys.
Frequency & Timing of Data Acquisition:
Estimated Cost of Data Acquisition:
Location of data storage: FACTSInfo NextGen
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any):
PLAN FOR DATA ANALYSIS and USE
Data Analysis: Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a low total number and/or a low percentage, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to increase the number of people benefiting from interventions (out of the total served).
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 12/26/2017

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR1.16**
INDICATOR: Percentage of households with soap and water at a handwashing station commonly used by family members
MSNS RF Alignment **IR1: Increased equitable provision and utilization of high-quality nutrition services** ***DOMAIN****:* Service Provision & Utilization
Is this a PPR indicator? Yes ✓
DESCRIPTION
Precise Definition(s): A handwashing station is a location where family members go to wash their hands. In some instances, these are fixed locations where handwashing devices are built in and are permanently placed. But they may also be movable devices that may be placed in a convenient spot for family members to use. The measurement takes place via observation by an enumerator during the household visit. The enumerator must see the soap and water at this station. The soap may be in bar, powder, or liquid form. Shampoo will be considered liquid soap. The cleansing product must be at the handwashing station or reachable by hand when standing in front of it. A "commonly used" handwashing station, including water and soap, is one that can be readily observed by the enumerator during the household visit, and where study participants indicate that family members generally wash their hands. Numerator: Number of households where both water and soap are found at the commonly used handwashing station. Denominator: Total number of households. Limitations: The measurement of handwashing is difficult and should preferably be conducted by objective measures that do not rely on self-reports. The presence of a handwashing station does not guarantee use. However, this indicator has been shown to be linked with actual handwashing behavior and as such, is a useful proxy.
Unit of Measure: Number of beneficiaries
Data type: Outcome
Disaggregation: Urban/Rural
Justification & Management Utility (Rationale/What it measures): A clear link can be made between handwashing with soap among child caretakers at critical junctures and the reduction of diarrheal disease among children under five, one of the two major causes of child morbidity and mortality in developing countries. The critical junctures in question include handwashing with soap after the risk of fecal contact (after defecation and after cleaning a child's bottom) and before handling food (before preparing food, eating, or feeding a child). Useful for program management, funding allocations and tracking.
PLAN FOR DATA COLLECTION
Data Source(s): PPR – Standard Indicator HL8.2-5
Method of Data Compilation at the MSNS level: This indicator will be reported as a total number across MSNS select countries.
Collection, calculation/measurement description at activity implementation level: Data for this indicator can be collected through routine reporting systems or annual (or more frequent) beneficiary-based surveys.
Frequency & Timing of Data Acquisition:
Estimated Cost of Data Acquisition:

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR1.16**
Location of data storage: FACTSInfo NextGen
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any):
PLAN FOR DATA ANALYSIS and USE
Data Analysis: Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a low total number and/or a low percentage, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to increase the number of people benefiting from interventions (out of the total served).
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 12/26/2017

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR2.1**
INDICATOR: Budget for Nutrition in place
MSNS RF Alignment **IR2: Increased country capacity and commitment to nutrition** ***DOMAIN****:* Capacity and Commitment
Is this a PPR indicator? No
DESCRIPTION
Precise Definition(s): This indicator uses the Hunger and Nutrition Commitment Index (HANCI) to examine national budgets for nutrition. A score of 0 indicates no budget or no information could be found, 1 = sectoral budgets for nutrition or separate budget line for nutrition. For the purpose of the MSNS: if the HANCI reporting is 0 then 0 will be recorded. If .5 or 1, then 1 is reported. and 1 indicates a separate budget line for nutrition.
Unit of Measure: Index
Data type: Context Indicator
Disaggregation: N/A
Justification & Management Utility (Rationale/What it measures): This will be used to monitor Country Capacity and Commitment
PLAN FOR DATA COLLECTION
Data Source(s): Hunger and Nutrition Commitment Index (HANCI). Primary source data for HANCI reports: SUN country summary reports (not in public domain); SUN country fiche; IDS Nutrition Governance; Save the Children Nutrition Barometer; WHO Landscape Analysis.
Method of Data Compilation at the MSNS level: For every year, the number of OUs with a “no/0” HANCI value will be totaled. There will be no extrapolation for years that do not have a HANCI value.
Collection, calculation/measurement description: 0 = no budgets or where no confirming information could be found; 0.5 = sectoral budgets for nutrition; 1 = separate budget line for nutrition
Frequency & Timing of Data Acquisition: annually, budget allowing – last report is from 2014
Estimated Cost of Data Acquisition:
Location of data storage:
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any): The indicator measures only whether a budget exists, but does not assess the amount or accuracy of allocation. This is a secondary data source. Frequency of data collection and reporting is not within USAID control.
PLAN FOR DATA ANALYSIS and USE
Data Analysis: The plan is to report the number of select countries that report 0 indication no budget for nutrition
Data Use/Application in the MSNS M&L Plan: For those countries reporting “no”/0, the Agency Nutrition Monitoring & Learning Team will conduct outreach to identify opportunities for USAID engagement and/or coordination with other donors.
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 02/08/2018

Multi-Sectoral Nutrition Strategy M&L Plan Indicator Reference No. IR2.2
INDICATOR: A national multi-sectoral nutrition plan or policy is in place that includes responding to emergency nutrition needs (Yes/No)
MSNS RF Alignment **IR2: Increased country capacity and commitment to nutrition** ***DOMAIN**:* Capacity and Commitment
Is this a PPR indicator? Yes ✓
DESCRIPTION
Precise Definition(s): A national nutrition plan or policy is a written document that has been officially endorsed by the government of country. It is generally recognized and/or signed by the Ministry of Health and the Ministry of Agriculture, as well as other relevant Ministries and offices. The plan or policy must have a multi-sectoral approach that includes at minimum health, nutrition, agriculture and water and sanitation (WASH) sector involvement. To be reported under this indicator the plan or policy must also include a section that sets out the government's approach in response to emergency nutrition needs. The plan or policy must at a minimum call for the following actions in case of an emergency: 1. Protection of optimal infant and young child feeding practices in emergencies (IYCF-E) 2. detection and management of acute malnutrition 3. undertaking of Vitamin A supplementation and measles vaccination (in case of low vaccination coverage or displacement) 4. access to safe water and sanitation facilities, and protection/improvement of hygiene practices If there is a plan or policy in place but it does not address the four minimum emergency actions or does not include all of the four relevant sectors mentioned above, the Operating Unit should report "No" (No=0) for this indicator. However, the OU may explain the status of the policy in the indicator narrative section. The OU should report "yes" (Yes=1) the first year the plan or policy is put in place and report "yes" each subsequent year over the life of the policy or plan. If the plan or policy expires and another qualified plan or policy is not put in place, the OU should report "no" (No=0) each year until a new plan or policy is enacted. OU technical experts, who review the rest of the nutrition PPR data quality, are expected to make determinations of applicability and validity with respect to national plans and policies The intention of this indicator is only to capture official endorsement and existence of a policy. While ensuring and tracking effective implementation of the plan or policy is ideal, it is beyond the scope of a PPR indicator. OUs may develop custom indicators or write narrative descriptions that provide a more comprehensive story of their policy and advocacy efforts.
Unit of Measure: Binary (0 or 1)
Data type: Output
Disaggregation: N/A
Justification & Management Utility (Rationale/What it measures): Standard Indicator HL.9-5 Direct measure of multi-sectoral programming.
PLAN FOR DATA COLLECTION
Data Source(s): PPR -- Standard Indicator HL.9-5
Method of Data Compilation at the MSNS level: For every year, the number of OUs with a "yes/1" value and number of OUs with a "no/0" value will be totaled. There will be no extrapolation for years that do not have a HANCI value.
Collection, calculation/measurement description at activity implementation level: 0 = No; 1 = Yes.

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR2.2**
Frequency & Timing of Data Acquisition: Annual
Estimated Cost of Data Acquisition:
Location of data storage: FACTSInfo NextGen
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any):
PLAN FOR DATA ANALYSIS and USE
Data Analysis: Analysis will include looking at the trends.
Data Use/Application in the MSNS M&L Plan: If select countries have a zero value, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions.
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 11/20/2017

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR2.3**
INDICATOR: Number of individuals receiving nutrition-related professional training through USG-supported programs
MSNS RF Alignment **IR2: Increased country capacity and commitment to nutrition** ***DOMAIN:*** Capacity and Commitment
Is this a PPR indicator? Yes ✓ (NEW USAID Annual PPR)
DESCRIPTION
Precise Definition(s): Individuals: The indicator includes health professionals, primary health care workers, community health workers, volunteers, policy-makers, researchers, students, and non-health personnel (e.g. agriculture extension workers) who receive training. This indicator does not include direct community-level beneficiaries such as mothers receiving counseling on maternal, infant, and young child nutrition. Nutrition-related: Individuals should be trained in basic and applied nutrition-specific or nutrition-sensitive topics in academic, pre- and in-service venues. Professional training: This indicator captures the number of individuals to whom significant knowledge or skills have been imparted through interactions that are intentional, structured, and designed for this purpose. There is no pre-defined minimum or maximum length of time for the training; what is key is that the training reflects a planned, structured curriculum designed to strengthen nutrition capacities, and there is a reasonable expectation that the training recipient will acquire new knowledge or skills that s/he could translate into action. Missions and IPs should count an individual only once, regardless of the number of trainings received during the reporting year and whether the trainings covered different topics. If an individual is trained again during a following year, s/he can be counted again for that year. Do not count sensitization meetings or one-off informational trainings. In-country and off-shore training are included. Training should include a nutrition-specific or nutrition-sensitive focus as defined in the USAID multi-sectoral nutrition strategy and any updated implementation guidance documents. Implementing agencies may encourage partner professional institutions (e.g. health facilities, agriculture extension offices, Universities, Ministries) to maintain a list of employees and trainings received. If an IP provides support for curriculum development in an institutional setting such as a University and the content meets the criteria listed above, the individuals who are trained under that curriculum may be counted as reached for the life of the activity that supported the development of the curriculum. However, if the Mission has an independent means of collecting the data from the learning institution without the assistance of the Implementing Partner, the Mission may continue to report the individuals who received training based on the curriculum after the activity ends. Data should be disaggregated into individuals receiving degree granting and those receiving non-degree granting training. Among those seeking degrees, individuals should be further disaggregated by "new" and "continuing" degree seekers. The "new" individuals are those that started a degree granting program in the last year. The "continuing" individuals are those that are continuing a degree granting program they started in the previous year. Degrees may include but are not limited to an Associate Degree, Bachelor's Degree, Master's Degree, and Doctorate Degree.
Unit of Measure: Number of individuals
Data type: Output
Disaggregation: *For MSNS Purposes:* M/F *Original disaggregation:* • Number of non-degree seeking trainees • Number of degree seeking trainees • Number of new degree seeking trainees • Number of continuing degree seeking trainees

Multi-Sectoral Nutrition Strategy M&L Plan Indicator Reference No. IR2.3
• Number of males • Number of females
Justification & Management Utility (Rationale/What it measures): Standard Indicator HL.9-4 A high level of capacity among caregivers and the workforce is needed in order to successfully implement nutrition programs. Improving nutrition is a key objective of the Feed the Future initiative and is key to achieve the high level goal of ending preventable maternal and child deaths. Under-nutrition is an underlying cause in 45 percent of childhood deaths. Measures reach of nutrition-specific programming.
PLAN FOR DATA COLLECTION
Data Source(s): PPR – Standard Indicator HL.9-4
Method of Data Compilation at the MSNS level: This indicator will be reported as a total number across MSNS select countries.
Collection, calculation/measurement description at activity implementation level: The data can be collected through regular monitoring systems using sources such as classroom attendance lists and lists of individuals trained within target institutions and maintained by those institutions (e.g. Ministries, Universities, health facilities).
Frequency & Timing of Data Acquisition: annual
Estimated Cost of Data Acquisition:
Location of data storage: FACTSInfo NextGen
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any): Because trainees may enroll in more than one training, there is the potential for double counting of beneficiaries.
PLAN FOR DATA ANALYSIS and USE
Data Analysis: Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a low total number and/or a low percentage, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to increase the number of people benefiting from interventions (out of the total served).
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 04/05/2018

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR2.4**
INDICATOR: Demographic and/or Health Survey / Multiple Indicator Cluster Survey /comparable national nutrition survey conducted in the past three years? (yes/no)
MSNS RF Alignment **IR2: Increased country capacity and commitment to nutrition** ***DOMAIN****:* Capacity and Commitment
Is this a PPR indicator? No ✓
DESCRIPTION
Precise Definition(s): Has there been a Demographic and Health Survey / Multiple Indicator Cluster Survey/comparable national nutrition survey in the past three years? 1: Yes if the survey was dated YR (three years prior to survey) or thereafter, or currently underway. 0: No new survey undertaken after YR (three years prior to survey)
Unit of Measure: Index
Data type: Context Indicator
Disaggregation: N/A
Justification & Management Utility (Rationale/What it measures): This indicator will be used to monitor the domain Country Capacity and Commitment.
PLAN FOR DATA COLLECTION
Data Source(s): Hunger and Nutrition Commitment Index (HANCI). Primary source data for HANCI reports: SUN country summary reports (not in public domain); SUN country fiche; IDS Nutrition Governance; Save the Children Nutrition Barometer; WHO Landscape Analysis.
Method of Data Compilation at the MSNS level: For every year, the number of OUs with a "no/0" HANCI value and the number with a "yes/1" will be totaled. There will be no extrapolation for years that do not have a HANCI value.
Collection, calculation/measurement description at activity implementation level: 1: Yes if the survey was dated YR (three years prior to survey) or thereafter, or currently underway; 0: No new survey undertaken after YR (three years prior to survey)
Frequency & Timing of Data Acquisition: annually, budget allowing – last report is from 2014
Estimated Cost of Data Acquisition:
Location of data storage:
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any): The indicator measures only whether a survey has been conducted, but does not assess the quality of the survey. This is a secondary data source. Frequency of data collection and reporting is not within USAID control.
PLAN FOR DATA ANALYSIS and USE
Data Analysis: The plan is to report the number of select countries that have and have not had a survey in the past three years.
Data Use/Application in the MSNS M&L Plan: For those countries reporting "no"/0, the Agency Nutrition Monitoring & Learning Team will conduct outreach to identify opportunities for USAID engagement and/or coordination with other donors.
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 02/08/2018

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. IR3.1**
INDICATOR: Presence of a multi-sectoral and multi-stakeholder coordination mechanism (yes/no)
MSNS RF Alignment **IR3: Increased multi-sectoral programming and coordination for improved nutrition outcomes** ***DOMAIN****:* Strengthened coordinated Multi-sectoral design & planning
Is this a PPR indicator? No ✓
DESCRIPTION
Precise Definition(s): Whether a multi-sectoral and multi-stakeholder coordination mechanism exists.1: 1: Yes; 0: No
Unit of Measure: Index
Data type: Context Indicator
Disaggregation: N/A
Justification & Management Utility (Rationale/What it measures): This indicator will be used to measure the domain Strengthened Coordinated Multi-sectoral design and planning
PLAN FOR DATA COLLECTION
Data Source(s): Hunger and Nutrition Commitment Index (HANCI). Primary source data for HANCI reports: SUN country summary reports (not in public domain); SUN country fiche; IDS Nutrition Governance; Save the Children Nutrition Barometer; WHO Landscape Analysis.
Method of Data Compilation at the MSNS level: For every year, the number of OUs with a "no/0" HANCI value and the number with a "yes/1" will be totaled. There will be no extrapolation for years that do not have a HANCI value.
Collection, calculation/measurement description at activity implementation level: 1: Yes; 0: No
Frequency & Timing of Data Acquisition: annually, budget allowing – last report is from 2014
Estimated Cost of Data Acquisition:
Location of data storage:
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any): The indicator measures only the existence of such mechanisms, not whether they are active, and may be self-reported. This is a secondary data source, and frequency of reporting is not within USAID control.
PLAN FOR DATA ANALYSIS and USE
Data Analysis: The plan is to report the number of select countries that have and do not have a multi-sectoral and multi-stakeholder coordination mechanism.
Data Use/Application in the MSNS M&L Plan: For those countries reporting that they do not have a multi-sectoral or multi-stakeholder coordination mechanism, the Agency Nutrition Monitoring & Learning Team will conduct outreach to identify opportunities for USAID engagement and/or coordination with other donors.
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 02/08/2018

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. CC1.1**
INDICATOR: Percentage of women participating in decisions on major household purchases
MSNS RF Alignment **Cross-cutting: Gender Equality/Female Empowerment** ***DOMAIN**:*
Is this a PPR indicator? No ✓
DESCRIPTION
Precise Definition(s): This indicator measures women's participation in making decisions on major household purchases. A woman participates in a given decision when she alone or jointly with someone else makes the decision.
Unit of Measure: From the DHS women's module, question 923 "Who makes decisions on major household purchases? Responses that should be included as participation are: 1) respondent alone, 2) respondent and husband/partner jointly, 3) respondent and other person in the household.
Data type: Outcome
Disaggregation: Urban/Rural, Quintile
Justification & Management Utility (Rationale/What it measures): Gender equality/female empowerment is a cross-cutting principle of the MSNS. This indicator describes women's perception of control over the use of household resources, as one dimension of gender equity. This indicator will be used to monitor and analyze changes in women's ability to influence decisions that may be associated with nutrition-sensitive interventions, such as inclusion of women in income generating activities. Studies have shown that when women gain control of income, they are likely to use it for children's needs such as education and food, which are underlying factors for nutrition outcomes. Furthermore, it follows that women who participate in making decisions on major household purchases may exert more control over small decisions, including the purchase of food.
PLAN FOR DATA COLLECTION
Data Source(s): Demographic and Health Surveys (DHS)
Method of Data Compilation at the MSNS level: At each time point (2018, 2022, 2025), country-level data will be aggregated across countries with a population-weighted average. In years where data are not reported by OUs, it will be estimated based on prior-year levels.
Collection, calculation/measurement description at activity implementation level: National nutrition surveys, population-based health surveys with nutrition modules, national surveillance systems.
Frequency & Timing of Data Acquisition: DHS survey collection is contingent on a number of factors including, but not limited to country context. Data collection is conducted approximately every five years.
Estimated Cost of Data Acquisition: Nominal, time
Location of data storage: DHS Reports
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team
DATA QUALITY
Known Data Limitations and Significance (if any): There are two key limitations: the frequency and predictability of reporting periods which may not be reliably timed, and survey areas, both of which are beyond the control of USAID. Survey areas may not be a precise fit with USAID implementation areas.
PLAN FOR DATA ANALYSIS and USE
Data Analysis: In years for which data are not reported, it will be extrapolated using the average annual rate of change (AARC) between the last two data points available from prior years. Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached. Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached.
Data Use/Application in the MSNS M&L Plan: If select countries have a low prevalence rate, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to raise the number of women participating in decisions.
CHANGES TO INDICATOR and/or OTHER NOTES
Disaggregation of index
THIS SHEET LAST UPDATED ON: 02/08/2018

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. CC1.2**
INDICATOR: Percentage of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income or employment)
MSNS RF Alignment **Cross-cutting: Gender Equality/Female Empowerment** ***DOMAIN**:*
Is this a PPR indicator? Yes ✓
DESCRIPTION
Precise Definition(s): Productive economic resources include: assets - land, housing, businesses, livestock or financial assets such as savings; credit; wage or self-employment; and income. Programs include: • micro, small, and medium enterprise programs; • workforce development programs that have job placement activities; • programs that build assets such as land redistribution or titling; housing titling; agricultural programs that provide assets such as livestock; or programs designed to help adolescent females and young women set up savings accounts. This indicator does NOT track access to services, such as business development services or stand-alone employment training (e.g., employment training that does not also include job placement following the training).
Unit of Measure: Percentage of participants, expressed as a whole number. Numerator = Number of female program participants Denominator = Total number of male and female participants in the program the resulting percentage should be expressed as a whole number. For example, if the number of females in the program (the numerator) divided by the total number of participants in the program (the denominator) yields a value of .16, the number 16 should be the reported result for this indicator. Values for this indicator can range from 0 to 100. The numerator and denominator must also be reported as disaggregates.
Data type: Output
Disaggregation: Numerator, Denominator
Justification & Management Utility (Rationale/What it measures): Standard Indicator GNDR-2 Information generated by this indicator will be used to monitor and report on achievements linked to broader outcomes of gender equality and female empowerment and will be used for planning and reporting purposes by Agency-level, bureau-level and in-country program managers. Specifically, this indicator will inform required annual reporting or reviews of the USAID Gender Equality and Female Empowerment Policy and the Joint Strategic Plan reporting in the APP/APR, and Bureau or Office portfolio reviews. Additionally, the information will inform a wide range of gender-related public reporting and communications products, and facilitate responses to gender-related inquiries from internal and external stakeholders such as Congress, NGOs, and international organizations.
PLAN FOR DATA COLLECTION
Data Source(s): PPR -- Standard Indicator GNDR-2
Method of Data Compilation at the MSNS level:
Collection, calculation/measurement description at activity implementation level:
Frequency & Timing of Data Acquisition: Annual
Estimated Cost of Data Acquisition:
Location of data storage: FACTSInfo NextGen
Individual(s) Responsible: Agency Nutrition Monitoring & Learning Team

Multi-Sectoral Nutrition Strategy M&L Plan **Indicator Reference No. CC1.2**
DATA QUALITY
Known Data Limitations and Significance (if any):
PLAN FOR DATA ANALYSIS and USE
Data Analysis: Analysis will include looking at the trends and also a percentage of people reached in each country as compared to total people reached
Data Use/Application in the MSNS M&L Plan: If select countries have a low total number and/or a low percentage, then the Agency Nutrition Monitoring & Learning Team may conduct outreach to Missions to identify opportunities to increase the number of people benefiting from interventions (out of the total served).
CHANGES TO INDICATOR and/or OTHER NOTES
THIS SHEET LAST UPDATED ON: 11/20/2017

ANNEX E: PERIODIC ASSESSMENT ANALYSIS PLAN

Monitoring quantitative and qualitative data will provide valuable learning about what is working well and Missions about MSNS implementation will provide contextual, explanatory information that can assist with understanding indicator patterns and analysis of plausible linkages between implementation and outcomes.

Question (Sub-questions)	Data used	Data Source(s) (Collection)	Preliminary Analysis Plan
Question 1: What is the current progress in MSNS implementation?			
a. How has the MSNS influenced the way programs are designed and implemented in the field?	Reach and coverage indicators	● PPR ● FACTS Info narratives ● DHS	● Code qualitative data to derive by domain patterns over time. ● Triangulate the frequencies, proportions, and counts with the qualitative data. ● Case study analysis of Mission survey and stakeholder feedback
	Qualitative measures	Mission qualitative data	
b. To what extent has the MSNS contributed to Mission capacity and processes, thereby creating an enabling environment?	Qualitative measures	Mission qualitative data	● Code qualitative data to derive by domain patterns over time. ● Case study analysis of Mission survey and stakeholder feedback
c. What are the challenges and opportunities for further supporting MSNS implementation?	Qualitative measures	Mission qualitative data	● Code qualitative data to derive by domain patterns over time. ● Case study analysis of Mission survey and stakeholder feedback
Question 2: Are there plausible links between the processes and implementation influenced by the MSNS and country-level indicators at the Goal, Strategic Objective (SO), and Intermediate Result (IR) levels?			
a. What differences in indicators are found in countries where the MSNS has been implemented to a greater or lesser extent?	● Prevalence Indicators ● Reach and coverage indicators ● Qualitative measures	● PPR ● FACTS Info narratives ● DHS ● Mission qualitative data ● Country stakeholders (Stakeholder feedback cases)	● Organize data into tables per domain ● Compare indicators and survey data per domain ● Qualitative analysis of Mission interviews regarding influences, achievements and challenges per domain ● Comparison of qualitative data/indicators to examine plausible linkages

Question (Sub-questions)	Data used	Data Source(s) (Collection)	Preliminary Analysis Plan
Question 2 (continued): Are there plausible links between the processes and implementation influenced by the MSNS and country-level indicators at the Goal, Strategic Objective (SO), and Intermediate Result (IR) levels?			
b. What approaches to implementation contribute to equity and gender equality?	● Prevalence Indicators ● Reach and coverage indicators ● Qualitative measures	● DHS, ● FACTS Info ● PPR ● Mission qualitative data	● Gender disaggregation ● Economic Quintile analysis ● Urban/Rural/Regional disaggregation ● Qualitative analysis of Mission interviews ● Comparison of qualitative/quantitative data to examine plausible linkages

Annex F: Work Plan Template

This work plan template provides indicative timelines for the illustrative tasks.

Task	Period 1												Period 2												Period 3											
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
Indicator Data Compilation and Collection																																				
Gather country-level indicator data	■												■																							
Enter data into spreadsheet	■												■																							
Run descriptive statistics & disaggregation by country	■	■											■	■											■	■										
Report on indicator values			■												■												■									
Mission Qualitative Data Collection																																				
Conduct Mission interviews		■	■											■	■											■	■									
Clean, code and analyze open-ended data			■												■												■									
Write and share findings to missions, HQ				■	■	■										■	■	■										■	■	■						
Address findings (e.g. create action plan)					■	■											■	■											■	■						
Participatory Assessment & Reflection (PAR) Tool - Optional																																				
Identify Missions for participation					■												■												■							
Identify/Hire facilitator and qualitative analyst						■												■												■						
Support Missions in planning process							■												■												■					
Conduct PAR								■												■												■				
Collect and analyze data								■												■												■				
Write and share findings									■	■											■	■											■	■		
Address findings (e.g. create action plan)											■	■											■	■											■	■
Monitoring & Analysis																																				
Analyze indicators per Learning Question		■	■	■										■	■										■	■										
Triangulate data from indicators, survey and interviews												■	■												■											■
Write and share findings														■												■										
Address findings (e.g. create action plan)															■	■											■	■								

Key	
Scheduled task	■
Milestone	■

List of MSNS Countries[1]

	BFS Focus Countries	*Global Health Nutrition Focus Countries*	*Countries with FFP DFSAs*
Bangladesh	X*	X	X
Burkina Faso			X
Burundi			X
Cambodia	X	X	
Congo, Democratic Republic of		X	X
Ethiopia	X*	X	X
Ghana	X*	X	
Guatemala	X*	X	
Haiti	X	X	X
Honduras	X*		
Kenya	X*	X	
Lao PDR		X	
Liberia	X		
Madagascar			X
Malawi	X	X	
Mali	X*	X	X
Mozambique	X	X	X
Nepal	X*	X	X
Niger	*		X
Nigeria	*		
Rwanda	X	X	
Senegal	X*	X	
Tajikistan	X	X	
Tanzania	X	X	
Uganda	X*	X	X
Zambia	X	X	
Zimbabwe			X

NOTE: BFS countries are those that have Feed the Future programming. BFS countries marked with an asterisk (*) are countries that are GFSS (Global Food Security Strategy) target countries starting in 2018

[1] This list is subject to change as programs end or as funding is altered.

This page left intentionally blank

U.S. Agency for International Development
1300 Pennsylvania Avenue, NW
Washington, DC 20523

www.usaid.gov