

# WORKSHOP ON PUBLIC FINANCE FOR NUTRITION IN ASIA

REPORT OF A REGIONAL WORKSHOP  
BANGKOK, THAILAND, APRIL 25-27, 2016

#PF4Nutrition

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## List of acronyms:

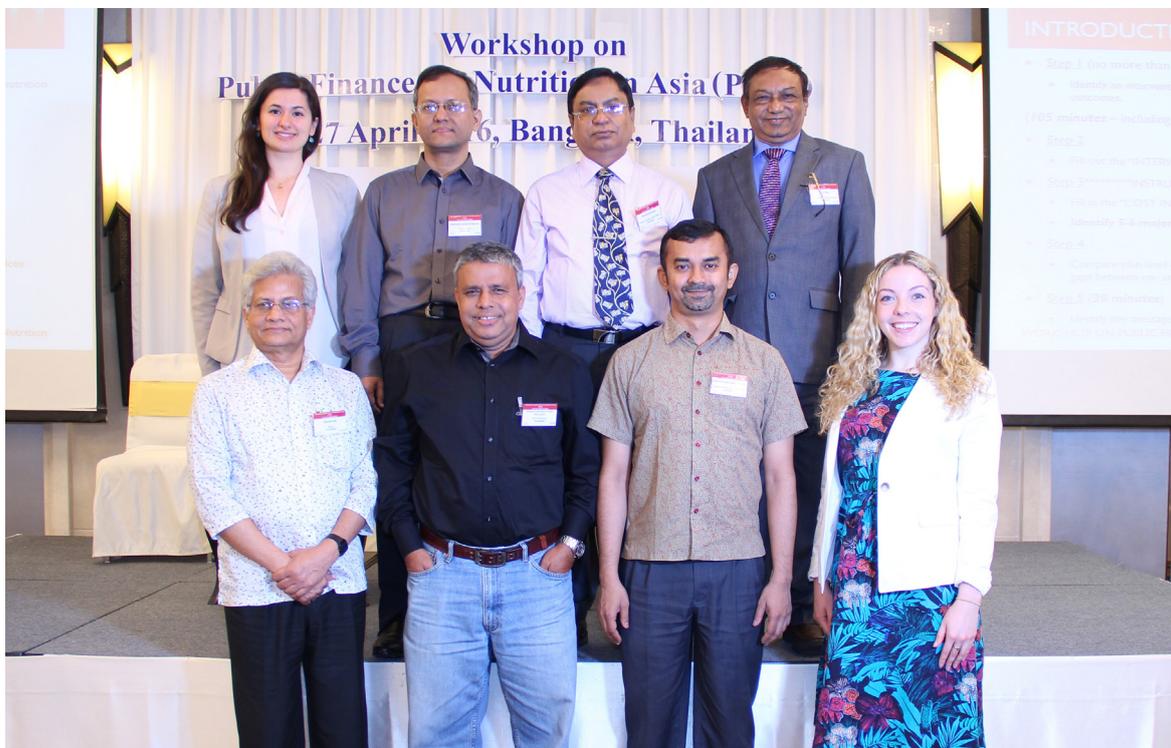
|               |   |
|---------------|---|
| <b>CARD</b>   | Council for Agriculture and Rural Development, Cambodia                           |
| <b>CRF</b>    | Common Results Framework  |
| <b>DAK</b>    | Special Allocation Fund, Indonesia  |
| <b>DHS</b>    | Demographic Health Survey   |
| <b>EU</b>     | European Union  |
| <b>GDP</b>    | Gross Domestic Product  |
| <b>GGE</b>    | General Government Expenditure  |
| <b>GNI</b>    | Gross National Income   |
| <b>ICF</b>    | International Classification of Functioning, Disability and Health, WHO           |
| <b>IMAM</b>   | Integrated Management of Acute Malnutrition                                       |
| <b>MQSUN</b>  | Maximizing the Quality of Scaling Up Nutrition project                            |
| <b>MSNA</b>   | Multi Sectoral Nutrition Approach, Pakistan                                       |
| <b>NCD</b>    | Non Communicable Diseases   |
| <b>NGO</b>    | Non Governmental Organization   |
| <b>PF4N</b>   | Public Finance for Nutrition  |
| <b>SDG</b>    | Sustainable Development Goal  |
| <b>SMART</b>  | Specific, Measurable, Attainable, Relevant and Time-Bound                         |
| <b>SPRING</b> | Strengthening Partnerships, Results, and Innovations in Nutrition Globally, USAID |
| <b>SUN</b>    | Scaling Up Nutrition  |
| <b>UK</b>     | United Kingdom  |
| <b>UNICEF</b> | United Nations Children's Emergency Fund  |
| <b>WASH</b>   | Water, Sanitation and Hygiene   |
| <b>WB</b>     | World Bank  |
| <b>WHA</b>    | World Health Assembly   |
| <b>WHO</b>    | World Health Organization   |



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## - Why the need to step up investments for nutrition?

Scientific and economic evidence indicates how crucial it is that a child receives adequate nutrition, a safe environment and sufficient stimulation during the first 1,000 days of life. The early development of children should encompass their physical, cognitive and socio-emotional needs so that they can reach their full potential. Stunting is consistently shown in analyses of data across countries and regions to be a marker of inequity. Nutrition represents a critical foundation for equitable development and economic growth, and shows why actions and investments in nutrition need to be stepped up.

This imperative for investment in nutrition comes at a time when almost all countries face the dual challenges of a large unfinished agenda of undernutrition (stunting, wasting, micronutrient deficiencies) and rising rates of overweight and diet-related non communicable diseases (NCDs). A child whose growth was stunted in early childhood is at greater risk of becoming overweight later in life, particularly when exposed to a diet high in sugar and fat. By stopping malnutrition in the first 1,000 days, we effectively stop inequality at birth, giving the newborns a healthy start and the same opportunities to grow, learn and earn.

Nutrition is central to the Sustainable Development Goals (SDGs). Improved nutrition is a marker of progress in health, education, employment, female empowerment and inequality reduction. Linking investments in nutrition and other early childhood development services is critical to ensure countries have the intellectual capacity to be ready for a more digitalized and service-based global economy. Evidence suggests that an additional dollar invested in quality nutrition programmes will yield an average return of US\$ 16. It is therefore crucial that nutrition targets are brought into development and social sectors to ensure that the current investments deliver better nutrition outcomes.

We have seen the creation of a much stronger enabling environment for nutrition over the past few years. The Scaling Up Nutrition (SUN) Movement has mobilized support and commitment by a wide range of partners and disciplines and galvanized action at country level. SUN Movement stakeholders are brought together around 4 key processes within each country: *i)* creating political and operational platforms by engaging multiple stakeholders, *ii)* incorporating best practices into national policies for scaling up proven interventions, *iii)* aligning actions across sectors around high-quality and well-costed country plans, with an agreed results framework and mutual accountability, and *iv)* increasing resources and monitoring implementation for coherent, aligned, effective action and maximum impact.

The availability of robust and regular finance data is essential to inform decisions, to increase accountability and to advocate for better nutrition. In the frame of the SUN Movement's fourth strategic objective (resource mobilization), a number of actions are proposed, such as analysis of the costs of scaling up nutrition, alignment of investments behind country plans, tracking of resources for nutrition, establishment of financial gaps and resource mobilization. These actions are considered key to step up investments for nutrition and scale up cost-effective high-quality and high-coverage nutrition-specific interventions and nutrition-sensitive approaches.

Workshop on  
Public Finance for Nutrition in Asia (PF4N)  
25-27 April 2016, Bangkok, Thailand



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## 2 - Public Finance for Nutrition (PF4N): meeting objectives

As a continuation to the “Budget Analysis” workshop that took place in April 2015, where representatives from eight SUN countries met in Bangkok to accelerate efforts in budget analysis for nutrition, a second meeting was organized in April 2016, gathering representatives from 18 different countries from Asia and the Pacific. Participants included representatives from governments (nutrition, health, planning and development, and finance sectors), United Nations, civil society and donor organizations. The meeting was co-organized by the SUN Movement Secretariat and UNICEF (regional offices for Southeast Asia and Pacific, and for South Asia). The overall aims of the meeting were to accelerate efforts among Asian countries to report on nutrition budgets, cost nutrition plans and make the investment case for nutrition.

The objectives of the 2016 meeting were to:

1. Receive an estimate of the total national government budget allocated for nutrition across the key sectors, discuss methodologies and identify changes over time.
2. Provide examples of best practices and quality costing of nutrition actions (specific and sensitive) across sectors, and share the global costing framework of the World Health Assembly (WHA) nutrition targets<sup>1</sup>.
3. Further expand understanding of expenditure responsibilities, financing and public financial management for nutrition at decentralized level and identify opportunities and a way forward.
4. Share analyses of the costs of not investing in improving nutrition (the costs of malnutrition).
5. Discuss how the findings can be disseminated and used for advocacy in making the investment case with different audiences, including how the identified investments can improve their effectiveness and coverage.
6. Discuss how this exercise can become part of more comprehensive efforts to track financial resources and undertake quality costing exercises at different levels to hold responsible parties accountable and leverage increased investment for nutrition.

<sup>1</sup> <http://www.worldbank.org/en/news/press-release/2016/04/18/global-leaders-launch-first-ever-investment-framework-for-nutrition-and-call-for-immediate-action>



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### 3 - Public finance for nutrition in Asia: an overview

Despite progress, Asia is still home to more than half of the world's stunted children (81 million)<sup>2</sup>. There are 31 million wasted children, of which 9.5 million are severely wasted. Moreover, around 1 billion people are deficient in key vitamins and minerals. In addition, more than 15 million children under five are overweight or obese in Asia.

Asian SUN Countries reported on their nutrition-relevant spending in 2015, mostly on their budget allocations. The sector that was most often included as a budget line item during the budget tracking exercise was the health sector, followed by agriculture and food systems, as well as education, social protection, and water, sanitation and hygiene (WASH). The total estimated nutrition-relevant budget allocation is about 2.1% of general government expenditure (GGE) (1.7% sensitive and 0.4% specific). It appears that countries are investing most in social protection (0.6% of GGE), agriculture (0.5%), health (0.4%), education (0.4%) and WASH (0.3%). While some countries tracked the majority of resources for nutrition in nutrition-specific interventions, others focused more on nutrition-sensitive interventions.

The experience from countries has proven to be invaluable for cross-country learning. A number of countries have set measurable nutrition targets that have been endorsed at the highest level. Moreover, many countries have gone a step further in 2016 by looking at how financial findings can be used to advocate for more resources, influence better resource allocations, and monitor that resources are spent efficiently.

<sup>2</sup> <http://data.worldbank.org/child-malnutrition>



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## 4 - Important takeaways

### a) Costing of plans and budget tracking are key activities to increase and improve the quality of investments in nutrition

#### **The policy and budget management cycle: linking political commitment to collective impact**

The policy and budget management cycle shows the steps that need to be taken to translate political commitments into measurable nutrition impact. These steps include policy review, strategic planning, cost estimation, prioritization, budget formulation, budget execution, accounting and monitoring, and audit and evaluation. In an ideal world, the setting of SMART (Specific, Measurable, Attainable, Relevant and Time-bound) targets should guide the allocation of resources, which in turn should determine how resources are spent and how the spending translates into measurable results for nutrition. In order to build these connections, we must work at all stages to ensure that we drive for results.



#### **Financial tracking**

The availability of robust and regular finance data is essential to inform decisions, to increase accountability and to advocate for better nutrition. Financial tracking is an integral part of the broader policy and budget management cycle. Tracking nutrition relevant investments is not an end in itself, but can help to bring stakeholders together to increase the performance and efficiency of budget allocations and spending. It can empower governments to make evidence-based decisions on nutrition spending, inform the public and allow civil society advocates to engage in meaningful debate.

Approaches available to track resources:

- a) **The 3-step approach<sup>3</sup>**: the SUN Movement Secretariat and technical partners identified a 3-step approach as a quick and practical way to report on nutrition relevant allocations in national budgets. The overall approach is largely based on the SUN Donor Network Methodology. The financial tracking approach includes the three following steps:
1. The identification, using keywords, of relevant budget line items regarding different sectors (agriculture and food systems, education, WASH, social protection and health). Where available, national plans or common results framework are used for the identification of relevant programmes and interventions included in the national budgets.
  2. Categorization of nutrition-specific or nutrition-sensitive investments.
  3. Attribution of a percentage of allocated budget to nutrition (weighting) for the nutrition-related investments.

<sup>3</sup> Guidelines available at <http://scalingupnutrition.org/resources-archive/resource-mobilisation/nutrition-in-national-budgets/the-3-step-approach-to-budget-analysis/the-3-step-budget-analysis-exercise>

- b) **National health accounts**<sup>4</sup>: through this system from the World Health Organization (WHO), different types of expenditure on nutrition interventions in the health sector can be tracked. It looks at subnational and provincial accounts as well. It takes data from the Ministry of Health, non-governmental organizations (NGOs), development partners, donors, businesses, insurance schemes, and data from households. In 2016, it will be also linked to budgets.

The **Budget Analysis Database**<sup>5</sup> is a database that collects the results of the budget analyses undertaken by SUN countries. It is used to detail, summarize and compare the budget allocations (and expenditures) that are in the national budgets and to look at trends over the years. The applied classification provides an overview by nutrition-specific and nutrition-sensitive programmes, by source of funds, by five key sectors and by typology of programmes. Country profiles are available online<sup>6</sup>.

### **Cost estimation of nutrition plans**

Nutrition plans need to be costed. Cost estimation can be used to understand required government commitments, improve participation in nutrition, understand development partner activities, mobilize non-government spending, set up systems for tracking resources, evaluate cost-effectiveness, and/or coordinate prioritization of activities across sectors. The level of detail of the cost analysis will depend on the purpose of the action. It should be emphasized that personnel cost needs to be well considered within the analysis.

In order to develop a plan of action, a theory of change needs to be identified. Special attention should be given to all the nutrition interventions (and their different components) that fit in the theory of change. The theory of change will provide information with regard to the effect that the different nutrition-specific and nutrition-sensitive interventions will have in nutrition. Action plans should reflect national strategic goals, national commitments and sector involvement.

The two best known costing methodologies are the **programme unit costs approach** (a “top-down” approach, using average unit costs of a programme, multiplied by the number of people to be reached), which provides rough estimates and is relatively easy to calculate, as well as the **ingredients approach** or input costs approach (“bottom-up” identification of all inputs required to perform the activity), which is more time-consuming but provides detailed cost information. This second approach allows for better estimation of scale-up, but one of its limitations is that it can be difficult to estimate costs for all inputs.

The tools that can be used for the ingredients approach include:

- WHO's **One Health tool**<sup>7</sup> with a Nutrition Module. It focuses on the health sector.
- **ICF/AIR Comprehensive adaptable activity-based tool**, which has been used in many SUN Countries under the MQSUN (Maximizing the Quality of Scaling Up Nutrition project) initiative and encompasses nutrition specific and sensitive interventions in multiple sectors<sup>8</sup>

The **Common Results Framework (CRF) Planning Tool**<sup>9</sup> is a database created in the frame of the SUN movement and collects cost estimates provided by SUN countries. It is used to detail, summarise and compare costed interventions included in nutrition plans developed by the countries. It provides a framework for understanding the multiple actions involved in organizing, costing and implementing a large scale nutrition initiative, even though the specific actions vary across countries.

### **More money for nutrition and more nutrition for the money**

While many countries struggle to increase investments in nutrition, it is often found that current investments are not implemented in the most cost-effective fashion, sometimes due to the lack of capacity. There is not a direct relationship between public spending and performance. Therefore, there is a need to make better strategic choices and to become better at using opportunities for full integration of the nutrition-specific interventions within existing services and financing mechanisms, as well as leveraging greater nutrition-sensitivity within existing programmes in other sectors: investments need to be smart. Generally, output-based performance grants provide better performance results. Moreover, results-based budgeting and intergovernmental finance to promote nutrition empowers citizens.

4 <http://apps.who.int/nha/database/DocumentationCentre/Index/en>

5 <http://scalingupnutrition.org/resources-archive/resource-mobilisation/nutrition-in-national-budgets/nutrition-budget-analysis-exercise-results>

6 <http://scalingupnutrition.org/resources-archive/resource-mobilisation/nutrition-in-national-budgets/nutrition-budget-analysis-exercise-results/2015-budget-analysis-exercise-country-profiles>

7 [http://www.who.int/nutrition/publications/onehealth\\_tool/en/](http://www.who.int/nutrition/publications/onehealth_tool/en/)

8 For more information, contact [hconnolly@air.org](mailto:hconnolly@air.org)

9 <http://scalingupnutrition.org/resources-archive/nutrition-plans-and-cost-estimates>

## **The power of multisectoral coordination and work: improving stakeholder engagement**

Some sectors, such as WASH, agriculture, social protection, early childhood development and education, have a critical role in nutrition improvement. Therefore, nutrition-specific interventions without nutrition sensitive development, cannot on their own, achieve the necessary progress to reach global targets. Improved nutrition implies a large-scale social change, which calls for the creation of powerful alliances across multiple sectors and strong alignment by multiple stakeholders. If we are to achieve collective impact, there is a need to find a common ground among the different objectives and priorities. All sectors directly or indirectly involved in nutrition action should work more closely together to achieve nutrition goals as well as to ensure that many of the other SDGs are achieved, since nutrition is a central tenet of the SDGs.

Vertical coordination between national and subnational levels is also crucial, especially in decentralized settings. In addition, the private sector is in many instances a new player with a key role to play in nutrition improvement. The private sector could act as a delivery channel or supplier.

### Lessons learned on budget tracking and costing of plans:

#### ***Do not wait for perfection: even if all information is not available, there is always a starting point***

- Learning by doing: it is crucial that countries carry out the budget tracking exercise even if they do not expect it to be perfect; it may highlight areas for improvement in how budgets are coded, articulated, etc.
- While some countries might start with a budget tracking exercise, others might start with the identification of ministries that are involved in nutrition interventions and the development of a costed plan. It is also important to emphasize that, when it comes to tracking, costing or budgeting, a country needs to have a strategy to start with (no matter how simple it is).
- There is no “one-size-fits-all” tool for budget tracking.
- The recommendation is to use the information that is available, to make the assumptions that are needed, to be very clear about assumptions, and then to improve each year.
- There needs to be consistency with regard to the assumptions that are made and the information that is entered.
- Budget tracking took from 3 to 30 days for countries in the region, depending on how meticulous the work was. However, budget tracking at the subnational levels might take more time and be more challenging.

#### ***There is no magic bullet: identical guidelines for all countries do not exist***

- Each country has a different context, and therefore, there is not a formula that can be used by all. It needs to be worked out based on the national plans and priorities.
- However, the experience from countries is proving invaluable for cross-country learning.

#### ***To weight or not to weight?***

- Countries may choose to allocate 100% (or 75-100%, as in the case of Nepal) of the amount for those budget line items that have been categorized as *nutrition-specific*.
- On the other hand, *nutrition-sensitive* programmes are weighted in different ways:
  - i) Using ranges from 5% to 75% of the budget expenditures (e.g. Nepal). In this case, the specific percentage (weight) is decided by the stakeholders (budget holders and programme managers).
  - ii) Applying a median weight. It should be noted that 25% was the median weight for nutrition-sensitive programmes across 14 countries which have undertaken the budget tracking exercise in 2015, and it is considered only a reporting figure.
- As in 2015, concerns were again raised on the usefulness of a rough estimation figure for the weighting of nutrition-sensitive programmes and on how the resulting figures may be misinterpreted when quoted as “fact” on “nutrition budgets” or become counterproductive in leveraging required financing for nutrition.
- If weighting is done, it is important to explain the applied weight and underlying assumption for each programme, in order to ensure replicability and transparency.
- Most importantly, if a government has a very detailed analysis for each of the interventions and programmes (even if they are nutrition-sensitive), and the budget (or related documents) is very disaggregated, there is no need to weight the different interventions for the budget analysis, since the connection between plan and budget is well known and understood.

#### ***Data is often not easily available or accessible***

- In some countries (e.g. Tajikistan), the budget is available online, but it does not provide a detailed breakdown of budgetary lines. The detailed breakdown is available only for the staff from the Ministry of Finance through a software that is installed only in their computers.
- In India, there is limited disaggregated information on programmes in public domain and limited access to relevant government offices. Moreover, out of the 29 Indian states, only one state has presented information online.

### **Off-budget items are often not captured**

- There are different dimensions to capturing aid in government systems throughout the different stages of the planning and budget cycle: on plan, on budget, on parliament, on treasury, on procurement, on accounting, on audit and on report. Aid is often off-plan and off-budget, and is not captured in other different dimensions through the budget cycle.
- As an example, about 30% of all funding in Nepal is off-budget (findings from SPRING<sup>10</sup>). While financial reporting data for on-budget funding is very good in Nepal, there are significant data quality issues with off-budget financial data. Therefore, continued efforts should be made to ensure donor funds are on-budget, in order to meet the global aid effectiveness target (no less than 85% of donor funds on-budget).

### **Budget tracking exercises are useful**

- Some countries in the region have already done the budget tracking exercise two times. According to these countries, the tracking exercise was useful for sensitization and for sustaining commitments. It introduced a nutrition lens to some sectors. It generated useful data and optimisms. If maintained, it can support the continuous engagement for the scaling up of nutrition impact.
- For some countries (e.g. Tajikistan), the exercise assisted to raise overall awareness about the government's financial investment in nutrition.
- For other countries (e.g. Pakistan), the exercise assisted to raise discussion about the 'nutrition-sensitivity' of programmes that are big drivers in social spending (e.g. cash transfers).

### **It is not only about increasing the amount of funds, but also about improving the quality of the utilization of funds**

- One of the main challenges for several countries is that line ministries do not have enough budget absorptive capacity (quality of the utilization of funds that have already been provided).

### **Incentives might help in some settings**

- In the Philippines, they considered performance incentives to enhance nutrition's budget execution. The performance bonus is assigned to line ministry's departments. The (nutrition) targets and performance indicators are set in the performance contracts signed between the department and the Minister.

### **The more comprehensive a plan is, the better**

- An all-inclusive comprehensive plan should include all nutrition-related activities: when including activities in a nutrition plan, it is important to identify all activities that are contributing to nutrition outcomes.
- In some countries (e.g. Cambodia), programmes do not include personnel costs.

### **Few countries have already costed their plans**

- Nepal and Sri Lanka have already costed their plans, while Lao PDR and Indonesia have carried out partial costing exercises and Cambodia has prepared a "conceptual budget". In addition, Bangladesh and Philippines are currently involved in costing exercises.
- In Sri Lanka, the costs for the Multisectoral Action Plan for Nutrition were estimated by each Ministry, based on the availability of budget from the treasury and the gap of funding for activities. As a result, they found a budget gap of US\$ 57.8 million in 2014. In 2016, the costing analysis indicated a budget gap of US\$ 47.1 million (significant reduction).
- However, many countries have not costed their essential nutrition-specific interventions/plans yet (e.g. Tajikistan is planning to do it soon).

### **In most cases, plans and budgets are not fully aligned**

- In an ideal world, the processes of planning, budget formulation, budget execution, monitoring spending and evaluating the impact should be all linked. However, in practice, only two countries (out of 30 which have engaged in the Public Finance for Nutrition (PF4N) work with SUN) have linked their national nutrition target to their government budget, allowing for the tracking of expenditures over the years.
- In order to align the plan and the budget, it is important to consider how to make nutrition a priority in the budget (advocacy work with politicians).
- As an example, the national nutrition plan is sometimes not reflected in the budget and there are programmes in the national budget that are not covered in the national nutrition plan.

<sup>10</sup> <https://www.spring-nutrition.org/about-us/activities/pathways-better-nutrition-country-case-studies>

### **Multisectoral coordination: easier said than done**

- All countries acknowledged the fact that multisectoral coordination is crucial to improve nutrition and many countries have already established multisectoral coordination mechanisms (e.g. Nepal, Lao PDR). However, many countries also acknowledged the fact that the multisectoral coordination processes are not easy.
- Bringing nutrition and budget experts together is essential for allocating the right amount of funds for the right nutrition interventions targeted to the right people and at the right time.
- Stakeholders for nutrition have a wide variety of roles and need to communicate using different languages. But they must find ways to work together and agree on how success will be measured. This will keep efforts aligned and will enable all stakeholders to hold each other accountable and learn from each other's successes and failures.
- Many countries have called for a coordinated and sustained commitment of different ministries and sectors, have engaged the private sector to reach more people, and have engaged the civil society to ensure that equality remains at the core of all of their actions.

### **Which interventions are nutrition-specific, and which ones are nutrition sensitive?**

- Several countries (e.g. Tajikistan) acknowledged they have had difficulties to classify nutrition-specific and nutrition-sensitive interventions. While nutrition-specific interventions address the immediate determinants of malnutrition, nutrition-sensitive interventions address the underlying causes of malnutrition and may incorporate specific nutrition goals and actions.
- *Nutrition-specific budget line items* are those that reflect a nutrition department or a nutrition programme or a nutrition intervention.
- *Nutrition-sensitive budget line items* are those that include a programme that addresses the causes of malnutrition and is beneficial to the most vulnerable population, especially children and women.
- For almost all nutrition specific interventions, the challenge is to scale up the interventions (high coverage and high quality).



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## **b) Public finance management for nutrition at the decentralized level is an essential area for investigation and strengthening in highly decentralized countries**

Each country has a different level of decentralization. Nutrition services are shared responsibilities between the central and local governments. The central government is usually responsible for financing and setting national minimum service standards, as well as providing technical guidance and assistance. The Province/State government is usually in charge of supplementary financing and gold plating of standards (increase the minimum service standard). Finally, local governments are responsible for public provision at the local level. However, central governments quite often remain responsible for most or all government spending on nutrition even in decentralized systems. In fiscally decentralized countries, sub-national governments' budget may account for a substantial portion of nutrition expenditures, and allocation and spending at lower government levels might not be included in the main national budget document. In such cases, correct interpretation of nutrition resource allocation requires tracking of expenditure information at all levels of government.

In order to carry out financial tracking exercises at the sub-national level in fiscally decentralized countries, it is important to consider that sub-national governments may budget for a substantial portion of nutrition expenditures. If allocation and spending at lower government levels is not included in the main national budget document (particularly if it is coming from locally generated funds or block grants), then tracking of expenditure information needs to be carried out at all levels of government. Detailed breakdown of each budget lines (at national and local levels) need to be obtained within each sector and local government.

Reporting on sub-national spending may be more challenging and expensive than national tracking. This can be due to the existence of different set of documents, the higher expenses related to costly and time-consuming field visits, and the utilization by subnational governments of different coding systems. As a result, it is important to make an informed judgement of the likely costs and benefits of subnational tracking and decide whether it will be worthwhile.

### Lessons learned:

- Decentralization is different in each country. Therefore, there is no standardized guidance for financial tracking at decentralized levels for all countries. The first step is to identify the assignment of responsibilities across levels of government in the sectors of importance for nutrition. Each context requires different decentralization architectures and processes.
- There are two main issues to consider when carrying out financial tracking at the sub-national level: additional costs and double counting.
  - **Additional costs:** tracking of nutrition expenditures can be very costly, particularly in countries with many administrative units at local level.
  - **Double counting:** it occurs when you count the same expenses for nutrition at central and again at subnational levels of government, inflating your overall estimate of total nutrition expenditure. To avoid it, and since there is no right answer as to where intergovernmental fiscal transfers (such as conditional and block grants (not earmarked)) should be counted, it is recommended that countries decide on a clear and easy-to-follow rule, and apply it consistently.
- Sampling should be considered for those situations where there are many administrative units of government.
- District-level programmes should be linked to coordination platforms at the central level in order to allow sharing of information.
- Lack of clarity in assignment of nutrition responsibilities and roles under a multi-tier government system can lead to uncoordinated and dysfunctional service delivery and denial of access.
- Results-based management and accountability are key for local governments involved in nutrition programming. It strengthens fiscal transparency and citizen-based accountability of governments, and it is important in encouraging higher priority and sustained focus on setting national minimum nutritional standards.

### Country experiences:

- In India (3 tier federal system), policy for nutrition can be influenced at three levels; Union government, State government and Local government. However, resource availability at the lowest level is small and often tied to conditionalities from the Union government ministries. Moreover, tracking budgets for nutrition in India is complex due to the large number of departments and schemes that need to be considered at various levels of governance.
- In Punjab (Province of Pakistan), the main sectors relevant to nutrition were identified, and a steering committee for the new Multi Sectoral Nutrition Approach (MSNA) was created. Moreover, Punjab has launched the first provincial SUN Secretariat in Pakistan, and it is housed at the planning department.
- In Indonesia (3 tier government system), there are national and local budgeting processes. Programmes are implemented at the local level. The government developed the national action plan for food and nutrition, which informs the development of the multi-year sectoral plans and local development plans. Local level governments can raise revenue from tax and retribution, apart from central level funds. In terms of nutrition, the deconcentration fund (for province) is the source of fund for nutrition programmes, as well as the aiding fund (for districts), the local government revenue and the special allocation fund (DAK).
- In service delivery performance is very poor and performance accountability is very low in three of the decentralized countries: India, Pakistan and Indonesia.



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### **c) Analysis of the cost of not investing can be a powerful tool for advocacy**

A number of countries in the Southeast Asia region have undertaken country-specific studies on the costs of undernutrition and the costs of not breastfeeding. A brief summary of selected findings is included:

#### **The cost of undernutrition**

The Ministry of Health from Timor-Leste, with technical support from UNICEF, conducted a study<sup>11</sup> to assess the economic consequences of undernutrition in the country. The assessment was done through literature review in consultation with other ministries and development partners. They looked at 11 nutrition indicators, which were applied to national data, and they built consequential models to project the magnitude of the loss by indicators. The findings are being used for advocacy, to increase allocation for nutrition through governmental budget and to make the case for investment by donors. The Ministry of Health and the Ministry of Finance are exploring a joint cost-benefit analysis for investment for the costed operational plan, in order to develop the country Nutrition Strategy 2015-2019, using the costed plan and the economic burden analysis.

In 2013, Lao PDR undertook a study<sup>12</sup> to assess the economic consequences of malnutrition. The study was similar to the one carried out in Timor-Leste, and used 10 nutrition indicators. It was led by the National Economic Research Institute (Ministry of Planning and Investment), with financial support from UNICEF and the European Union (EU). The study shows that the burden on national economy of Lao PDR may be at least ~US\$ 200 million annually, representing about 2.4% of the GDP, due to various forms of undernutrition and suboptimal breastfeeding practices. This represents 7.5% of GDP growth in the past five years in Lao PDR. These results provided key evidence that led to the increase of investments for nutrition-specific and nutrition-sensitive interventions. These findings were also used to enhance the case from the economic perspective to scale up nutrition interventions that are contributing to reduce the highest economic losses that are due to undernutrition.

Cambodia carried out a similar study<sup>13</sup> with 14 nutrition indicators, based on the data from the 2014 Demographic Health Survey (DHS). The findings suggest that Cambodia could lose US\$ 145 - 266 million per year, if nothing is done to address malnutrition, especially on stunting and iodine deficiencies. Most of the loss (45%) was related to stunting. This calls for a multisectoral approach to improve the nutrition situation of the Cambodian population. They will use the findings of this assessment as an advocacy tool to inform the policy makers through various platforms, through the Council for Agriculture and Rural Development (CARD), to include the issue of undernutrition in the speech of the Deputy Prime Minister and to start a dialogue between the Ministry of Economy and Finance and the Ministry of Health.

#### **The cost of not breastfeeding**

Breastfeeding has been prominent on the global development agenda. The launch of the Lancet breastfeeding series reaffirmed the many benefits of optimal breastfeeding practices and identified what works to promote and support those practices. A study was carried out by UNICEF and Alive and Thrive in Timor-Leste, Lao PDR, Cambodia, Indonesia, Myanmar, Thailand and Viet Nam to assess the cost of not breastfeeding at the regional level<sup>14</sup>.

The study found adequate breastfeeding could save nearly 1.6 billion USD in annual wage losses due to cognitive deficits across all seven countries. In Indonesia for example<sup>15</sup>, although 97% of infants under 2 are breastfed, only around 40% of them are adequately breastfed. This translates into losses due to lower cognition (equivalent to US\$ 1.34 billion), losses due to maternal mortality that are due to cancer and inadequate breastfeeding (US\$ 44 million), and losses to the higher prevalence of infection (US\$ 270 million). By promoting adequate breastfeeding, they could save an estimated 5,377 children annually in Indonesia if they improved exclusive breastfeeding prevalence, and they could avoid 2,000 maternal deaths due to cancer. This is equivalent to 0.17% of the gross national income (GNI). For Myanmar, where exclusive breastfeeding is very low, optimal breastfeeding practices could save 1,636 children lives annually, by reducing the prevalence of certain communicable diseases. The representatives from the Ministry of Health from Myanmar are planning to use these findings to advocate for nutrition investment and for interministerial coordination.

11 Bagrianski J (2014). Report: the economic consequences of undernutrition in Timor-Leste. Ministry of Health, Republic Democratic of Timor-Leste, UNICEF and Australian Aid.

12 Bagrianski J, Voladet S (2013). Working paper: the economic consequences of malnutrition in Lao PDR: a damage assessment report. European Union and UNICEF ([http://www.smeru.or.id/cpsp/Paper%20Abstract%20CV/0201\\_saykham%20voladet%20-%20paper.pdf](http://www.smeru.or.id/cpsp/Paper%20Abstract%20CV/0201_saykham%20voladet%20-%20paper.pdf)), accessed 21 June, 2016).

13 CARD/UNICEF/WFP (2013). The economic consequences of malnutrition in Lao PDR: a damage assessment report. The Council for Agriculture and Rural Development (Government of Cambodia), UNICEF and the World Food Programme (<https://www.wfp.org/sites/default/files/Report%20on%20Economic%20Consequences%20of%20Malnutrition%20in%20Cambodia.pdf>), accessed 21 June, 2016).

14 Walters D, Horton S, Siregar AYM, Pitriyan P, Hajeebhoy N, Mathisen R, Hong Phan LT, Rudert C (2016). The cost of not breastfeeding in Southeast Asia. Health Policy and Planning 1-10 (<http://heapol.oxfordjournals.org/content/early/2016/04/23/heapol.czw044.long>), accessed May 31, 2016).

15 [http://aliveandthrive.org/wp-content/uploads/2016/03/CostofNotBreastfeeding\\_Indonesia.pdf](http://aliveandthrive.org/wp-content/uploads/2016/03/CostofNotBreastfeeding_Indonesia.pdf)

Based on the findings, the researchers are now planning to carry out advocacy work at each level of government as well as community outreach, collaborate with local governments and create the right environment so that they have policy discussions at higher levels (such as Ministry level), for example on expanding the duration of maternity leave to 6 months.

The study also includes a cost-benefit analysis of a modeled comprehensive breastfeeding strategy in Viet Nam, based on a large programme implemented by Alive & Thrive. The findings suggest that over 12 400 preventable child and maternal deaths per year could be attributed to inadequate breastfeeding in the seven countries.

### **Costs of obesity and non-communicable diseases (NCDs)**

In the past, the nutrition agenda was focused on undernutrition (stunting, wasting, micronutrient deficiencies). However, there is now increasing recognition of the importance of addressing all forms of malnutrition, and of the links between early childhood nutrition and development of obesity and diet-related NCDs later in life. Two billion people are overweight globally, including over 40 million children under 5. The costs of obesity are massive: an estimated 2 trillion dollars annually. Obesity is one of the top three social burdens that have been generated by human beings, being *i*) smoking, *ii*) armed violence, war and terrorism, and *iii*) obesity. Since there is evidence for high-impact nutrition-specific and nutrition-sensitive interventions to improve the quality of diets, protecting our children from unhealthy diets is now a moral imperative. WHO is currently updating the analysis of the costs of scaling up actions against NCDs.

#### Lessons learned:

- The results from the studies were very useful to make the case for longer investment.
- Thanks to these studies, among other reasons, nutrition has become a high level discussion in these countries, including among Ministries of Finance.
- Evidence can be used to make or improve policy and to improve programme implementation at the country level. Evidence should also be shared with the media so that they can give the right message.



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## **d) Tailored and effective advocacy approaches are essential for making the investment case**

### **Making public finance for nutrition a public priority**

Advocacy refers to the actions individuals or organizations undertake to influence decision-making at the local, regional, state, national, and international level that helps create the desired change. Advocacy can build broad support for a specific issue, or cause and be a strong mechanism for awareness building. Policy advocacy refers to the deliberate process of informing and influencing decision-makers in support of evidence-based policy change and policy implementation, including resource mobilization.

An advocacy goal describes the specific change or action you want decision-makers to make to help create the desired policy or funding change you are seeking. Policy makers should be approached with a clear advocacy goal, which can follow this structure:

### **(Who) will do (what) to ensure (why) by (when)**

The challenge of making nutrition a political priority transcends sectors. There is a need to highlight the economic returns of investing in nutrition and offer insights on how public financing for nutrition can be increased.

Three important points are recommended for advocacy work:

1. You must address attention: if you get the first line of the story right, you get the story right.
2. The message needs to be simple: do not use jargon. The message needs to get out of the nutrition community to the general public, in a language that most people identify with.
3. Visibility is important: the media should follow you to get the piece of news, not the other way around.

### **Investing in nutrition: how much will it cost and how to pay for it?**

Investments to prevent undernutrition build human capital, boost shared prosperity, and improve health outcomes. We are investing not only in nutrition, but in grey matter infrastructure. The World Bank has estimated the cost and financing needs to achieve four of the World Health Assembly (WHA) Nutrition Targets (stunting, anemia, breastfeeding, wasting)<sup>16</sup>. They included in the analysis high-impact nutrition-specific interventions. Success and scale up of these interventions requires a strong enabling environment.

They calculated that, in order to achieve the 4 WHA targets<sup>17</sup>, they require an additional US\$ 70 billion globally between 2016 and 2025, of which Asia makes up approximately half the cost (\$33 billion). The global impact of investing that amount of money over 10 years would be 3.7 million child lives saved, 105 million more children exclusively breastfed, 65 million fewer cases of stunting and 265 million fewer women with anemia<sup>18</sup>.

The analysis took into account the current financing landscape and carried out an analysis on the total global investments on nutrition-specific interventions. It was identified that approximately US\$ 3.9 billion is currently being spent on nutrition-specific interventions. Of this, US\$ 1.8 billion are spent in Asia. The study identified that there is a shortfall in financing (US\$ 56 billion globally), which implies that the targets would not be achieved within the business-as-usual funding. Mobilizing the resources will require a coordinated effort from all sources to increase investments 3.5-fold compared to 2015. In order to achieve this, actions will need to take place at the country level. This will require coordinate advocacy work with governments, donors and development partners.

<sup>16</sup> <http://www.worldbank.org/en/news/press-release/2016/04/18/global-leaders-launch-first-ever-investment-framework-for-nutrition-and-call-for-immediate-action>

<sup>17</sup> <http://www.worldbank.org/en/topic/nutrition/publication/investing-in-nutrition-the-foundation-for-development>

<sup>18</sup> <https://www.dropbox.com/sh/5sowsao5su89lc1/AABelwxcVzkKvAAUlv6s3xfea?dl=0>

### Lessons learned:

- In order to spread knowledge about nutrition, we need to give a clear message. For example, why are we investing for our children and families? We need to put children at the center of the agenda.
- By training media professionals about the essentiality and importance of improved nutrition, the media can become sensitized and motivated to disseminate the right messages regarding adequate practices among the population.
- By engaging and sensitizing parliamentarians through advocacy work, great impact can be achieved, such as the increase in investments for nutrition.
- By reaching the general population with mass media campaigns regarding nutrition messaging, the nutrition status of the population can improve.
- Budget analysis is a means to an end. Once you have completed the analysis, you need to move the analysis results to the political arena, as a way of influencing decision makers.
- Parliamentary committees have the constitutional right to call for evidence from citizens and experts, be they local or international.
- Parliamentarians have a constitutional mandate to hold the Executive (Government) to account. Taking this into consideration, Save the Children United Kingdom (UK) and other civil society organizations supported Members of the Parliament in Malawi with evidence so that they could use the analysis to strengthen their questions with financial facts and figures, when asking the Minister and his/her staff about their proposed budget for the forthcoming financial year. This approach can have an impact on the nutrition budget for the forthcoming year.
- Communication is key. A public campaign is often a simple message that holds the entire campaign together.
- We have very strong arguments with regard to the return on nutrition investments. However, for a politician, it is easier and less uncomfortable to hear that a certain percentage of the GDP growth over 10 years (incremental GDP) is needed to end malnutrition, instead of focusing on the amount of investment needed.
- The preparation of budget proposal could also receive inputs from the private sector (ensuring there is no conflict of interest) or civil society.
- In Sri Lanka, there was increase of funding in 2014 for key nutrition programmes due to continuous advocacy.



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## 5 - Final key messages:

- Nutrition is not on the agenda, it is the agenda.
- Nutrition has become an agenda of development and is moving to becoming the positive political agenda of many countries
- Nutrition is a priority and is important to development. Keep nutrition as a priority, from commitments to a collective impact, through aligned work of multiple stakeholders, through continued social mobilization, advocacy and communication.
- Investing in malnutrition is one of the most cost-effective actions: for every US\$ invested, the return is US\$ 16. The investment in human development yields better returns than any investment in infrastructures.
- Scattered national resources, if gathered together, can strengthen the national nutrition architecture.
- Coordination between public sectors and stakeholders needs to be strengthened to minimize budget duplications and optimize budgets.
- Nutrition-specific and nutrition-sensitive interventions should be implemented synergistically based on the needs of the specific countries and available resources.
- Start somewhere now with PF4N actions, it does not have to be perfect.
- Consistency needs to be ensured in the financial tracking exercise, by clarifying the applied methodology and the data sources and by reporting the findings in a transparent and replicable way (e.g. using standardized templates),
- Inter-country experience are shared through best practices and lessons learned.



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## 6 - Country discussions and future actions

Representatives from the 18 countries/states participated in different sessions of group work, where they were requested to identify budget allocations for nutrition, link findings from the budget reviews to costed plans, identify issues with decentralization and develop advocacy goals and calls to action. The summaries provided by the facilitators of the group work are included here.

### Groupwork 1: Tracking financial resources: future actions and challenges

Countries were divided in 3 groups, as per below groupings (A, B and C), and were requested to discuss the following:

**Group A** (countries starting out): these countries were requested to define where to start.

**Group B** (countries doing the budget tracking exercise for the first time in 2016): these countries were requested to identify MDAs and sectoral domains with nutrition relevant budget allocations.

**Group C** (countries doing the budget tracking exercise for the second time since 2015): these countries were requested to identify the largest budget allocations potentially relevant to nutrition (can these be improved?).

At the end of the session, they were all requested to prepare (and share with other participants) one or several action points, possible challenges and a reflection on the exercise. These three points are summarized in the tables below:

#### Group A:

**Afghanistan, Kyrgyz Republic, Myanmar, Timor-Leste, Bhutan, Maldives, Uttar Pradesh State, India (Delhi)**

| Reflections Group A:  | Actions:   | Solutions to challenges:  |
|---|--|---|
| <ul style="list-style-type: none"> <li>All countries acknowledged that they need to start somewhere with the exercise, even if the data is still not publicly available (eg Myanmar) or even if the budget only includes personnel cost (it is used as a foundation where you build on).</li> <li><u>Bhutan and Myanmar</u>: identify nutrition-specific and nutrition-sensitive allocations. You can work with existing programmes to make them more nutrition relevant.</li> <li><u>Maldives and Kyrgyz Republic</u>: importance in not only focusing in public funds, but also in funds from private sector and donors</li> <li><u>India</u>: recognize diversity across states</li> <li><u>Afghanistan</u>: nutrition has quite low priority. It might make sense to have a health focus approach to this.</li> </ul> | <ul style="list-style-type: none"> <li>Start somewhere.</li> <li>First action is to engage other sectors and other stakeholders. All the countries indicated that, once they go back, they will engage other sectors and other stakeholders.</li> <li>They also said it is useful to take the view of the sector so that they see their contribution. It is important for engagement and to include them in the nutrition dialogue. For example: <ul style="list-style-type: none"> <li><u>Myanmar</u> will engage the managers of the cash transfer programme</li> <li><u>Timor-Leste</u> will discuss the importance of defining outcome indicators that can resonate with different sectors</li> <li><u>Maldives</u> will include the private sector</li> <li><u>Uttar Pradesh</u>: they plan to identify how to get schemes that are now engaged in nutrition to be part of the process.</li> </ul> </li> <li><u>Uttar Pradesh</u>: the budget analysis has to be made easy for the public. If the public is not aware of the budget, then it is too difficult to understand, then it will remain a very technical exercise. They will try to align their plans to inform the budget analysis.</li> <li><u>Kyrgyzstan</u>: Mapping off-budget expenditures on nutrition. Link nutrition policy and taxation and fiscal policy to stimulate and encourage stakeholders involved in nutrition. National budget should be relocated to nutrition interventions implementation.</li> <li><u>Myanmar</u>: to organize a multisectoral meeting to get the budget analysis for nutrition started and to come up with disaggregated expenditures.</li> </ul> | <ul style="list-style-type: none"> <li>Need for expertise/technical assistance on later step, once they have started the process of ownership.</li> <li>Analysis of the budget and cost effectiveness studies.</li> <li>Carry out advocacy efforts throughout the process; key priority is engagement in some countries.</li> </ul> |

**Group B:  
Cambodia, Lao PDR, Philippines, Papua New Guinea, Viet Nam, Sri Lanka**

| Reflections Group B:  | Actions:  | Challenges:  |
|---|---|--|
| <ul style="list-style-type: none"> <li>Countries were at different stages.</li> <li>The tracking of nutrition investments and monitoring is a good exercise to start, through which you commit engagement of stakeholders at the country level and enhance commitment.</li> </ul> | <ul style="list-style-type: none"> <li><u>PNG</u>: Learning by doing; national ownership of the tracking exercise.</li> <li><u>Sri Lanka</u>: Revitalize the multisector nutrition plan and use this instrument for advocacy and mobilization of development partners's resources.</li> <li><u>Vietnam</u>: Host a high level advocacy conference on nutrition to commit at the country level and go beyond the health sector. Till now, the exercise has been undertaken by the health sector. They want to go beyond the health sector.</li> <li><u>Philippines</u>: Performance-based incentives: increase the execution of expenditure. Consider performance incentives to enhance nutrition's budget execution. Note: the performance bonus is assigned to line ministry's departments and the (nutrition) targets and performance indicators are set in the performance contracts signed between the department and the minister (all countries showed a great interest on this Philippines's practice).</li> <li><u>Lao PDR</u>: Tracking nutrition investments at decentralized levels.</li> <li><u>Cambodia</u>: They proposed short-term and long-term strategies. Short-term strategy: the identified ministries that are responsible for nutrition-sensitive interventions develop their own budget, ensuring that initiatives are translated into budget proposals and that budget allocation is granted. Long-term strategy: Develop an integrated nutrition budget (cross sectorial).</li> </ul> | <ul style="list-style-type: none"> <li>Lack of standardization for weighting.</li> <li>Funding gap between plans, costing and available funding.</li> <li>Lack of prioritization within and among sectors that are responsible for nutrition initiatives (namely in planning and budget allocation).</li> <li>Lack of existence of a high-level multisectoral platform for nutrition to have a dialogue at the country level.</li> </ul> |

**Group C:  
Bangladesh, Indonesia, Maharashtra State, Nepal, Pakistan, Tajikistan**

| Reflections Group C:   | Actions:   | Challenges:  |
|--|--|--|
| <ul style="list-style-type: none"> <li>They were very positive.</li> <li>The tracking exercise was useful for sensitization and for sustaining commitments. It introduced a nutrition lens to some sectors, and it generated useful data and optimism, that if it continues, it will support the scaling up of nutrition.</li> </ul> | <ul style="list-style-type: none"> <li><u>Maharashtra</u>: Reversing the habit of retro-feeding programmes, but address causes of malnutrition already at the design level. Design programmes with those actions in mind.</li> <li><u>Nepal</u>: Maximize the impact of nutrition-sensitive programmes.</li> <li><u>Tajikistan</u>: They plan to define and cost a nutrition service package, so that they have an idea of how much they should be spending on nutrition.</li> <li><u>Pakistan</u>: Tracking exercise to subnational level. It was only taken by federal secretariat, even if it included provincial level. They want the provinces more involved in the future.</li> <li><u>Bangladesh</u>: They need to review the WASH sector, and try to capture nutrition sensitive-programmes.</li> <li><u>Indonesia</u>: Advocating for better utilization of budgets for nutrition, and extending tracking exercise down to subnational level. They plan to improve interministerial coordination. They will advocate for more specific interventions and better utilization of budget. They are planning to expand targets from the first 1000 days to adolescent girls.</li> </ul> | <ul style="list-style-type: none"> <li><u>Maharashtra, Nepal, Bangladesh</u>: Need to introduce more objectivity into the weighting that they are applying. They have different perspectives in what to do. Some indicated the need for technical assistance. Others will look at the sub-activity level. Others indicated the need to look at the cost per capita around effectiveness of these programmes.</li> <li><u>Tajikistan</u>: Complexity of sustaining political will in a context where policy makers actually change every 2 years.</li> <li><u>Pakistan</u>: Lack of sufficient capacity at subnational level to undertake these kind of exercises.</li> <li><u>Indonesia</u>: Subnational tracking is a challenge. They want to learn more from other countries that have done subnational tracking.</li> </ul> |

## Groupwork 2: Costed action plans: action points and challenges

The objective of this session was to take a closer look at programmes or interventions identified in national budgets that match (or are closest to) those included in nutrition plans, with the aim of making them more nutrition-driven. Countries were requested to look at one intervention only. The exercise had the following steps: 1) identify an intervention from the budget or the nutrition plan, 2) discuss a way in which this intervention can be made more nutrition relevant for the target population, 3) identify all required inputs, whether on- or off-budget and identify where in the budget each input could be found, 4) compare plan level of detail to budget level of detail and 5) identify key messages and next steps (an action point for each country delegation to take forward, a challenge where the country needs support, and an overall reflection of the exercise).

The expected outputs were:

1. Advanced countries in the budget analysis are able to match important budget allocations for nutrition (by size and relevance) to plan interventions or programmes, identify the level of alignment, and identify next steps to advocate for more resources, campaign for better allocations, or monitor spending.
2. Starting countries in the budget analysis are able to match basic information from their budget analysis to inputs or interventions in national plans or policies and identify next steps for ensuring that select programmes/interventions in their budgets are better aligned to those in the plans to deliver better nutrition outcomes.

The table below summarizes the future action points and challenges from each participating country/state:

| Country            | Summary points from discussion on COSTED ACTION PLANS   |
|--------------------|---|
| <b>Afghanistan</b> | <p><b>Intervention:</b> Costing of SUN and community early detection of malnutrition at the community levels.</p> <p><b>Action points:</b> Costing of national nutrition strategy (action plan) in Afghanistan</p> <p>Health service delivery is mainly contracted by NGOs. The costing exercise will use delivery packages that are existing. They want the Government to be informed about how much budget they will need in the future to implement the programmes by themselves.</p> <p>Main focus will be in the nutrition-specific interventions. For sensitive interventions, it is a little bit early.</p> <p><b>Challenge:</b> Low profile of Nutrition as a national development priority (often seen as an 'emergency response')</p>   |
| <b>Bangladesh</b>  | <p>They discussed many issues, such as the fact that nutrition sensitive areas are not reflected in the budget.</p> <p><b>Action point:</b> Make sure that WASH strengthens its focus on nutrition.</p> <p><b>Challenge:</b> Multisectoral stakeholder engagement in nutrition and prioritization of nutrition in WASH</p> <p>They are now preparing the next costed action plan. They want to have a strong costed action plan for the 5 year plan. Very good timing.</p>  |
| <b>Bhutan</b>      | <p><b>Action point:</b> Extension of maternity leave from 3 to 6 months for those working in government services. They would like to replicate the maternity leave in private sector: carry out a study of behavioral change of parents, from education and sensitization.</p> <p><b>Challenge:</b> Bring the private sector on board for the implementation of the maternity leave.</p> <p>Alignment of the National food and nutritional secretary and action plan, with educated costing for the operationalization in other sectors.</p>  |
| <b>Cambodia</b>    | <p><b>Action plan:</b> Planning and budgeting unit in line ministries sensitize the Ministry of Economy and Finance</p> <p><b>Challenge:</b> In terms of interdepartmental coordination (technical and finance departments). There is a bottleneck in the finance department. Pursue budget proposal for nutrition programme to see where the cut was done with regard to the budget.</p> <p><b>Reflection/way forward:</b></p> <ol style="list-style-type: none"> <li>1- Look at nutrition programmes during budget negotiation</li> <li>2- Sensitization regarding nutrition concepts and practices. They have been talking with other ministries, but they haven't sensitized with regard to how others see nutrition in budget.</li> <li>3- Mainstream nutrition into the annual plan and budget on the line ministries for nutrition sensitive.</li> </ol> |

| Country                      | Summary points from discussion on COSTED ACTION PLANS  |
|------------------------------|--|
| <b>India - Maharashtra</b>   | <p><b>Intervention:</b> CMAM. This is an already existing intervention – they studied it more in detail, to identify different input categories and fixed costs. They studied two levels: Facility level and household level. They have 2 implementing agencies at the moment. They also have support from the cooperation.</p> <p><b>Action point:</b> They have identified 3 other ministries that should be involved: agriculture, tribal, rural department</p> <p><b>Reflection:</b> It will help prioritize the interventions, identify what are the interventions that will give the most return in investments, which ones are most important</p>   |
| <b>India - Uttar Pradesh</b> | <p>State nutrition plan – it includes complementary feeding (CF) food supplementation, counseling.</p> <p><b>Challenge:</b> Counseling is not a priority right now. Establishing a model might help.</p> <p><b>Action point:</b> Discuss proposed counseling support plan with key multi-stakeholders: supplementary PIP. The strategy now is to think about how to scale up and cost for the CF counseling. Two ministries have to coordinate. There are issues related to incentives for health staff and capacity building costs for Ministries and behavior change communication materials.</p> <p>Carry out advocacy efforts, emphasizing prevention.</p>   |
| <b>Indonesia</b>             | <p>For Supplementation: they want to achieve 80% coverage next year.</p> <p><b>Actions points:</b> Carry out advocacy efforts to increase coverage of nutrition interventions, improve counseling materials and train health workers.</p> <p><b>Challenge on the costing:</b> They do not know how much money they need. They want to learn more about how to do the costing of personnel in nutrition.</p>  |
| <b>Kyrgyzstan</b>            | <p><b>Action point:</b> In the next budget cycle, they plan to include detailed budgeting according to the priority interventions identified, in the budget of the Ministry of Health, as well as in the budget of other ministries (where relevant).</p> <p><b>Challenge:</b> They already have nutrition programmes but they have to link the budgets to the programmes. Some of the nutrition interventions are not in the budget yet. Budget allocation is different from what is indicated in the programmes (even if costed)</p>   |
| <b>Lao PDR</b>               | <p><b>Challenge:</b> The costing exercise (ingredients approach) is complex and very detailed. They cannot do in one hour, but they learned a lot</p> <p><b>Action point:</b> To have a costed master plan for comprehensive training package. They have a mixture of costing exercises for the national plan (3 approaches were used). They want to use the ingredient approach for a master plan. They will modify the action plan: instead of a 5-year plan, they will do a one-year annual plan, with ingredient approach. They will utilize some other interventions to do the costing. It will involve multisectoral authorities, not only the health sector.</p> <p>Infant and young child promotion. They need to work together again with other sectors. If they want to work at the community level, involve other sectors (such as agriculture). They will cost it. The budget line for the Ministry of Finance is in place. But they need the annual plan.</p> |
| <b>Myanmar</b>               | <p>Time is perfect. There are new opportunities for nutrition plan to update. They also have a new Government.</p> <p><b>Action plan:</b> They will use the existing costing framework of newborn and child health plan to update the nutrition plan</p> <p>They will make a Costing and budget link</p> <p>Second half of this year: they are planning to do a high-level advocacy with stakeholders, with SUN stakeholders.</p>  |
| <b>Maldives</b>              | <p>They have an Integrated national nutrition plan, one of the key areas being promoted is IYCF practice through health worker capacity building.</p> <p><b>Action plan:</b> To develop an IYCF roll out strategy that includes costing, followed by assessment of IYCF, capacity of health facilities, advocacy.</p> <p><b>Challenge:</b> IYCF Master level trainers are limited in the country</p>   |
| <b>Nepal</b>                 | <p><b>Action point:</b> They have all the relevant units and departments for homestead food production. They just need to get together for joint planning, budgeting and implementation.</p> <p><b>Challenge:</b> Lack of funds for the integrated planning and implementation. They need to address it by convening a coordination mechanism. The coordinator of the committee is present in this conference, so they will organize the meeting regularly.</p> <p><b>Reflection:</b> Scattered resources can be integrated or mainstreamed for the better outcome of nutrition (line items are already there in the budget). They will analyze the budget for multisectoral plan.</p>   |

| Country            | Summary points from discussion on COSTED ACTION PLANS  |
|--------------------|--|
| <b>Pakistan</b>    | <p><b>Action points:</b> They need to improve the programming better; linking it better, so that it is more cost effective.</p> <p><b>Challenges:</b> They have to deal with challenges in certain areas: budget support, communications strategies, M&amp;E system, and involvement of private sector.</p> <p>With regard to the involvement of private sector, on 18 March 2016, Pakistan formulated a business network, including a business engagement strategy. Provinces will also have networks.</p> <p><b>Reflection:</b> They have identified different stages of implementation within the different provinces, and they will further improve the actions at all levels so that they can scale up nutrition.</p>   |
| <b>PNG</b>         | <p>They are in the infant stage of SUN.</p> <p><b>The way forward:</b> New policy, multisectoral policy, cost the plan, identify and prioritize the scale for key interventions and cost them as well. Strengthen nutrition surveillance.</p> <p><b>Challenge:</b> They do not have good data coming in. They need a better information system so that personnel from rural facilities and provinces can timely give reliable data.</p> <p><b>Main problem:</b> Human resources are scarce. Not so many nutritionists. They will do more awareness and advocacy on this.</p>   |
| <b>Philippines</b> | <p><b>Intervention:</b> Early Childhood Care and Development (ECCD): intervention package that uses the life cycle approach from pregnancy to the first two years of life of the child (including PLW).</p> <p><b>Challenge:</b> During this meeting, they realized that there is one important intervention for which input requirements are not sufficiently funded at present. This is the child tracking system in the ECCD programme.</p> <p><b>Action point:</b> Implement the ECCD intervention package as planned. They will estimate funding requirements for child tracking system and they will include it for the next budget year (2017). They will receive support from the secretariat and other stakeholders. Formulate PPAN 2017-2022 (common results framework, cost interventions, identify sectoral contributions, advocacy/approval)</p>  |
| <b>Sri Lanka</b>   | <p>Programme: improvement of nutrition status of adolescent children in school.</p> <p><b>Action point:</b> Train teachers to pass the message to children. Budget line is available</p> <p>Other action points: Advocacy Programme for school principals and development of a monitoring and evaluation system.</p> <p><b>Challenges:</b> Institutional politics. When you are implementing these programmes, there are technical aspects. They have institutional framework and budget is available, but sometimes when there are 2 organizations or more, they have to face institutional problems with technical people and administrators (institutional politics).</p>   |
| <b>Tajikistan</b>  | <p><b>Intervention:</b> IMAM</p> <p><b>Action points:</b> Define cost of treatment for moderate malnourished child, for acute malnourished child without complication at outpatient level, and treatment of acutely malnourished child at hospital level. They need to cost those 3 packages and advocacy with government to increase share of government to allocate budget.</p> <p>Currently, the treatment of patients is done mostly by donors. However, infrastructure and other costs is done by government. Government wants to increase the share also.</p> <p><b>Challenge:</b> Financing from state needs costing plan for the roll out of districts (how much it will take from state budget). They also need technical assistance and sharing of experiences to expand the pilot project to more districts and increase state and donor funds. They need to increase the government share to be allocated for this intervention.</p> |

| Country            | Summary points from discussion on COSTED ACTION PLANS   |
|--------------------|---|
| <b>Timor-Leste</b> | <p><b>Action points:</b> Follow up meeting within the Ministry of Agriculture, chaired by KONSSANTIL, to identify priorities and cost of the nutrition sensitive interventions.</p> <p>They would like to have Nutrition counseling.</p> <p>Budget structures and plan should be aligned and linked to the national zero hunger plan.</p> <p><b>Challenges:</b></p> <p>1- there is a need for technical assistance for the process and financial assistance</p> <p>2- There is concern that not all stakeholders will be committed to make their contributions. Carry out advocacy efforts with stakeholders in terms of commitments and respective contribution. There is a lot to be done with regard to nutrition-sensitive.</p> <p>3- Plans and budgets are not nutrition sensitive</p> |
| <b>Viet Nam</b>    | <p><b>Intervention:</b> Micronutrient Powders (MNP) distributions for children 6-23 months. Micronutrient deficiencies constitute a big problem in Viet Nam.</p> <p><b>Action plans:</b> Prioritization (which communities should be targeted), and categorization (social marketing approach). Decrease the cost by ensuring there is national production of the MNPs. Engage in partnership with private sector to share costs for training and material. Improve cost-effectiveness management by integration.</p> <p><b>Challenges:</b> Costing exercise might be challenging, as well as the mobilization of resources to fill the gap in national budget (carry out high level advocacy efforts)</p>  |

### Groupwork 3: Advocacy Goals and Calls to Action

Country representatives were requested to develop an advocacy goal (to get more money for nutrition and more nutrition for the money) and a call to action. These are summarized in the table below:

| Country            | Advocacy Goal 1  | Advocacy Goal 2   | Call to Action   |
|--------------------|--|---|--|
| <b>Afghanistan</b> | GMU/MoPH will realize the importance of financial reporting and budget information in the Central Ministry of Health by the end of June 2016 to help analyze costing of nutrition. | GMU/MOPH will undertake nutrition specific costing exercises to know the budget requirements and identify financial gaps by the end of July 2016.   | The government of Afghanistan does not know how much is spent on nutrition. There is global evidence that investing in child nutrition annually will increase economic growth by \$16. Therefore Afghanistan will cost the nutrition package to show the ration. Afghanistan should invest in high impact nutrition interventions in the current health and nutrition package. |
| <b>Bangladesh</b>  | FPMU will analyze WASH data to identify priority for improving nutrition by December 2016.   | As hygiene practice is essential for improving nutrition and is very low in Bangladesh, Local Gov't DIV (LGD) will implement campaign on handwashing and hygiene practices to improve nutrition by June 2019. | Improved hygiene, particularly handwashing is to be strengthened in Bangladesh. Hygiene is essential for nutrition improvement. Hygiene (handwashing) practice is very low in Bangladesh. Implement a national campaign on hygiene (handwashing) by local government divisions by December 2019. Media and Education Institutions need to be engaged to improve hygiene.       |
| <b>Bhutan</b>      | GNHC and MOF shall ensure an increase in budget allocation for scaling up nutrition specific activities/ interventions in plan by next financial year.                             | MoAF and MoE to include nutrition sensitive interventions in their plans. MoHG and MoE to cost interventions/actions in their budget.   |  |

| Country          | Advocacy Goal 1  | Advocacy Goal 2  | Call to Action   |
|------------------|--|--|--|
| <b>India</b>     | Maharashtra<br>Who: Mps, MLAs, Policy Makers, Rights and Stakeholders<br>How: Making good data available<br>When/Why: Jolt policy makers, especially ahead of elections/budgets.   | Maharashtra<br>Data is not available, not easily accessible, user friendly. Data is poor quality and not consistent. This affects budgeting for nutrition. Detailed data leads to better messaging for advocacy/identification of schemes. Ahead of budgets/elections: all stakeholders use this data to improve conversion on PF4N – jolt policy makers into action. Programming for 1000 days can help develop cognitive abilities of population and hence contributes to a skilled India. | Maharashtra<br>Prime Minister sir, you have put forward the idea of a “skilled India”. We urge you to invest in child nutrition today for a skilled India tomorrow. Today, 4 out of 10 children are denied the opportunity to grow to their full potential because of malnutrition. Invest in the first 1000 days of life, starting from pregnancy to first two years of life. This is when irreversible damage is done. Solutions are known. We call for at decision at your level to address the issue on an emergency footing.                                  |
| <b>Indonesia</b> | They will develop a policy to allocate appropriate budget for nutrition, including providing lactation rooms to ensure that nutrition target will be improved by 2019.   | District health office collaborates with academicians to perform a CBA on costing of providing lactation room and time spent by workers to lactation. The results then being a basis of advocacy by district health office, district manpower. Office and labor union to advocate private sector (companies).  | Sub-optimum breastfeeding threatens our future generation. Optimum breastfeeding saves US 17 billion per year. 2000 mothers from breast cancer, 5000 children from pneumonia and diarrhea. We need to strengthen policies at all levels from national to the district and enforcements needs to be done. We also need to strengthen sectoral collation such as parliamentarians, ministry of trade, industry, manpower etc. to join forces to improve the breastfeeding situation in Indonesia to achieve an exclusive breastfeeding rate to at least 50% by 2019. |
| <b>Lao PDR</b>   | Delegates from Lao PDR will:<br>1. Engage with the government office, the ministry of finance, ministry of planning, national assembly member and other stakeholders to support the integration of nutrition in the medium term expenditure frameworks.<br>2. Strengthen management information systems<br>3. Strengthen linkages between the planning and budget cycles, and between budgets and results/outputs. | Engage with leadership of relevant sectors – health, agriculture, education – to prioritize nutrition in their budgets and improve financial management and reporting capacity. Engage with Provincial Assembly members, provincial governors, and sectoral departments at sub-national level to better coordinate, plan, budget and report on nutrition related spending.   | In the next 3 months – Target advocacy events with the new National Assembly members.<br>Monitor nutrition spending against key priorities.<br>Assess the feasibility of nutrition cash transfers to subnational level.  |
| <b>Myanmar</b>   | Ministry of Public Finance (MoPF) will share the ISB-BOOST database with SUN Stakeholders + key sector ministries to enable analysis of disaggregated budget data and ultimately – prioritization of nutrition programmes across the government by August 2016.  | MoPF will coordinate the costing of new MSectoral National Plan for Food and Nutrition Security with support of SUN Stakeholders based on simple, robust, tools used in other countries and previous costing exercises; in a way that makes planned investment for nutrition easier to be captured in sectoral budget request by mid- 2017<br>Continued with – the MoPF will allocate the budget sector by sector.   |  |
| <b>Nepal</b>     | Establish/Develop scaling up nutrition as development and political agenda by increasing nutrition budget.   | Strengthen public budget absorption capacity of sectors.   |  |

| Country                 | Advocacy Goal 1   | Advocacy Goal 2   | Call to Action  |
|-------------------------|---|---|---|
| <b>Pakistan</b>         | The Planning Commission will ensure that all provincial planning and development departments will be onboard to ensure that budgetary analysis is embedded at the subnational levels by the next fiscal year.                       | The Ministry of Planning and Development & Reform will facilitate the process of public finance allocations through active engagement with technocrats and politicians etc. to ensure enhanced effective multisectoral allocations by the next financial years.   |   |
| <b>Papua New Guinea</b> | Department of Health, with partners, will produce statistics overview/ justification with budget submission to justify funding allocation for nutrition by June.  | Department of Treasury and National Planning will allocate funds to support interventions including training, supplies, procurement, distribution and follow up by November budget.   | Too many children are dying too early; three children a day die due to malnutrition. We must invest more resources to save our children and our future.   |
| <b>Philippines</b>      | The nutrition programme should be highlighted as a specific activity/ project/programme or special provision in the budget of the members of the national nutrition council governing board by 2017.                                | The DOH Philippines shall develop a comprehensive child tracking system to ensure proper monitoring of health and nutrition outcomes by 2018.   | Nutrition is not just part of the agenda, it is THE agenda. 35 million children are affected by stunting. Only 3% of the total budget is dedicated to nutrition – we need at least 15% to ensure no child in malnourished. Policy makers should commit to specific nutrition programmes in their budgets. |
| <b>Sri Lanka</b>        | Ministry of Finance will impose taxes on sugary & salty foods for reducing double burden of overweight by end of 2016.  | Ministry of Finance will introduce a sub-category for nutrition under the budget code (COFOG) classification as function of government. To track the expenses/allocation of resources through national budgets and to have reliable data.   | Reduction of sugar intake to control overweight/obesity in children. By 2016, the percentage of overweight population is increasing up to 13% from 5% in 2000. Advocacy media campaign nationally is needed “Less sugar, less salt, more funding for nutrition” or “more money for nutrition: long life”. |
| <b>Tajikistan</b>       | The government will develop a costed multi-sectoral plan and have a SUN multi-stakeholder platform by the end of 2016. Advocate for identifying funding gaps (Ministry of Finance, Ministry of Health) by 2017.                     | Gradually increasing government share for nutrition and specific interventions (10 years!)  |   |
| <b>Timor-Leste</b>      | The Prime Minister’s Office will revitalize the National Nutrition Council roles and structures to ensure the relevant ministries in the implementation of nutrition sensitive and nutrition specific interventions by October 2016 | Ministry of Health National Director Finance and Administration and Ministry of Finance Budget Officer will present the economic burden of undernutrition in TL to the DG Ministry of Finance responsible for macroeconomic outlook. Forecasting and setting up basis for annual budget decisions so that he understands the benefit of investing in addressing undernutrition from a macroeconomic perspective and prioritized investment on nutrition in 2017 budget as soon as possible. |   |
| <b>Vietnam</b>          | Parliamentarians will be more aware of cost and cost-benefit of nutrition interventions to ensure more investment for nutrition by December 2016.   | The Ministry of Finance will take lead in financial tracking to ensure multi-sectoral and comprehensive exercise by February 2017 for the next round.   | More money for nutrition and more nutrition for the money because \$1 invested in nutrition can get \$16 in return. By working together, across sectors and agencies, we can mobilize and better utilize potential resources to fill the gap for better nutrition.  |



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