Planning and costing to accelerate actions for scaling up nutrition

While many countries are growing richer, with high rates of annual growth and decreasing levels of poverty, undernutrition levels remain stubbornly high. It is estimated that out of all deaths of children less than five years of age, 3.1 million, or 45%, are caused by undernutrition, and another 165 million children worldwide are stunted (too short for their age). Stunting can lead to impaired intellectual development, reduced school attendance and ultimately lower economic productivity. Investing in nutrition now can save national economies millions that may otherwise be spent on health care later in life, and can add millions through greater productivity.

The Scaling Up Nutrition (SUN) movement was launched in 2010 to reinvigorate efforts to address undernutrition globally. It brings together a diverse group of stakeholders to strengthen political commitments and improve accountability by providing a platform for collective action in which governments, civil society organisations (CSOs), businesses, donors and the United Nations can work together in a coordinated and targeted way to reduce rates of undernutrition.

To date, over 50 countries have signed up to the SUN movement. These countries have or are developing national plans for nutrition that provide a framework for all stakeholders working on nutrition to coordinate efforts around common results. As countries have developed their plans, they and other members of the global SUN movement, have been considering what makes a good plan that is useful for both national governments and other stakeholders? This brief summarises key elements that have been identified as contributing towards good national nutrition plans based on a review of 20 country plans and processes. A more detailed synthesis report drawing on activities in all 20 countries is available.¹

Opportunities for investment

In order to allow for a comparison of plans from different countries, interventions included in the plans are grouped into three main categories:

1. **Nutrition-specific actions** – interventions which tackle the immediate causes of undernutrition, related to food intake as well as disease management and care practices. The 2013 Lancet series on maternal and child nutrition identified ten key interventions for which there is strong evidence, including promoting appropriate maternal, infant and young child feeding practices, population healthy eating practices, improving vitamin and micronutrient intakes and appropriate management of acute malnutrition.

¹ The 20 countries are: Bangladesh, Benin, Burkina Faso, Gambia, Guatemala, Haiti, Indonesia, Kenya, Madagascar, Malawi, Mozambique, Nepal, Niger, Peru, Rwanda, Senegal, Sierra Leone, Tanzania, Uganda, and Yemen.
2. Nutrition-sensitive actions – aim to address the underlying causes of undernutrition and are implemented by a range of sectors, not just the health sector, which is the focus for nutrition-specific actions. Nutrition-sensitive actions are grouped into three main categories:

   a. Actions which aim to improve people’s access to nutritious foods, improving household-level food and nutrition security.
   b. Actions that aim to improve a family’s ability to best care for young children, such as improving maternity leave entitlements for mothers and encouraging men to participate in child care duties.
   c. Actions that improve access to health services, water and sanitation facilities.

3. Nutrition governance – interventions which strengthen national and sub-national capacity to effectively coordinate and manage a variety of stakeholders. This can include capacity building, improving coordination and information management, advocacy and communications.

The plans
The observations and recommendations in the report all come from an extensive review of the national nutrition plans of 20 countries. The process of developing plans was government-owned and -led. Each plan is different and reflects a country’s needs and priorities, engagement of ministries and non-state actors and, often, the mandate of the leading entity. The graph below shows the cost distribution in terms of nutrition-specific and nutrition-sensitive programmes and governance activities. As Lawrence Haddad, Senior Fellow, IFPRI, notes in the report’s conclusion: “Importantly, the heterogeneity of the plans is a strength, not a weakness...technically smart plans are of no use if those who are accountable for implementing them feel little sense of ownership.”

Overview of the composition of country plans

Developing the plans – necessary factors to consider
The process of developing the plan, or ‘common results framework’, is critical to influencing its utility for stewardship. A plan is much more likely to be useful if it is developed as a result of an inclusive consultation with all relevant stakeholders including scientists, UN agencies, non-governmental organisations, donors, businesses and, importantly, community organisations. Such a process is easiest if the negotiations necessary to develop the national plan take place under the authority of the highest level of government, and includes: clear directions for all stakeholders; a timetable for implementation; and commitment to support the achievement of the agreed results. Often these plans are an amalgamation of multiple sector plans that indicate different ways the common results framework will be pursued, as in Indonesia, Guatemala and Peru. In other cases, the plans will require technical endorsement from responsible ministries, as in Nepal and Sierra Leone.
Ensuring effective implementation

In examining the plans, several key considerations emerged as critical for ensuring that the national nutrition plans can be effectively implemented, including:

• Most plans currently focus on delivering nutrition-specific interventions within the first 1,000 days (from pregnancy to a child’s second birthday), which are mainly delivered through the health sector. Governments must continue to increase links between health and other nutrition-sensitive sectors, encourage the convergence of different sector plans, and increase the nutrition-sensitive components of plans.

• National nutrition plans are most useful if they form the basis for monitoring progress on implementation. Countries are currently working to refine their plans to ensure that relevant data is collected and analysed for monitoring implementation.

• Developing and budgeting local-level plans, informed by national recommendations, is essential.

• Implementation should focus efforts on responding to the needs of nutritionally vulnerable individuals and communities.

What makes a good plan?

Prioritisation of activities is important. In the 20 plans reviewed in this exercise, only 12 indicated that some effort had been made to prioritise activities. Prioritisation is important as it allows for more realistic costs to be estimated over time and improves implementation. For example, one goal in Rwanda’s plan was to increase consumption of biofortified beans and orange fleshed sweet potatoes. This is likely to have high start-up costs due to marketing and education about the benefits of consumption, but costs should decrease in subsequent years. Prioritisation would clarify when initial costs for an intervention are high, and allow for appropriate planning.

Having specific annual targets makes plans more useful. Plans should include targets/outputs that are linked to specific activities and coverage. The most effective targets have measurable interventions indicators. For example, an intervention that promotes hand washing in schools should measure the number of children taught the technique, rather than having a much broader outcome target of reduction of diarrhoea in the population.

Approaches to scaling up interventions will vary depending on national priorities, the nature of the intervention and the country’s geography. There are many approaches to scaling-up including aiming for national coverage, aiming for district-level role out or aiming to reach a certain population target. However, as long as priorities are clear and there are targets linked to clear outcomes, the approach to scale-up will reflect priorities given available funding.

Involving as many sectors and organisations as possible in defining the common results framework will result in a more realistic and comprehensive plan. In many countries, health and agricultural agencies are involved in developing the plan, but often agencies and sectors involved in nutrition-sensitive plans are less involved. Given the multi-sectoral nature of nutrition, the best plans emerge from processes involving all sectors and actors that provide nutrition funding, interventions (including services and goods) or governance.

How much will it cost to implement the plan?

Effective scale-up is only possible when all costs associated with an intervention are included in the total cost of a plan. Assumptions around costs come down to what is included and excluded from cost estimates. Many countries excluded human resource costs and infrastructure costs as these were already covered in ministries’ budgets. In Rwanda and Madagascar, costed plans did not include fixed costs, such as salaries for government staff, rent, construction, maintenance or utilities. Even in situations where not all costs were known, most countries had guidelines on what to include and exclude. In cases were all intervention costs are not included, interventions that are selected may differ from a country’s priorities or may lead to an inaccurate estimation of country capacity.
Countries with clear coordination and management for nutrition are better able to identify required activities and costs, such as in the Gambia or Malawi. It is essential that governance arrangements are fully costed in national plans. This should include both the creation and maintenance of planning bodies, and costs associated with systems to track programme implementation, expenditures and outcomes.

A variety of costing methods can be used when costing a national plan, depending on the context. What is critical is that the method is clearly understood and documented. Most plans currently lack the necessary assumptions and details on costing methodology to understand, revise and update national plans. In Madagascar, for example, a costing tool was developed which excluded fixed costs of government agencies because these were not available. The methodology then developed three scenarios assuming that 2%, 20% or 50% of planned activities were actually completed, taking into account the reality of the uncertainty caused by political, economic and social challenges.

Financial tracking: examples from countries showing progress

Regular financial tracking is critical for the effective prioritisation, planning, resource allocation and effective monitoring and evaluation of implementation. There a number of tools that can be used to track investments. These vary in their coverage and frequency of data collection. Using these tools, countries have taken different approaches to tracking.

Tanzania

In Tanzania a public expenditure review of nutrition spending was undertaken. This technique is commonly used by other sectors in Tanzania, so staff were knowledgeable about its use. The review covered actual expenditure on nutrition programmes at both the national and sub-national level for two years, and was undertaken during the relevant stages of the budget cycle to provide useful input into the budget process. This then offered strategic direction and guidance on the prioritisation and implementation of evidence-based nutrition strategies at the district level.

Madagascar

Madagascar designed a financial tracking report looking at expenditures related to nutrition. This allowed the collection of information on financing using a survey template aligned with the interventions and activities in the National Plan of Action for Nutrition. Data gathered from the survey provided a clearer picture of financial possibilities, existing commitments and areas of potential financial resources that could be mobilised. Challenges faced in completing this activity included limited knowledge of nutrition investments and/or lack of budget breakdowns in some agencies, as well as insufficient information collected from the private sector.

What needs to happen next?

These plans represent a critically important opportunity for stakeholders who can and do influence nutritional outcomes to come together to develop a shared and collectively implemented vision. These plans show the high levels of commitment from national champions who have been pushing the issues. Hopefully all countries at different stages of plan development, as well as donors supporting and investing in nutrition-related interventions, can draw and build upon the lessons learnt from developing this first wave of plans, to improve the design and, especially, focus on the implementation of plans now and in the future.