

Workshop on Costing and Tracking Investments in Support of Scaling Up Nutrition



Summary Report

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LIST OF ACRONYMS

ABC	Activity Based Costing
CSN	Civil Society Network
CSO	Civil Society Organisation
EBF	Exclusive Breast Feeding
HRH	Human Resources for Health
LGA	Local Government Authorities
MDAs	Ministries, Departments, and Agencies
M&E	Monitoring and Evaluation
MCH	Maternal Child Health
MOE	Ministry of Education
MOH	Ministry of Health
MQSUN	Maximizing the Quality of Scaling Up Nutrition
NaNA	National Nutrition Agency (The Republic of the Gambia)
NNAP	National Nutrition Action Plan (Republic of Kenya)
NGO	Non-Government Organisations
NNP	National Nutrition Plan (Ethiopia)
OECD	Organisation for Economic Co-operation and Development
PAMRDC	Plano de Acção Multisectorial para Redução da Desnutrição Crónica (Multisectoral Action Plan for the Reduction of Chronic Undernutrition) (Republic of Mozambique)
PER	Public Expenditure Review
PNAN	Plan National d'Action Pour la Nutrition (National Plan of Action for Nutrition) (Republic of Madagascar)
REACH	Renewed Efforts Against Child Hunger
SUN	Scaling Up Nutrition
UNICEF	United Nations Children's Fund
WB	World Bank
WHO	World Health Organization

EXECUTIVE SUMMARY

Background

Investing in evidence-based nutrition actions is important for improving children's health globally.¹ Forty-five countries have committed to the Scaling Up Nutrition (SUN) movement. Costing and tracking of investments in nutrition are important parts of the policy planning, implementation, and monitoring cycle. This workshop, organised by UNICEF on behalf of the UN System Network for SUN and supported by the SUN Movement Secretariat, is a response to requests for capacity-building needed to accelerate progress with scale up. Eighteen SUN African countries were represented by the offices of Heads of State, Ministries (Finance, Health, Agriculture, etc), SUN Focal Points, and national nutrition bodies (43 in total). Donors, implementing partners, and global experts² also contributed (36 in total).

Objectives

1. To ensure that cost estimates are calculated based on the most appropriate methodologies.
2. To ensure both nutrition-specific and sensitive interventions are considered.
3. To integrate costing and tracking processes with implementation and monitoring.
4. To form a core group of national and global resource people.

Country Case Study Presentations on Costing and Tracking

The Gambia, a small country with a National Nutrition Agency under the authority of the Prime Minister, costed a national nutrition plan with interventions mostly within the health sector. **Mozambique's** costing of a national plan, completed in cooperation with partners, resulted in multiple cost estimates at various coverage levels, but there is an urgent need for regionalised planning and costing. **Tanzania**, which has a strong financial management information system, has nearly completed a Public Expenditure Review (PER) tracking investments in nutrition. **Madagascar** used an ingredients approach to costing. Madagascar designed a tracking template to capture investments in nutrition within government and carried out a survey to estimate investments outside the government budget. **Kenya** costed their National Nutrition Plan using the OneHealth Tool and is progressing into implementation. **Ethiopia** used the REACH mapping tool, which led them to identify an inequitable concentration of development partners in regions of acute need. They also created and used an activity-based costing method, which includes costs for programs in education, water supply, and agriculture.

Technical and Interactive Sessions

Global experts presented current research, best practices and different methodologies on costing and tracking investments in nutrition. This was followed by two interactive sessions where participants were asked to use a specific costing methodology and real cases to gain knowledge of how to track financial investments. Also, a panel of development partners from WHO, fhi360, AidData, and the World Bank presented on methodologies, tools and how to apply them.

Lessons Learned

1. Costing and tracking are important steps for prioritisation, implementation, monitoring, and mobilising financing.
2. The cycle of integrated costing, implementation, and tracking is a continuous process.

¹ Lancet Series on Maternal and Child Nutrition, 2013

² Dr. Susan Horton, University of Waterloo; Dr. Helen Connolly, ICF International/MQSUN; Clara Picanyol, Oxford Policy Management.

3. The process of costing involves careful thought at different administrative levels and should include information on all assumptions and calculations.
4. Specific methodologies and tool selection depend on country context, cost, and systems.
5. Targets and coverage should be based on realistic expectations of system capacity.
6. A multi-sectoral approach is vital but needs national leadership to ensure progress. Rollout within sectors should be accompanied by coordination across sectors.

Identified Gaps

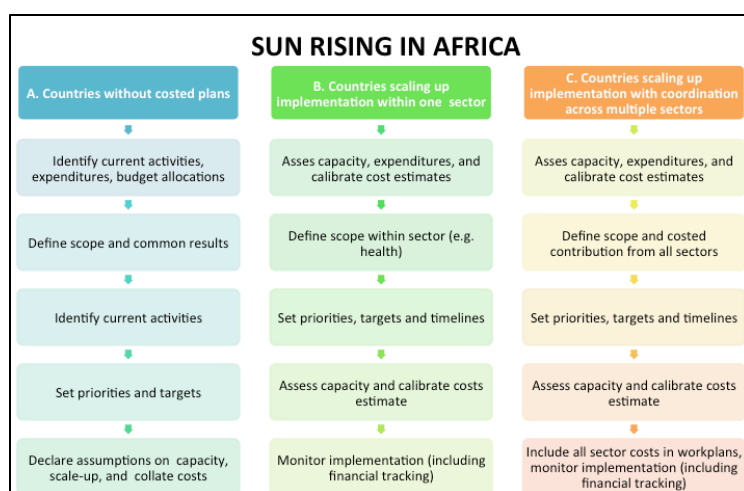
Participants acknowledged key challenges in costing including the lack of definitive standards for interventions, estimating human resource needs, and selecting the most appropriate costing method for the context. In most countries, financial tracking of nutrition-specific and sensitive interventions is still at an initial stage; more attention will be needed in this area in the near future.

Recommendations

Countries are encouraged to build on existing progress and move forward through the costing, implementation, and tracking process; to continue sharing experiences with each other and gain experience on these methods; and to link local economics and finance experts with regional and global specialists. Though further research on the cost-effectiveness of nutrition-sensitive interventions is needed, undertaking a multi-sectoral approach (e.g., agriculture, water and sanitation, education, local development, social safety net programs), mainstreaming nutrition policies, and achieving high-level government engagement will broaden the reach of nutrition plans. Governments can establish a budget account code for nutrition as one option to support tracking of resources. Implementing agencies and NGOs need to be more transparent about in-country program expenditures to make financial tracking more thorough. System capacity may be a limiting factor in implementation unless government investments in governance, personnel, and infrastructure are included in the scale up plan. Countries identified continued needs for capacity building in costing and tracking (customised for regions and francophone countries) as well as support for multi-sectoral coordination, sub-national planning, implementation monitoring, and resource mobilisation.

The Way Forward

African countries are progressing in scaling up nutrition, though each is at a different stage. Costing and tracking are key steps in the implementation process. SUN Government Focal Points will convey written requests for capacity-building needs (e.g., experience sharing, peer learning, and technical assistance) not available from in-country suppliers to the SUN Movement Coordinator. A small Working Group, which includes the SUN secretariat, will facilitate a **networked response** from members of the SUN Movement Secretariat, UN Network System, and other partners (e.g., MQSUN, OneHealth Team, fhi360, World Bank, etc.). This process will ensure that country requests are addressed quickly and with the appropriate resources. Country stakeholders renewed their commitment to replicate lessons learned, **maintain national-level leadership**, and **move forward** in the process towards scaling up nutrition for the betterment of children’s lives and the future of Africa.



1. BACKGROUND

Nutrition has received an unprecedented level of interest in recent years. The latest Lancet Series on Maternal and Child Nutrition³ shows that, as of 2011, 165 million children under five are stunted (25.7%) and 52 million children are wasted globally each year. The Lancet suggests that a “set of 10 evidence-based interventions if implemented at scale can save at least 15% of under 5 child deaths (i.e., 1 million lives saved) and avert a fifth of all stunting.” Investing in evidence-based nutrition actions is important for improving children’s health globally.

Forty-five countries, including 28 from Sub-Saharan Africa, have committed to the Scaling Up Nutrition (SUN) movement. Within these countries alone, 9 million children (14%) are wasted and 40 million children (25%) are stunted. In response to the growing evidence on effective interventions, national and global stakeholders have made an unprecedented commitment to increase investments in nutrition. Funding has increased from \$250 million in 2008 to \$420 million in 2011. A further \$4.1 billion was committed by donors at the Global Nutrition for Growth Compact⁴ in June 2013 with the goal of saving the lives of 1.7 million children by 2020. Another \$14.0 billion was committed for hygiene and agriculture for nutrition-sensitive plans. Ensuring predictable, multiyear funding stream is critical for sustained nutrition impact.

Costing and tracking of investments in nutrition are important parts of the policy planning, implementation, and monitoring cycle. Over 20 SUN countries have proactively costed national plans. In addition, some have made progress in strengthening financial systems for tracking nutrition investments. As nutrition is not a field that one agency can address alone, and planning and tracking require sharing across borders, agencies, and academic disciplines, these are tremendous achievements.

This workshop, organised by UNICEF on behalf of the UN System Network for SUN and supported by the SUN Movement Secretariat, is a response to requests for capacity building in costing and tracking of financial investments in nutrition needed to accelerate scale up. This workshop benefited policy makers in different countries who were able to share their experiences working on

Objectives

With the overall goal of accelerating progress with costed national plans, the specific objectives of this workshop are:

1. To ensure that cost estimates are calculated based on the most appropriate methodologies;
2. To ensure both nutrition-specific and sensitive interventions are considered;
3. To integrate costing and tracking processes with implementation and monitoring; and
4. To form a core group of national and global resource people.

government policy and funding of nutrition. It was an opportunity for country teams to learn knowledge, skills, and experience from each other, global experts, and development partners. Eighteen SUN African countries were represented by the offices of Heads of State, Ministries (including Finance, Health, Agriculture), SUN Focal Points, and national nutrition bodies (43 in total). Donors, implementing partners, and global experts also participated (36 in total).

³ Lancet Series on Maternal and Child Nutrition, 2013

⁴ Global Nutrition for Growth Compact <http://scalingupnutrition.org/news/an-historic-moment-for-nutrition-nutrition-for-growth-summit-in-london>

2. COUNTRY EXPERIENCES

SUN countries are at different stages of implementing their respective national nutrition plans. The unique context of each country makes it imperative for policy leaders to be able to adapt methodologies to the local context. The purpose of this session was to share experiences in costing and tracking between countries through presentations of actual experiences applying different methodologies.

A. COSTING INVESTMENTS

Over twenty SUN countries have costed national nutrition plans over the last five years. The experiences and lessons learned from The Gambia and Mozambique in costing their national nutrition plans are highlighted below.

The Gambia

The Gambia first established a National Nutrition Policy⁵ (NNP) in 1999, and a second nutrition plan covering the period from 2010-2020. The National Nutrition Agency (NaNA) was established in 2000, under the office of the Vice-President, with a mandate to coordinate the implementation of the policy and all other nutrition related activities. NaNA is a small organisation of 20-30 staff at headquarters. A National Nutrition Council provides oversight and policy guidance to the agency.

The Agency is implementing programmes in maternal and child health nutrition, micronutrient deficiency control, and non-communicable disease control. A multi-sectoral taskforce comprising of health, communication, agriculture, education, development, and nutrition experts was formed to develop the new nutrition policy. The plan includes twelve key priority areas. At the beginning of the second policy, 22% of children were stunted, 9% wasted, and 22% undernourished. Since it is a small country, coordination takes place at the national level but multi-sectoral teams implement at the regional level.

The process of costing the NNP started with the identification of activities with the aid of economists and validation by the ministry staff and NaNA - it was not possible at the time of costing to receive input from other stakeholders. For each activity, the required inputs were identified and a quick market survey was conducted to establish the prices for those goods requiring procurement. Assumptions were made for both fixed and variable costs and gaps in human resources, but not existing personnel. The model took into account a 6% inflation rate obtained from the central bank.

Individual activities, some for startup and some recurring, were costed at the national level for year one, and then extrapolated for 5 years since the policy would be reviewed and updated at the mid-term of its lifespan.

The Gambia's main challenges in implementing the national nutrition plan were attaining the buy-in from stakeholders in other sectors and mainstreaming nutrition interventions into policies. This is necessary since The Gambia relies heavily on outside organisations to finance and support implementation of plans. The National Nutrition Council was established with 12 ministers to foster collaboration between ministries and across organisations. A National Technical Committee on Nutrition was established to assist with the implementation of the nutrition policy. It has proven difficult to track financial investments from some NGOs and other resources outside when they do not go through NaNA.

⁵ The Gambia's NNP <http://scalingupnutrition.org/wp-content/uploads/2013/10/The-Gambia-National-Nutrition-Policy-2010-2020.pdf>

The Gambia is still working on advancing scale-up. Human Resources for Health capacity is required to be built into policy analyses, Monitoring and Evaluation (M&E) officers at regional level, and nutritionists. The Gambia is now trying to mobilise resources from donors and central government to increase the funding envelope to NaNA. The budget has recently increased by 50%, signaling the recognition of nutrition's importance.

Mozambique

Nutrition was viewed as a sectoral issue until the Multisectoral Action Plan for the Reduction of Chronic Undernutrition (PAMRDC)⁶ was approved in 2010. The objective of the plan was to reduce chronic undernutrition in children under 5 years from 44% to 30% by 2025.

Currently, 43% of children in Mozambique are stunted, 15% are underweight, and 9% are wasted⁷. Previous lack of coordination or prioritisation of interventions resulted in high stunting levels with little change over the years. The highest rate of stunting is found in the north of the country, but the southern region also has very high rates of stunting by WHO standards. Regions with the highest agriculture production have less food insecurity, but higher rates of chronic malnutrition. Problems in these regions may be linked to low food diversity and lack of livestock. Nutrition education is needed throughout the country. The main causes of undernutrition in the country are lack of access to basic water and sanitation, chronic food insecurity, and low school enrollment. High incidence of diarrhea, malaria, and respiratory infections, and weak vaccination coverage are also major contributors.

Based on stakeholder consultations, PAMDRDC focused on three target populations: adolescent girls, pregnant and lactating women, and children from birth to 24 months of age. Key strategic objectives include improving access to nutritious food, strengthening human resources for nutrition, developing mechanisms for advocacy and coordination of the plan, and nutrition surveillance. The Technical Secretariat (based at the Ministry of Agriculture) for Food and Nutrition Security (SETSAN) leads the coordination of PAMDRDC. Planning is completed together but implementation is conducted separately. The private sector and senior government leadership are not yet part of the plan. Annual planning takes place through a multi-sectoral technical working group and is sent to Government for approval.

Assistance was provided to Mozambique to cost the national nutrition plan. A consultant conducted a costing of the PAMRDC based on standardised unit costs for various interventions, coverage levels, and used macroeconomic forecasts. Using the middle assumption of 80% coverage, the MQSUN conducted an analysis of the plan and estimated that nutrition-specific interventions account for 81% of the plan, nutrition-sensitive approaches for 17%, and the remaining 2% covered interventions to strengthen governance⁸. The World Bank also provided a cost estimation for priority health sector interventions.

Key challenges to costing the PAMDRDC include: (1) selecting the best methodology for costing; (2) understanding if the context for the nutrition plan has changed; and (3) mobilising funding. Currently, there is no explicit government commitment to fund the PAMDRDC. Other contributions are in the form of sector budget support, targeted funding for some activities at the central or

⁶ Mozambique's PAMRDC http://scalingupnutrition.org/wp-content/uploads/2013/02/Mozambique_PAMRDC_2011_2015.pdf

⁷ DHS 2011

⁸ MQSUN in collaboration with the SUN Movement Secretariat developed a framework to analyze the costed plans provided by countries in order to get a better understanding of the composition in terms of specific nutrition interventions, nutrition-sensitive approaches in relevant sectors and governance.

provincial level, and some vertical funding to NGO projects. Overall, it is difficult to track total financial investments and there are uncertainties about the different cost estimates received to date. In order to mitigate some of the risks of current mechanisms, there are future plans for developing a common fund for nutrition to make it easier to see funding contributions for nutrition from all sectors.

Capacity-building needs for implementation plans should be elaborated. Some pre- and in-service health workforce education initiatives in nutrition have started to facilitate scale up. Before implementation can begin, Mozambique must clarify plans at the provincial level. Specific objectives, priorities, and activities for each local context are starting to be developed. The Central region has already completed costing and planning, and has received funding from donors

B. TRACKING INVESTMENTS IN NUTRITION

Only a few countries have started tracking investments in nutrition, so there is very little country experience in this area. Two countries with some experience in the area are Tanzania, which has recently undertaken a Public Expenditure Review (PER) of nutrition expenditures, and Madagascar, which has developed its own tool to track investments in nutrition.

Tanzania

Tanzania is finalising a Public Expenditure Review (PER) on nutrition. PER as a tool has been widely used in other sectors in Tanzania and relevant officers are therefore familiar with and knowledgeable about the tool. In Tanzania, the nutrition sector can be identified separately, so it was felt that the PER could assist in the management and planning of resources for nutrition. The purpose of the exercise was to examine the flow of funds for nutrition within the public sector, to examine the performance of the system in ensuring and financing the provision of care and improving welfare, and to examine some specific aspects of sector performance.

The Tanzania PER on nutrition covers budgeted and actual expenditure on nutrition interventions at the national and sub-national levels for two fiscal years (2010/11 and 2011/12).⁹ The timing of the exercise was scheduled to coincide with the budget cycle in order to facilitate its use as an input into budget preparation. This was essential because the major barrier in budgeting and nutrition at the district level is the lack of prioritisation and implementation of evidence-based nutritional interventions that have high impact on women and children. The exercise was jointly funded and carried out by UNICEF and the Government of Tanzania.

Due to time and budget constraints, the review was based on a randomised sample of 15 out of a total of 161 Local Government Authorities (LGAs) in mainland Tanzania. The sources of finance identified were: the national budget of 12 government ministries), off-budget funds (where the intervention was directly provided by non-governmental sources), local government and other sub-national government resources, and civil society organisations.

Tanzania identified the following nutrition intervention areas to be reviewed: micronutrient supplementations (e.g., vitamin A, iron, zinc); food fortification with micronutrients (e.g., iodine, vitamin A, iron); breastfeeding and complementary feeding; pregnant women's nutrition; treatment of severe or acute malnutrition; targeted food aid; nutrition care and support for people living with HIV/AIDS; nutrition education on and behavior change around nutrition growth monitoring and promotion; and nutrition surveys and surveillance.

⁹ Tanzania's national budget runs from the 1st of July until the 30th of June of the following year.

The process was completed in three main stages. First, the inception phase included consultations, documentation reviews, and the development of data collection tools. The data tools were designed to capture expenditure from two main groups: (1) Ministries, Departments and Agencies (MDAs); and (2) LGAs. The data sheet for MDAs included records of nutrition activities in the Medium Term Expenditure Framework (MTEF), funds released to implement nutrition activities, actual expenditure for nutrition activities, budget inputs, and actual expenditures. The data sheet for LGAs included general information, total annual budget, funds received, and actual expenditure on nutrition activities in the MTEF and non-MTEF programs implemented at the council level.

The second stage was data collection. The data were collected via the MDAs and the LGAs datasheets as well as with data from the MTEFs of relevant MDAs and the sample LGAs. Collection occurred at workshops and visits to MDAs and LGAs and by review of agencies' internal reports for triangulation.

The third stage is data analysis. The initial findings indicate inadequate funding for nutrition interventions as well as delays in disbursement of funds to these interventions, making implementation inefficient. The study has also found differences between budgeted and released funds and difficulties in distilling data from the various sources. Nutrition was also found to be given relatively low priority at the stage of budget planning especially at lower levels and concluded that there is a need for building capacity specifically on planning and budgeting for nutrition.

The exercise emphasised the inter-sectoral linkages of nutrition and the need for collaboration across sectors and level of government.

There were a number of challenges encountered during the process. A PER is time consuming and there was, therefore, a need to prioritise tasks and limit the sample size (15 LGAs) and period (2 years). This exercise highlighted the integrated nature of programs with nutrition components, which often made it difficult to disentangle the nutrition activities. Similarly, experts found that the interventions were not broken down to the desired level of detail, so little could be said with regard to the composition of inputs within a programme. Tanzania also experienced barriers retrieving information from donors and NGOs.

It is worth understanding Tanzania's relatively strong Public Financial Management system, which includes a programme-based budget with a results orientation. Tanzania's Chart of Accounts includes a system of coding performance information that allows expenditures to be quickly identified by their associated objective and target, and not only by their administrative or economic classification. Although this provides one of the most comprehensive and in-depth analyses of nutrition expenditure seen across countries, it is not necessarily replicable in other situations.

Madagascar

Madagascar developed the second National Plan of Action for Nutrition (NPAN II)¹⁰ bringing in multiple sectors and representatives from ministries, civil society organisations, private sector, donors, and the United Nations. The result is a four-year multi-sectoral plan consisting of 5 strategic areas, 27 interventions, and 78 activities.

Madagascar developed a mechanism to track investments with the aim to estimate both existing and additional resources needed to finance the NPAN. With the support of the Technical Service for

¹⁰ Madagascar's National Plan of Action for Nutrition http://scalingupnutrition.org/wp-content/uploads/2013/02/Madagascar_PNAN-2012_20151.pdf

Review of Public Expenditures, a unit located within the Government of Madagascar, the National Office of Nutrition (ONN) designed a financial tracking report on expenditures. It collected information on financing and entered the data into a template aligned to its costed plan. The ONN produced a survey in line with the strategies, interventions, and activities structured in the National Plan of Action for Nutrition and sent it to all stakeholders. The survey responses were consolidated, which allowed the ONN to have a clearer picture of existing financial commitments and an indication of what could potentially be mobilised. At the same time, Madagascar improved their understanding of extra-budgetary amounts in certain ministries, civil society organisations, and the private sector.

The data collection was facilitated by various workshops and forwarded to all stakeholders active in nutrition for feedback and triangulation. After receiving the survey responses, the ONN followed-up with respondents to align expenditures and avoid duplication (e.g., funds reported both by a donor and by an implementing agency).

The main challenges included limited knowledge of nutrition-related investment in each of the ministries and the limited transparency or breakdown of budgets by some agencies. In certain ministries, it was difficult to distinguish the expenditures contributing to nutrition. Also, very little information was collected from civil society organizations (CSOs) and the private sector.

The main lesson learned from the tracking process was to understand the importance of designing a tool that is acceptable to all stakeholders, easy to use, and effective in detecting where funds were double-counted. It was also important to allow reasonable time for respondents to duly fill out the information and provide support to those having more difficulties.

Madagascar also established a regional group on monitoring and evaluation to convene agencies operating in the 22 regions and provided capacity building to their representatives.

C. LINKING COSTING TO IMPLEMENTATION

In addition to costing initial nutrition plans and tracking financial investments, it is important to complete the cycle by linking these processes to implementation. The goal is to use tracking to update plans for future years and match resources with spending. This process allows countries to attribute outcomes of nutrition plans to funding, and can also help in demonstrating causality and cost-effectiveness. Multi-sectoral programming is not easy, but these processes will help accelerate implementation.

Ethiopia

Prior to costing the country's National Nutrition Plan (NNP),¹¹ stakeholders at the Federal Ministry of Health examined costing methods to determine the most appropriate fit for their context. The chosen method was Activity-Based Costing (ABC). Using the 'ingredients approach', major activities were defined, and inputs were quantified and costed. Examples of activities include integrated supervision, training, HRH, capacity building, supplies, and standards development. Agriculture, WASH, and education activities that relate to nutrition were included in the costing. The costing of nutrition-sensitive interventions only included increases in existing activities, but not the costs of what had already been implemented. Activities determined to be under the mandate of another ministry were not included in the costing to avoid duplication.

¹¹ Ethiopia's NNP http://scalingupnutrition.org/wp-content/uploads/2013/10/Ethiopia_National-Nutrition-

The NNP was costed for 2013-2015 and the total cost estimate was US\$547 million for all years with the highest portion of expenditure planned for 2014. The vast majority (88.5%) of the budget will be applied to improving the nutritional status of mothers, infants, and children under the age of 5.

Following the costing exercise, Ethiopia undertook a stakeholder mapping exercise to identify and document the landscape of nutrition actors across multiple sectors, their relevant activities, available finance, and the interactions between different actors. The goal was to identify gaps and high concentrations of nutrition intervention coverage. The REACH stakeholder-mapping tool was utilised for this exercise.

All forty-nine organisations that were sent a questionnaire responded. The results indicate that 35 organisations are active in nutrition in Ethiopia, with most of the funds targeting Severe Acute Malnutrition, Moderate Acute Malnutrition, and Infant and Young Child Feeding interventions followed by micronutrient and women's and adolescent nutrition interventions. There were gaps in nutrition and infectious diseases, school health and nutrition, and multi-sectoral interventions. The regions of Amhara, Oromia, SNNP, and Tigray have the most partners supporting nutrition interventions while Gambella, Harari, Benishangul Gumuz, Dire Dawa, and Addis Ababa have the least. The exercise generated matrices outlining the intervention coverage by organisation in each region, cross-referenced by high-stunting rates. The mapping indicates that there are some districts without any interventions. Many districts have high overlap, but it is not clear if this translates to overlapping programmes in the same village. Mapping shows that partners are concentrated in areas with highest stunting.

One limitation of the methodology is that there is insufficient detail to allow assessment of funding by zone and district. There is also low capacity and understanding by partners on the costing process and lack of willingness to participate.

Ethiopia's future plans include a review of 2013 expenditure assessment amongst stakeholders. Furthermore, there will be intensified advocacy for resource mobilisation and increased dialogue and decentralisation of coordination and tracking processes with the National Nutrition Coordination Body (NNCB).

Kenya

In Kenya, 35% of children are stunted, 16% are underweight, and 6.7% are wasted.¹² These measures lag behind MDG targets for 2015. Kenya has implemented nutrition programs since 1964 with budgets based on resources available, and then proportioned as a ratio by severity of problem, population, geographic, and administrative considerations. In the last five years, annual workplans for national and regional levels were prepared and costed.

Kenya's National Nutrition Action Plan (NNAP)¹³ for 2012-2017 is the roadmap for scale-up of nutrition. The focus is on high-impact interventions with scale-up of baseline measures by at least 80% over next five years. The Kenyan Treasury allocates budget by ministry. A multi-sectoral approach was taken overseen by a coordinating body, but with one ministry, the MOH, given power to hold others to account. This strategy was approved although has not yet been executed due to government restructuring. There is agreement from development partners to support the NNAP

¹² DHS 2008

¹³ Kenya costed NNAP http://scalingupnutrition.org/wp-content/uploads/2013/07/13-04-19-Kenya-Costed-Programme_2013_2015.pdf Plan-Summary.pdf

priorities. For the last four years, the partners have aligned themselves with government priorities and are assisting with the roll-out to counties. Forums are held regularly to engage partners.

The OneHealth Tool was used for costing the health sector interventions within the NNAP. Stakeholder participation from all levels was included. The process for costing strategic objectives began by determining the affected populations, indicators, and annual targets. Then, required activities, commodities, and delivery channels were identified. Unit costs for each sub-task were determined to calculate costs of scale-up. Coordination of national Food Security and Agriculture strategies will be costed separately. There were also challenges for costing nutrition-sensitive interventions. This process compelled Kenya to prioritise specific nutrition interventions, mostly in the health sector. Linking indicators to a budget also raised transparency and accountability.

It was challenging to estimate costs for transportation and human resources without standards for nutrition interventions. Costs incurred by the private sector were not included. The costing process also proved to be time consuming, though useful and will result in materials for advocacy. Based on the experience, it would be useful for sectors to develop tools similar to the OneHealth Tool to estimate nutrition-sensitive interventions. A cost tracking tool to be developed, and nutrition practice standards to be solidified. Government leadership must be strong to keep partners aligned with the national plan.

3. SUMMARY OF METHODS FOR COSTING AND TRACKING

Building on the country experiences with costing and tracking, global experts presented current research, best practices, and different methodologies on costing and tracking investments in nutrition. Knowledge was then consolidated in two interactive sessions where participating SUN countries applied a specific costing methodology to real cases to gain knowledge on costing and tracking. Additionally, a panel of development partners from WHO, fhi360, AidData, and the World Bank presented their tools and how to apply them. This section provides a summary of advantages and disadvantages of some of the technical approaches to costing and tracking.

A. COSTING

Experts Sue Horton¹⁴ and Helen Connolly¹⁵ provided an overview on costing, including how to:

- use costing to identify the resources needed to scale up nutrition;
- differentiate between “nutrition-specific” and “nutrition-sensitive” interventions;
- differentiate between start-up, implementation and maintenance stages; and
- use costing to help identify the sources of funding (donors/country governments/households).

Table 1 outlines the advantages and disadvantages of some costing tools and key approaches to the costing and tracking of nutrition interventions.

The national nutrition plans reflect sector involvement. The most successful plans are built on consensus through consultations with government, in-country partners, and other stakeholders. The plans should reflect the needs of the country and provide clear and measurable indicators and targets for scale up to achieve the Common Results Framework.

Once the plan is constructed, successful costing requires consensus among partners on the methodology for measuring intervention costs. This includes determining whether to include existing government inputs (labor, infrastructure), existing interventions, and involvement from non-governmental sectors. Unit costs may vary over time or across populations, and scale-up might take place uniformly or target certain provinces first then scale-up nationally. Assumptions and calculations should be clearly stated, including estimation of existing cost, annual scale-up, district rollout, and national coverage.

Table 1. Features of selected costing software/approaches

Tool	Features
Activity-based costing (ABC)	<ul style="list-style-type: none"> • Often used to try to improve efficiency of an organisation (e.g., hospital) • Can be used for costing nutrition interventions in more than one sector • Requires a substantial initial investment of time to define all the activities <p>More info: Time-Driven Activity-Based Costing, Robert S. Kaplan and Steven R. Anderson, 2007, Harvard Business School Press</p>
CORE plus	<ul style="list-style-type: none"> • Designed for integrated costing of all activities undertaken at a single health facility (e.g., hospital, primary health centre)

¹⁴ Dr. Susan Horton, CIGI Chair in Global Health Economics, University of Waterloo.

¹⁵ Dr. Helen Connolly, Senior Economist, ICF International/MQSUN.

	<ul style="list-style-type: none"> • Has not yet been used for nutrition interventions • Would be useful nutrition interventions undertaken at a single health facility <p>More info: http://www.msh.org/resources/cost-revenue-analysis-tool-plus</p>
Marginal Budgeting for Bottlenecks	<ul style="list-style-type: none"> • Excel spreadsheet designed by UNICEF and the World Bank. • Originally designed for health, it builds on high-impact interventions to reduce mortality as published in various technical reviews reports and scientific articles including <i>The Lancet</i> series on Child, Maternal and Neonatal survival. • Features of MBB have been recently incorporated into the OneHealth Tool • Countries who have used MBB in the past may wish to continue <p>More info: http://www.devinfolive.info/mbb/mbbsupport/</p>
OneHealth Tool	<ul style="list-style-type: none"> • Strategic planning and costing tool supported by the UN Interagency Group on Costing (IAWG-Costing) • Designed for integrated health sector planning and costing to avoid parallel vertical planning approaches • Facilitates estimation of costs, human resources demands and potential health impact of different scaling-up scenarios • Links health interventions with holistic planning for health systems (e.g., human resources, infrastructure, logistics) • Contains default intervention input assumptions (which can be modified by users) on WHO-recommended health interventions, including all WHO-recommended nutrition-specific interventions. Users can include additional interventions if needed. • Links to the “Lives Saved Tool” (LiST)” to estimate health impact <p>More info: http://www.internationalhealthpartnership.net/en/tools/one-health-tool/</p>
PROFILES	<ul style="list-style-type: none"> • Tool for advocacy (using cost-effectiveness/cost-benefit), not costing • Restricted to some micronutrient interventions plus stunting • Effectiveness data are for individual interventions, while interactions among interventions are not modelled (“Lives Saved” tool is more sophisticated in comparison) <p>More info: http://www.fhi360profiles.org</p>

There are many other costing tools.¹⁶ Most, like many of these above, use the ingredients approach to obtain cost estimates.

Discussion

Countries should be realistic in setting their targets for coverage. Often, normative approaches or targeting 100% coverage is not feasible as it can cost significantly more to reach the last, and least-reachable, decile. Local system capacity may also be a limiting factor for scale-up of coverage and should be taking into account.

¹⁶ PMNCH Costing Tools http://www.who.int/pmnch/knowledge/publications/costing_tools/en/index.html

Costing of HRH expenses was highlighted as an ongoing challenge by countries. Countries need to plan for various levels of service delivery and can use a survey of providers to understand how their time is utilised. Difficulties in estimating HRH costs could be a result of low productivity, limited access to supplies and resources needed to conduct work, and wasted time and costs due to recruitment, sickness, turnover, and retention.

Lastly, accurate costing may be difficult to achieve due economic volatility and lack of donor transparency. Costing, however, assists countries in setting priorities in the event that unforeseen circumstances require countries to select only certain interventions. It should be emphasised that implementation and costing are part of an iterative process and that costed plans are a best estimate, and not a static document.

B. TRACKING

Expert Clara Picanyol¹⁷ reviewed some tracking tools designed to be used at the country level. Table 2 summarises several tools, their coverage, and frequency of data collection.

Budget analysis

A budget analysis consists of tabulating relevant budget data across different dimensions (e.g., economic or functional classification) and comparing expenditures across years and sectors. The breadth of the analysis is defined by the study itself (e.g., nutrition expenditures), but the depth is inevitably limited by the level of detail of budget data. For example, in some countries, it might be limited to the main economic classifications (salaries, overheads or capital) within each department; while some other countries might provide information by program. Nutrition investments could potentially be isolated where countries adopt a ‘nutrition budget line’, which means that its budget has an administrative or a functional code in their Chart of Accounts.

There are a number of limitations to a budget analysis. First, a budget analysis only covers “on-budget” expenditure. Second, budgets do not necessarily respond to plans and often cover only a small part of a national costed plan, which means that many nutrition expenditures would not be captured. Third, there is usually little detail in the budget compared to a costed plan. Fourth, salaries and overheads, which can constitute a large proportion of nutrition investments, are most likely to be reported at an aggregate level and not be identifiable as nutrition interventions. Finally, a budget analysis does not assess allocations against a set of desired outputs or objectives. In order to do that, a Public Expenditure Review (PER) is required.

Public Expenditure Review

A PER is an assessment of and recommendations on the level and composition of actual public expenditures over a period (usually 3 to 5 years) against a predetermined set of policy goals and outputs in the national plan. The breadth is also defined by the study, but relies on existing reporting and data monitoring systems, including budgets, health accounts, and databases (such as OECD/DAC CRS), which will determine its depth. A PER can cut across MDAs (Ministries, Departments, and Agencies) so it is therefore possible to filter expenditures on nutrition to the extent that data are available on budgets and programs in different ministries.

One limitation of the PER is that it usually covers only domestic expenditure or “on-budget” aid-funded expenditure. Second, it is usually designed as a one-time study (i.e., it only provides a static picture). Third, the size and the cost of the exercise means it is not feasible to carry out more than

¹⁷ Clara Picanyol, Consultant, Oxford Policy Management.

every 3 to 5 years, but it is still quicker and easier to undertake than National Health Accounts (NHA)¹⁸. Finally, if policy objectives are unclear, it can be left as a simple budget analysis and lose its potential to be linked to policy outputs.

Health Accounts¹⁹

Health Accounts are the global standard for measuring and categorising health spending. Health Accounts cover all actual health expenditures (public, private, and external) in any sector of goods or services consumed for the direct and immediate purpose of health. They classify expenditure by health care function, provider, and financing scheme. The System of Health Accounts (SHA) 2011 includes reporting by diseases/conditions. Where SHA 2011 is used, nutrition could potentially be isolated matching nutrition-related interventions to Health Accounts codes for nutrition specific and sensitive actions that have a health purpose. Focal points for HA exist in most countries and HA surveys are to be conducted annually.

While tracking nutrition health spending using HA is a promising option to achieve nutrition resource tracking, it comes with its own challenges. First, tracking nutrition health spending will require additional data collection, and secondly what would count as nutrition spending or nutrition health spending by households? Thirdly, non-health related expenditures cannot be tracked. Fourth, the diseases/conditions classification is relatively new and not yet institutionalised in countries. Fifth, attempting to isolate nutrition expenditure would likely to be very difficult due to the limited by the level of detail of the data available. Finally, this exercise is carried out infrequently²⁰ in low- and middle-income countries and can take up to 12 to 18 months to complete. According to WHO, this can be reduced to six months if the country is fully committed.

Clinton Health Access Initiative (CHAI) resource mapping tool

The CHAI resource mapping tool is a data collection tool designed to measure resources available for the health sector. Data is entered into a basic spreadsheet and then aggregated into a master data set. Expenditures are classified by source, function, and location. It presents both budgeted and actual amounts, but does not cover out-of-pocket and private expenditure. The boundaries of the CHAI resource mapping tool are set more loosely than Health Accounts, so it is necessary to define clear specifications in order to isolate nutrition expenditures. As the tool uses secondary data sources, the depth will again depend on the level of detail of those sources.

The CHAI resource mapping tool is limited in terms of coverage. Due to the current categorisation of the tool, non-health related expenditures cannot be tracked. Also, critics argue that since boundaries are flexible, it cannot be used to track trends or compare across countries like Health Accounts. Finally, it is a relatively new tool piloted by only a few countries so far (about five).

Public Expenditure Tracking Survey (PETS)

¹⁸ Tanzania is now working to harmonize their 2013 PER with NHA. While PER deals with government spending, NHA also incorporates spending on health by NGO's, private sector

¹⁹ For more information and discussion on about tracking nutrition expenditure using HA framework see: *Lie, Geir Sølve Sande, Nirmala Ravishankar, Martha Benezet, Marie Jeanne Offosse, Eyob Zere Asbu, and Dorcas Lwanga. December 2011. Developing a Resource Tracking System for Measuring Spending on Nutrition in Low- and Middle-Income Countries. Bethesda, MD: Health Systems 20/20, Abt Associates.*

²⁰ Published National Health Accounts can be found in: <http://www.who.int/nha/country/en/>. Most countries have done between 2 and 4 rounds over the last 20 years.

A PETS is a detailed analysis of the financial flows between public and contracted units involved in service delivery. A PETS collects primary data via surveys at all administrative levels and it is based on a sample defined by the study to draw nation-wide conclusions. It could, in theory, be made specific to nutrition and to the level of detail required.

This approach relies heavily on administrative and accounting records, which means that it is unlikely to be able to identify nutrition investments. It will therefore only be possible to isolate nutrition expenditures to the extent that these are identifiable within administrative and accounting records, and can be clearly defined in household and clinic surveys.

There are a number of limitations in carrying out a PETS for nutrition. First, it is among the largest and most costly exercise of those reviewed here. Second, it is designed as a one-time exercise providing a static picture (similar to PER). Third, it is based on a sample and not aimed to provide a comprehensive picture. And finally, it focuses on leakages and governance issues (including corruption), and is not aimed at analysing the allocation or composition of expenditures.

Table 2. Main tracking tools, coverage and frequency

Tool	Nutrition expenditures covered (excluded)	Frequency of data collection
Budget Analysis	Expenditures from the national budget classified by ministry, department or agency. In those departments that have a 'nutrition budget line', it would be possible to isolate nutrition expenditure.	Annual. In some cases, it can be more frequent if there are quarterly or mid-year execution reports.
Public Expenditure Review	Typically public expenditure only (not private or investment from external sources). A PER defines its own boundaries and can therefore cover multi-sectoral interventions such as nutrition.	Usually designed as a one-time study (i.e., not institutionalised to be carried out with a certain regularity).
Health Accounts	Public and private nutrition expenditures within the health or other sectors with a primary health purpose, including from external sources. It uses actual expenditure (not budget or commitments). Standard NHA classifications depend on data available so it is unlikely to be able to isolate nutrition expenditures from health ones, but they cover all 'nutrition health' expenditures.	Typically every 3-5 years in LMICs..
CHAI Resource Mapping Tool	Designed to cover health expenditures from the national budget and from donor resources, with the possibility to import private expenditures. It includes budget as well as actual expenditure. Boundaries are loosely defined and can be adapted to cover nutrition.	Designed to be carried out regularly. ²¹

²¹ There are 5 countries that have used the CHAI tool. One completed four iterations (annually 4 years in a row) and two completed two iterations (annually 2 years in a row) (Bijleveld, 2013).

Public Expenditure Tracking Survey	Covers public and contracted units involved in service delivery. A PETS relies heavily on administrative and accounting records so the possibility to isolate nutrition expenditure will depend on the extent to which these are isolated in the administrative units.	Usually designed as a one-time study (i.e., not institutionalised to be carried out with a certain regularity).
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Source: Author's elaboration.

Discussion

In order to be successful, financial tracking needs to be institutionalised by countries. The examples of Tanzania, Madagascar, and Ethiopia, while not perfect, each succeeded in sharing important lessons learned and provided a sense of the time and resources required to develop their systems. The most effective tool may be different for each country based on individual context and resources, as well as existing familiarity of use (e.g., PERs are widely used in Tanzania so may be a good choice tracking of for nutrition expenditures in Tanzania).

4. CONCLUSION

In concluding the workshop, participants consolidated their own experiences with learning from the previous two days by identifying lessons learned, needs for technical support, and next steps for costing and tracking scale-up. Furthermore, the forum discussed initial plans for the way forward..

A. COUNTRY PERSPECTIVES

Representatives from participating countries exchanged lessons learned, key needs, and next steps for costing and tracking within the broader context of the implementation of nutrition strategies and action plans. Country expectations for specific technical support from experienced countries and /or institutions and next steps are detailed in Annex A.

Despite the fact that countries are at different stages in the scale up process, there are common lessons learned applicable to all SUN countries. These general lessons learned are summarised below:

Lessons Learned

1. Costing and tracking are important steps for prioritization, implementation, monitoring and mobilising financing.
2. Integrated costing, implementation, and tracking is a continuous process.
3. The process of costing involves careful thought at different administrative levels and should include information on all assumptions and calculations.
4. Specific methodologies and tool selection depends on country context, cost, and systems.
5. Targets and coverage should be based on realistic expectations of system capacity.
6. A multi-sectoral approach is vital but needs national leadership and should not impede progress. Rollout within sectors should be accompanied by coordination across sectors.

Identified Gaps

Participants acknowledged key challenges in costing including the lack of definitive standards for interventions, estimating human resource needs, and selecting the most appropriate costing method for the context. In most countries, financial tracking of nutrition-specific and sensitive interventions is still at an initial stage; more attention will be needed in this area in the near future.

Recommendations

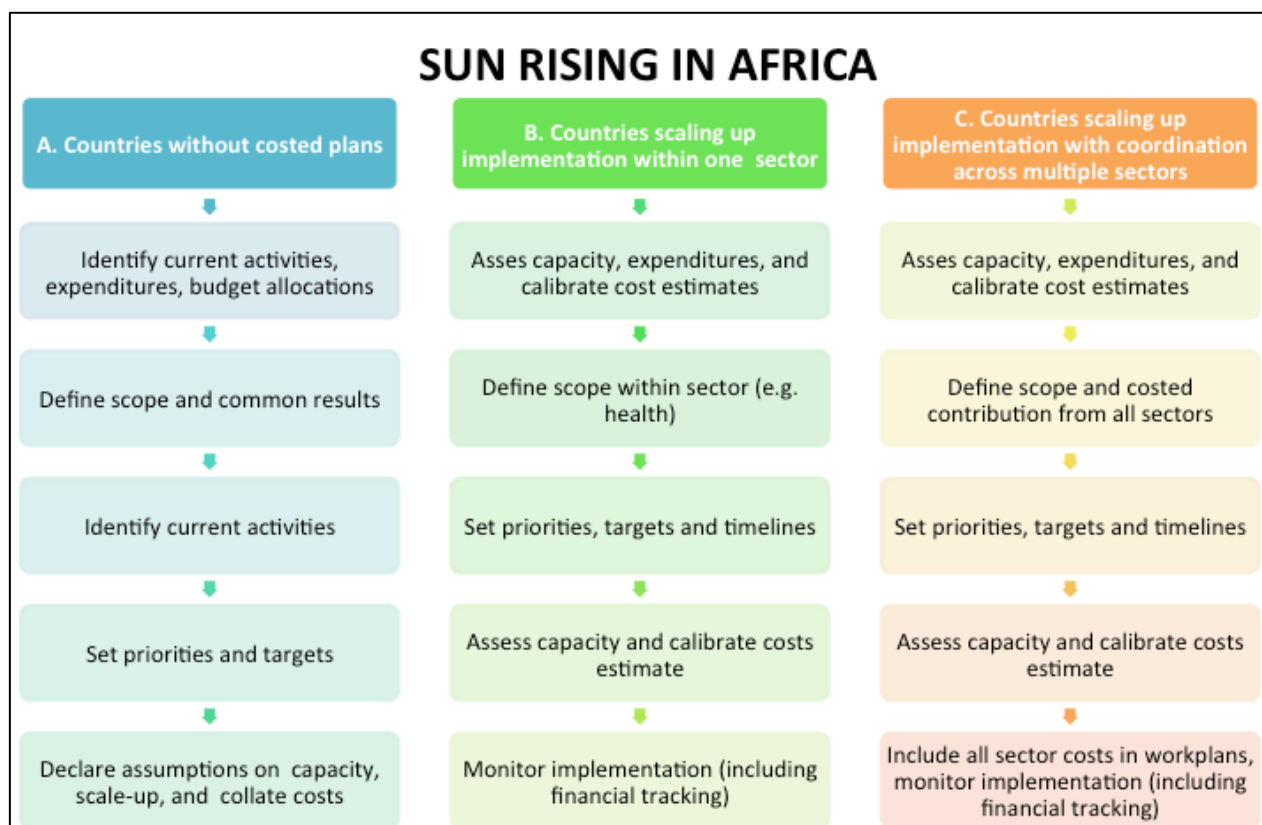
Countries are encouraged to build on existing progress and move forward through the costing, implementation and tracking process; to continue sharing experiences with each other and gain experience on these methods; and to link national economics and finance experts with regional and global specialists.

Though further research on the cost-effectiveness of nutrition-sensitive interventions is needed, undertaking a multi-sectoral approach (e.g., agriculture, water and sanitation, education, local development), mainstreaming nutrition policies, and achieving high-level government engagement will broaden the reach of nutrition plans. Governments can establish a budget account code for nutrition as one option to support tracking of resources. Implementing agencies and NGOs need to be more transparent about in-country program expenditures to make financial tracking more thorough. System capacity may be a limiting factor in implementation unless governments invest in governance, personnel, and infrastructure in the scale-up plan. Countries identified continued needs for capacity building in costing and tracking (customised for regions and languages) as well

as support for multi-sectoral coordination, sub-national planning, implementation monitoring, and resource mobilisation.

B. THE WAY FORWARD

African countries are progressing in nutrition, though each is at a different stage. Costing and tracking are key steps in the implementation process. Countries are encouraged to accelerate progress with the implementation of national nutrition plans and they follow a general path as outlined in Diagram 1.



In moving forward, the first step is for country SUN Focal points to coordinate and consolidate the development of requests in close consultation with stakeholders active in the national platforms for scaling up nutrition. Timely and adequate support is expected to be first sought from available in-country suppliers. External support is a last resort option when in-country expertise is not available. This can be done through a written request from the SUN Focal Point to the SUN Movement Coordinator. Immediate ad-hoc external support should in all cases be complemented by the development of sustainable in-country capacity from the onset.

A timely networked response will be implemented to ensure that country requests are addressed quickly and with the appropriate resources using a pool of experts from within countries, regional hubs, and global entities. It was recommended during the workshop that a small working group including the SUN

Core Working Group members (5-6 members):

- 2 members from the SUN UN Network (UNICEF and REACH)
- 1 member from the SUN Movement Secretariat
- 3+ Global Experts (Sue Horton, Clara Picanyol, and Helen Connolly)

Secretariat will consult partners and facilitate a networked response with all technical expertise available and partners of the UN Network System, including MQSUN, the OneHealth team, FANTA Project/FHI360, and the World Bank. The initial members of this core working group deriving from the workshop is presented in the box below, however all partners are welcome to provide their own view so as to ensure a proper efficiency of the networked response.

The scope of the work is informed by the following lessons learned from country experiences and current research on best practices.

This core Working Group was engaged in the preparation of the Nairobi Workshop and contains the built-in expertise to address the issues identified, It will, therefore, continue to facilitate and function as a coordinating body to facilitate a networked response to country requests. This will allow the nutrition community to build on the results of the Nairobi Workshop and ensure that existing capacity can be mobilised to support countries' requests.

A breakdown of suggested roles and responsibilities is listed in Annex B. The working group and network will aim to achieve progress by June 2014, with follow-up action in the second phase between July and December 2014. The Networked response will be evaluated based on a set of indicators in the SUN Movement M&E Framework. The information will be validated by all in-country partners in the multi-stakeholder platforms that receive support. The assumption is that in order to achieve the targets, in-country and external support (as needed) must be synchronised.

Indicators for measuring Networked Response:

- Number of additional SUN countries able to use a common results framework across key sectors (as reflected in their costed plan and monitoring and accountability framework)
- Number of additional SUN countries reporting against key measurable target goals and indicators within their monitoring and accountability frameworks
- Number of additional countries tracking their financial investments

The workshop concluded with country stakeholders and partners renewing their commitment to replicate lessons learned, maintain national-level leadership, and move forward in the process towards scaling up nutrition for the betterment of children's lives and the future of Africa.

ANNEX A. SNAPSHOT OF COUNTRY PERSPECTIVES ON COSTING AND TRACKING

Country	Needs	Next Steps
Benin	<ul style="list-style-type: none"> • Evaluate the available tools in a regional (francophone) workshop • Augment the national expertise in costing and financial tracking 	<ul style="list-style-type: none"> • Presentation of the main workshop contents and outcomes to SP/CAN staff and to CAN Members • Exploration of costing methods and expenses tracking methods currently in use • Preparation and hosting of the regional (francophone) workshop on costing and expense tracking methods • Adjustment/improvement of the Benin PSDAN costing • Setting/piloting of a mechanism for nutritional expenditures tracking in Benin
Burkina Faso	<ul style="list-style-type: none"> • Financial and technical support • Continued sharing of experience with other countries • Advocate to the government to establish a budget line in Health for nutrition, and then subsequently extend this to other sectors 	<ul style="list-style-type: none"> • Finalise the different plans and sub-plans from the strategic plan (in development) • Start developing a strategic multi-sectoral plan for nutrition 2015-2020 • Undertake the mapping of actors in nutrition • Reinforce intersectoral coordination • Reinforce the link between CNCN (National Multi-sectoral Nutrition Council) and the CRCN (Regional Multi-sectoral Nutrition Councils) • Put in place a tracking mechanism for nutrition spending based in the CNCN and the CRCN
Burundi	<ul style="list-style-type: none"> • Financial and technical support to finalise the costing of the strategic multi-sectoral plan • Reinforce local capacity for costing and tracking nutrition interventions 	<ul style="list-style-type: none"> • Organise a workshop at end of November 2013 to move forward the multi-sectoral plan for malnutrition • Finalise the costing of this plan • Draw up terms of reference for a study to map interventions in the nutrition area
Democratic Republic of the Congo	<ul style="list-style-type: none"> • Technical support and training on costing of national nutrition plan • Technical support for the development of a common results framework • Technical support for financial tracking of nutrition investments • Advocacy tools and materials 	<ul style="list-style-type: none"> • Establish a structure for coordination of nutrition • Train the CDMT (Cadre de Dépenses de Moyen Terme = Team for Medium-term expenditures) in a chosen tool • Carry out costing of nutrition strategic plan along with a common results framework • Advocate to the Minister of Finance to create a budget line for nutrition

	to create a budget line for nutrition	
Ethiopia	<ul style="list-style-type: none"> • Regional capacity development that builds on existing assessments/strategies • Training in tracking and costing • Sensitisation of the role and importance of nutrition via other sectors • Build an evidence-base for multi-sectoral case / approach to nutrition interventions and linking to outcomes and costing /tracking 	<ul style="list-style-type: none"> • Align partner plans with the government plans (avoid duplication) • Strengthen multi-sectoral approach of NNP • Reprogram and allocate resources to underserved areas (especially where many partners exist) • Resource mobilisation based on gaps
Kenya	<ul style="list-style-type: none"> • More capacity building on costing, and refresher training on OneHealth • Capacity building in 47 counties on costing (Excel for now, health sector may move forward training on OneHealth in the counties) • Determine financial tracking tool and training on tool 	<ul style="list-style-type: none"> • National plan costed and implementation ongoing • Costing of county plans (support ongoing) • Include relevant nutrition-sensitive actions • Develop food and nutrition security implementation plan (Ministry of Agriculture) • Form/strengthen multi-sectoral committee for nutrition
Madagascar	<ul style="list-style-type: none"> • Technical support of follow-up and accounting of the expenditure in nutrition within the related Ministries. • Financial technical support of census of the resources for the nutrition as well national as international 	<ul style="list-style-type: none"> • Mobilise financial resources • Multi-sectoral coordination of interventions at regional level, in all regions
Malawi	<ul style="list-style-type: none"> • Resource tracking (CHAI) in line ministries • More knowledge on other tools like CHAI 	<ul style="list-style-type: none"> • CHAI resource template for expenditure tracking is used by all sectors in Malawi. Needs to be better adapted to nutrition.
Mozambique	<ul style="list-style-type: none"> • Technical support and capacity building • Strengthen intersectoral and intergovernmental coordination • Joint funding mechanism (a vision) 	<ul style="list-style-type: none"> • Decentralisation • Alignment across levels of Government • Introduce a Nutrition Code in Chart of Accounts (Function Code) within government system
Namibia	<ul style="list-style-type: none"> • SUN Country Implementation Plan (SUNCIP) to be endorsed by Cabinet 	<ul style="list-style-type: none"> • Engage finance ministry regarding gaps identified in costed plan • MoHSS to implement nutrition specific

	<ul style="list-style-type: none"> • MoHSS need support to do activity-based costing/tracking in order to quantify costs and identify nutrition-specific expenditure and that of the different sectors and donors • Capacity building for MoHSS to develop a nutrition budget, with costed activities and tracking system for financial expenditure. 	<ul style="list-style-type: none"> interventions and monitor implementation including financial tracking • Mobilise donor community to compile financial commitments to SUNCIP
Niger	<ul style="list-style-type: none"> • Technical support to choose tools • Technical support for local expertise already identified • Technical support to build capacity of other stakeholders • Creation of a platform for sharing • Advocate for the creation of nutrition budget lines • Financial support in view of the cost of the exercise 	<ul style="list-style-type: none"> • Finalise the analysis of the mapping of interventions and implementing agencies involved in nutrition • The initiative 3N creates favourable conditions for reinforcing the multi-sectoral dimensions for nutrition, including costing and tracking • Review the strategic plan (not yet approved) taking into account the recommendations from this workshop • Analyse costing tools to choose one • Identify local expertise for conducting a costing exercise, and ask for technical support • Proceed with a costing exercise, taking care to take into account needs for tracking • Revisit the sectoral plans with budgets allocated to take into account nutrition interventions • Compare the results of this exercise with the costing previously done for a donor round table • There is an existing mechanism where sectors discuss the mobilisation and utilisation of resources to the President; hold a workshop to increase the visibility of nutrition in this mechanism • Advocate for the creation of a budget line for nutrition in other sectors • Establish a mechanism for tracking the budget line for nutrition already allocated in Health • Give more attention to the review of public expenditures to see the implications for nutrition
Nigeria	<ul style="list-style-type: none"> • Build capacity on costing and tracking 	<ul style="list-style-type: none"> • Finish costing plan and establish tracking mechanisms

	<ul style="list-style-type: none"> • Identify stakeholders 	
Rwanda	<ul style="list-style-type: none"> • Support setup of expenditure tracking (e.g., organisation, resources, expertise) • Capacity building support at national and district levels 	<ul style="list-style-type: none"> • Approval of the new National Food and Nutrition Policy (NFNP) strategy, and action plan • Finalising the Nutrition action plan for agriculture • Costing analysis – securing partners’ commitments and determining funding gaps • Resource mobilisation • Establishing M&E for the NFNP/strategy
Sierra Leone	<ul style="list-style-type: none"> • To use the plan as an advocacy tool for resource mobilisation • To build the capacity of staff in nutrition to drive the process 	<ul style="list-style-type: none"> • To share feedback of workshop with technical team • To finalise alignment of the Plan with the revised costed plan; Validate and print the plan • Leverage resources for the plan • Implementation of the plan with available resources • Seek support for more training on wider groups in country
Tanzania	<ul style="list-style-type: none"> • Capacity building in three areas: <ol style="list-style-type: none"> 1. Nutrition interventions prioritised 2. Resource mobilisation 3. Tracking 	<ul style="list-style-type: none"> • Resource mobilisation (domestic and international) • Strengthening monitoring and evaluation • Ensure Public Expenditure Review (PER) objectives are achieved
The Gambia	<ul style="list-style-type: none"> • Need to move to budgeting and tracking • Training in tracking and costing • Assistance and guidance with consensus building • Capacity building to develop sub-committees, as well as build skills of finance to carry out cross-sectoral costing • Sensitisation of the role and importance of nutrition via other sectors • Evidence-base for multi-sectoral case / approach to nutrition interventions and linking to outcomes and costing /tracking • Regional capacity development that builds on existing 	<ul style="list-style-type: none"> • Mobilise stakeholders in country to share findings of the workshop on costing and tracking • Engage ministry of finance to establish financial tracking system of subcommittee

	assessments/strategies	
Uganda	<ul style="list-style-type: none"> • Costing for the remaining five of the eight sectors that still do not have costing 	<ul style="list-style-type: none"> • Need for technical and financial support • The World Bank has offered to support the Office of the Prime Minister to cost the remaining five sectors • The bank will provide the technical assistance and UNICEF to support operational costs. This will involve a series of consultations that will culminate into a final validation. Work to start March 2014 and hoped to end June 2014.
Zimbabwe	<ul style="list-style-type: none"> • Guidance and training in costing and tracking • Sensitisation of the role and importance of nutrition via other sectors • Evidence-base for multi-sectoral case / approach to nutrition interventions and linking to outcomes and costing /tracking • Regional capacity development that builds on existing assessments/strategies 	<ul style="list-style-type: none"> • Strengthening capacity in tracking exercise • Review the costed plans with a multi-sectoral lens

ANNEX B. NETWORK RESPONSIBILITIES FOR THE WAY FORWARD

Partners	Responsibilities
Core Working Group (including Global Experts)	<ol style="list-style-type: none"> 1. Preparation of a joint agenda and detailed work-plan for the first semester 2014. 2. Consolidation of requests for support from countries and identification of expert competencies. This may require technical in-depth discussion with countries to clarify needs based on context and institutional arrangements. 3. Consolidation of requests for support from countries that are negotiating for funding with external investors. This may include requests for support to: 1) develop the proposals for funding; 2) provide additional background information or justification during the negotiation (e.g., cost justification); 3) accelerate the start-up (e.g., setting budgets, harmonised systems for accountability) 4. Establishment and facilitation of Thematic Groups to reach consensus on pending issues. Identified priorities: <ol style="list-style-type: none"> a. Costing beyond health sector and across sectors (e.g., for nutrition governance and coordination) b. Link between implementation monitoring and financial tracking (e.g., on- and off-budget, within a sector, and across sectors) c. Nutrition economics and financing 5. Preparation of briefs and other types of informative documents. 6. Types of support that can be mobilised include: <ol style="list-style-type: none"> a. Experience sharing through regional workshops; b. Peer-learning through country-to-country missions; c. Ad-hoc short-term technical assistance to respond to specific needs followed by remote support (mixed teams of in-country experts and international experts).
UN and SUN Movement Secretariat members (without involvement of global experts to avoid potential conflict of interest)	<ol style="list-style-type: none"> 1. SUN Government Focal Points will send a written request to the SUN Movement Coordinator (David Nabarro). The consolidation of requests will be facilitated by the SMS. 2. Identification of team of experts among interested partners (including countries). 3. Liaise with potential providers of support and identification of financial sources as a pre-requisite to ensure timely response). 4. Coordination of funding sources coming from different stakeholders so that support can be organised in a synchronised way to respond to countries' needs in a timely manner (e.g., REACH may fund national in-country experts, MQSUN may send international experts, and UNICEF ESARO/WACRO may facilitate country-to-country missions of national experts).
UNSCN and REACH (HQ)	<ol style="list-style-type: none"> 1. Participate in the consensus-building Thematic Groups; 2. Liaise with UN agencies; 3. Support sharing of lessons with countries and partners.

UNICEF (Regional)	<ol style="list-style-type: none"> 1. Liaise with regional UN partners (WFP, WHO, FAO, etc.); 2. Organise regional workshops as required (e.g., request from Benin to organise a workshop for Francophone countries); 3. Facilitate country-to-country missions of national experts (resource people) to ensure peer-learning and experience sharing; 4. Facilitate recruitment of international experts; 5. Follow-up with country teams (part of missions already conducted by regional specialists).
OneHealth Team (facilitated by WHO at HQ and Regional level)	<ol style="list-style-type: none"> 1. Organise and conduct trainings on OneHealth tool (Note: 2014 calendar will be prepared and disseminated shortly); 2. Provide remote support to answer specific technical questions on the OneHealth tool; 3. WHO will participate in the consensus-building process on linking implementation monitoring and financial tracking (Thematic Group 2), as per plan agreed on from regional OneHealth training in Harare, December 2013
FAO (HQ and Regional)	<ol style="list-style-type: none"> 1. Follow-up on CAADP workshops; in particular on the costing component to enhance nutrition-sensitivity of the agriculture sector; 2. Participate in the consensus-building process on costing and financial tracking (Thematic Group 1 and S Thematic Group 2). In particular: clarify tools and methodologies used in the agriculture sector (TBC); 3. Provide support to countries (TBC).
UN agencies at country level (REACH, UNICEF or other UN convener)	<ol style="list-style-type: none"> 1. Coordinate across UN agencies with timely engagement of all agencies (UNICEF, WHO, FAO and WFP) ; 2. Support the SUN Government Focal Point to write the request (if needed); 3. Facilitate in-country work to ensure the successful completion of external support (e.g., technical assistance mission, country-to-country visits); 4. Facilitate recruitment of national experts for in-country work, if needed.
World Bank	<ol style="list-style-type: none"> 1. Funds received by BMFG Foundation to support nine countries in the cost estimation of scaling up nutrition-specific interventions in anticipation to the talks at the roundtable: <ol style="list-style-type: none"> a. Completed work in Nigeria and Togo b. Work foreseen in seven countries: Burundi, Zambia, Uganda, Tanzania, Madagascar, Congo DRC and Mali <p>Note: Burundi and Mali are also working with UNICEF/ REACH and ICF International on a multi-sectoral costed plan. Uganda, Tanzania, Madagascar have national costed plans.</p>
European Commission	<ol style="list-style-type: none"> 1. Funds foreseen to strengthen national information systems with inclusion of tracking of financial investments
FANTA / fhi 360	<ol style="list-style-type: none"> 1. Funded by USAID to support countries to design their nutrition strategy and estimate costs (approach described during the Nairobi workshop); 2. In some countries, FANTA is supporting USAID missions in providing national governments with technical assistance in all aspects of nutrition practice, including both nutrition-specific and nutrition-sensitive services.

AidData	<p>Funded by USAID and CIDA:</p> <ol style="list-style-type: none"> 1. Involved in the global financial tracking of nutrition aid exercise commissioned by the SUN Donor Network; 2. Willing to get involved in the consensus-building discussion around financial tracking; 3. Activity coding of CRS data can help to classify nutrition sensitive projects; 4. Can assist Governments in capturing granular information on their development portfolio, mapping the location of development activities, and developing tools to visualize this information and support monitoring of activities; 5. Geocoded data already available at www.aiddata.org for World Bank projects globally and all donors in Malawi and Nepal at aiddata.org. Forthcoming geocoded data from Uganda, Senegal, Haiti, Timor-Leste (2-6 months) and Honduras, DRC (18 months).
MQSUN Network (Maximizing the Quality of Scaling Up Nutrition)	<ol style="list-style-type: none"> 1. Funded by DfID to provide remote support and short, targeted country visits during 2014. 2. Upon requests from countries, will build capacity of the SUN Government Focal Points and members of the existing multi-stakeholder platforms in the following areas: <ul style="list-style-type: none"> • Area 1 (Policy, legislation, and plan reviews and summaries) • Areas 2 and 3 (Support costing, management of implementation, financial tracking, and resource mobilisation) • Area 4 (Aggregation and Documentation) • Area 5 (Dissemination and Global Network Communications)
CIFF/Results-for-Development/IDS²²	<ol style="list-style-type: none"> 1. Support for costing national nutrition scale up plans including priority setting 2. Support for tracking donor and domestic government funding flows to establish likely funding gaps 3. Support to analyze fiscal space and to establish realistic financing options. <ul style="list-style-type: none"> • Currently working on fiscal space in Nigeria (could provide a possible framework and example for a set of activities to complement the costing support) 4. Support to provide long-term capacity building to source technical costing and financing exercises domestically

Note: This list of partners is not exhaustive but represents organizations and groups that have expressed an interest. The list does not include the domestic organizations that are directly engaged with international partners in responding to their own requests of technical support. The engagement of domestic organizations is recognized as essential not only for the viability and success of the technical support but also for the sustainability of the results. A separate list of involved domestic organizations will be reported by partners.

²² Based on R4D feedback email (15/01/2014) to the Nairobi Workshop Report

ANNEX C. SUMMARY OF WORKSHOP EVALUATION RESPONSES

The participants felt that this workshop was very important. While participants are aware of the importance of costing or tracking, the workshop was able to highlight different methodologies to accomplish these goals. Sharing of country experiences was the most appreciated part of the workshop as this enabled them to see a range of examples for different contexts. They appreciated the SUN Movement's framework and way of working. They were happy to know that they will be supported by the SUN Secretariat as they moved towards refining the plan, costing and tracking. The workshop emphasized the importance for plans to be rooted in empirical evidence; this was acknowledged and appreciated by the participants.

Significant realisation, learning or insight

Most participants appreciated the opportunity to share experiences and learn from one another including the achievements, how to cost plans, and what challenges countries faced when selecting or defining costing models and items. They realised the importance of costing and financial tracking and that both were an indispensable part of the policy cycle. All participants learned that there are a variety of approaches and tools for costing. Costing needs to be tailored to country-specific contexts (i.e., there is no standard way and no single "ideal" costing and tracking tool).

Many participants understood that there is a need for proper planning before undertaking a costing exercise including a proper review of evidence, boosting staff skills, making realistic assumptions, ensuring multi-sectoral inclusiveness (e.g., Ministry of Agriculture, Ministry of Finance) as a means for resource mobilisation, prioritisation, transparency, and efficiency. One country specifically expressed that costing can only be done through a coordinated body instead of each sector doing their plans separately.

A few participants noted that countries are at different stages in the Scaling Up Nutrition exercise and that the donor-government cooperation should be strengthened. One participant specifically mentioned the need for support from the donor community in terms of both human and financial resources to properly track investment in nutrition.

Changes and improvements moving forward

Almost all participants stated that they will contribute to their country's costing and tracking exercises and apply what they have learned from the workshop; namely, they will refine their costing methodology, link interventions to targets and objectives, integrate costing into future planning, use and apply practical costing tools, and strengthen national multi-sectoral collaborations and discussions around costing of tasks as well as resource mobilisation. Most participants also gained insights from the sessions on tracking, citing better ability to track nutrition investments and nutrition-sensitive sectors. Some participants have mentioned better appreciation and understanding of the SUN Movement and the improved ability to advocate for the importance of costing and inclusion of nutrition in budgets. One participant was determined to support the development of "the tracking system for on-and-off budget investments in nutrition and [institutionalise] multi-stakeholder coordination at central level." Most participants felt they were in a better position to advise countries and support their nutrition costing activities.

One country has enthusiastically stated:

We expect to improve our resource mapping template to capture more information on nutrition and utilise the results for resource mobilisation and leveraging of

resources towards national response on nutrition within ministries and departments. We need to have capacities built among focal people and planners at all levels on effective costing of nutrition interventions. As a country, we need to work a lot on this. We need more technical support to advance with effective costing.

A second country has said “the next step is to review the costed strategy plan and incorporate broader nutrition issues for all sectors. However, this will require support from donor agencies knowing well what the government can do.”

Suggestions

The majority of participants felt that more time was needed in the workshop suggesting a full three days to enable more interaction, discussion, group work, understanding of challenges, and peer review of each other’s work on progress, methodologies, and multi-sectoral collaboration schemes. Hands-on work on costing, including playing with new costing tools and analyzing activity codes, was also suggested. Organisation of future workshops was suggested sub-regionally, among SADC countries, in Asia, among francophone countries, and with more donors and delegates from different sectors (agriculture, WASH, and others).

ANNEX D. PARTICIPANTS

Country Representatives

COUNTRY	NAME	POSITION / ORGANISATION	EMAIL
Benin	Roch L. Mongbo	Permanent Secretary of the National Council of Food and Nutrition, Benin	
	Codjo Ambroise Abgota	Resource Person for the Food and Nutrition Council (Conseil de l'Alimentation et de la Nutrition)	agbamb@yahoo.fr
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	Olivier Basenya	Economist, Ministry of Health	
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	Lucy Gathigi	Programme Manager M&E, Government of Kenya	
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Organisational Participants

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ANNEX E. AGENDA

Day 1: 12 November 2013 Tuesday
Jour 1: le mardi 12 novembre 2013

8:00 – 8:30 Registration of participants / Enregistrement des participants

Session Chair / Président de séance 8:30 – 10:30

Gaspar Fajth, Regional Policy Advisor, UNICEF Eastern and Southern Africa Regional Office

8:30 – 9:00	Welcome Remarks / Mots de Bienvenue	Steven Allen Regional Director UNICEF Eastern and Southern Africa Regional Office
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9:00-9:45	Remarks from SUN and REACH /Mots de SUN et REACH	Patrizia Fracassi Senior Nutrition Advisor Scaling Up Nutrition (SUN) Movement Secretariat Joyce Njoro Senior Programme Officer Renewed Efforts Against Child Hunger and Undernutrition (REACH)
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9:45 – 10:15	Overview and objectives of the meeting / Présentation et objectifs de la réunion	
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Noel Marie Zagre
Regional Adviser for Nutrition
UNICEF Eastern and Southern Africa Regional Office

10:15 – 10:30	Security Briefing / Briefing de sécurité	
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10:30 – 10:45	Health break / Pause	
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Session Chair / Président de séance 10:45 – 12:30

Solade Pyne-Bailey, Deputy Programme Manager, Directorate of Food and Nutrition, Ministry of Health and Sanitation, Republic of Sierra Leone

10:45 – 11:30	Costing Investments in Nutrition / La budgétisation des investissements sur la Nutrition: The Gambia/ La Gambie	
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Modou Cheyassin Phall
Executive Director
National Nutrition Agency

11:30 – 12:15	Costing Investments in Nutrition / La budgétisation des investissements sur la Nutrition : Mozambique	
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Almeida Tembe
Technical Expert, Planning and Policies Unit
Technical Secretariat for Food Security and Nutrition
SETSAN

12:15 – 12:30	<p>General Discussion: Challenges with Costing Investments / Discussion générale: Les défis de la budgétisation des investissements</p> <p>Facilitated by Susan Horton CIGI Chair in Global Health Economics Balsillie School of International Affairs, University of Waterloo</p>
12:30 – 13:30	Lunch / Pause
<p>Session Chair / Président de séance 13:30 – 15:15 Jean Cokou Tossa, SUN Focal Point and Director of the Food and Nutrition Council, Office of the President, Republic of Benin</p>	
13:30 – 14:15	<p>Tracking Investments in Nutrition: Tanzania Public Expenditure Review on Nutrition / Le suivi des investissements sur la Nutrition: Revue des dépenses publiques sur la nutrition en Tanzanie</p> <p>Charles Mwamwaja, Ministry of Finance and Geoffrey Chiduo, Tanzania Food and Nutrition Centre</p>
14:15 – 15:00	<p>Tracking Investments in Nutrition / Le suivi des investissements sur la Nutrition : Madagascar</p> <p>Jean François National Coordinator Office National de Nutrition</p>
15:00 – 15:15	<p>General Discussion: Challenges with Tracking Investments / Discussion générale: Les défis de suivi des investissements</p> <p>Facilitated by Clara Picanyol Public Sector Finance and Management Consultant Oxford Policy Management</p>
15:15 – 15:30	Health break
<p>Session Chair / Président de séance 15:30 – 17:15 Kudzai Mukudoka, Intersectoral Programme Officer, Food and Nutrition Council, Republic of Zimbabwe</p>	
15:30 – 16:15	<p>From aggregate costing, to costing the scale-up: Kenya's experience / La budgétisation mise à l'échelle: L'expérience du Kenya</p> <p>Terrie Wefwafwa Director of Nutrition Ministry of Health</p>
16:15 – 17:00	<p>Closing the cycle from costing to tracking: Ethiopia's experience / La fermeture du cycle de la budgétisation au suivi: L'expérience de l'Éthiopie</p>

Ferew Lemma
Senior Advisor, Office of the Minister
REACH Facilitator
Federal Ministry of Health, Ethiopia

17:00 – 17:15 General Discussion: Challenges with linking costing to implementation to tracking / Discussion générale: Les défis reliant la budgétisation à la mise en œuvre au suivi

Facilitated by Helen Connolly
Senior Economist, MQSUN / ICF International

17:15 – 17:30 Close of Day 1
Fin de Jour 1

18:00 – 19:00 Evening Cocktail / Soirée Cocktail

Day 2: 13 November 2013 Wednesday
Jour 2: le mercredi 13 novembre 2013

8:30 – 10:15 Costing / La budgétisation
Chair/ Président de séance : Déo-Guide Rurema, SUN Focal Point and Deputy Chief of Office of the 2nd Vice-President, Republic of Burundi

Susan Horton
CIGI Chair in Global Health Economics
Balsillie School of International Affairs, University of Waterloo

Helen Connolly
Senior Economist
MQSUN / ICF International

10:15 – 10:30 Health break / Pause Tea room / Salon de thé
café

10:30 – 11:30 Financial Tracking / Le suivi de financement
Chair/ Président de séance: Maureen Bakunzi, Assistant commissioner for Policy implementation and coordination, Office of the Prime Minister, Republic of Uganda
Clara Picanyol
Public Sector Finance and Management Consultant
Oxford Policy Management

11:30 – 12:30 Interactive Session 1 : Costing / Session interactive 1 : La budgétisation
Facilitated by / Modérée par Helen Connolly
6 working groups (2-3 countries and at least one technical facilitator per group: see list of groups assigned). Approx 45 minutes groups work, 30 minutes report back

12:30 – 13:30 Lunch / Pause

13:30 – 14:45	Interactive Session 2: Linking costing to the implementation matrix to tracking of resources / Session interactive 2: Lier la budgétisation à la matrice de mise en œuvre au suivi des ressources Facilitated by / Modérée par Clara Picanyol Same working groups as for Interactive Session 1: approx 45 minutes group work, 30 minutes report back	
14:45 – 15:00	Health break / Pause café	Tea room / Salon de thé
15:00 – 16:45	Panel Discussion / Débat d'experts: Chair/ Président de séance: Sue Horton Kaia Engesveen WHO OneHealth David Doledec Senior CMAM Advisor, FANTA project, fhi360 – PROFILES Rachel Trichler AidData: Present on work on donor-side aid tracking Meera Shekar World Bank – SUN costing (by video link)	
16:45 – 17:00	Close of Day 2 Fin de Jour 2	
Day 3: 14 November 2013 Thursday Jour 3: le jeudi 14 novembre 2013		
Session Chair / Président de séance 8:30 – 12:30 Josephine Kiamba, Technical Adviser, New Partnership for Africa's Development		
8:30 – 9:00	Report Back from Day 2 Interactive Sessions / Présenter son Rapport des Session interactives Facilitators / Les modérateurs: Sue Horton, Clara Picanyol, Helen Connolly	
9:00 – 9:30	Summary of First two days / Résumé des Deux Premiers Jours Facilitators / Les modérateurs: Sue Horton, Clara Picanyol, Helen Connolly	
9:30 – 10:30	Country Perspectives / Perspectives Nationales Facilitated by / Modérée par Sue Horton, Clara Picanyol, Helen Connolly Same working groups as for Interactive Session 1: approx 45 minutes group discussion and report back	
10:30 – 10:45	Health break / Pause	
10:45 – 11:45	Panel Discussion: Next Steps and The Way Forward / Les Prochaines Etapes et La Voie à Suivre Chair: Patrizia Fracassi / Noel Marie Zagre Presentation of draft document and group discussion	
11:45 – 12:30	Conclusions and Note of Thanks / Conclusion et mots de remerciement	Noel Marie Zagre Regional Adviser for Nutrition UNICEF Eastern and Southern Africa Regional Office
12:30	End of meeting/ Fin de l'atelier	