WORKSHOP ON PUBLIC FINANCING AND MANAGING RESULTS FOR NUTRITION IN AFRICA

REPORT OF A REGIONAL WORKSHOP
KENYA, AFRICA, AUGUST 22 – 25, 2016

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Meeting Facilitator: Jane Badham (Consultant)

LIST OF ACRONMYS

CAADP	Comprehensive Africa Agriculture Development Programme
CLM	Cellule de Lutte contre la Malnutrition (Senegal)
DHS	Demographic and Health Survey
ECD	Early childhood development
ENN	Emergency Nutrition Network
ESARO	Eastern and Southern Africa Regional Office (UNICEF)
FAO	Food and Agriculture Organisation of the United Nations
GNR	Global Nutrition Report
ICN2	Second International Congress of Nutrition
IEG	Independent Expert Group of the Global Nutrition Report
NCD	Non-communicable disease
NGO	Non-governmental organisation
ODA	Official development assistance
OPM	Oxford Policy Management
PFM	Public Finance Management system
ROI	Return on investment
SAM	Severe acute malnutrition
SDG	Sustainable Development Goals
SHA	System of Health Accounts
SMART	Specific, Measurable, Achievable, Relevant, Time bound
SUN	Scaling Up Nutrition Movement
UNICEF	United Nations International Children's Emergency Fund
VAS	Vitamin A supplementation
WASH	Water, Sanitation and Hygiene
WCARO	Western and Central African Regional Office (UNICEF)
WHA	World Health Assembly
WHO	World Health Organisation

Contents

1. WHY THE NEED TO INVEST IN NUTRITION?

Malnutrition remains a problem of staggering impact and dimension worldwide, with almost one in three people on the planet experiencing it. The impact of malnutrition is most accentuated in Sub-Saharan Africa and South Asia, and represents a substantial challenge to sustainable development[1].

The multi-causal nature of malnutrition has been recognised for ages, and implies implementing nutrition-specific interventions at scale and maximising the nutrition-sensitivity of large-scale investments in agriculture, social protection, water supply and education. These two approaches ensure improved nutrition outcomes by accelerating action on key determinants, integrating nutrition into programmes in different sectors, and improving government-wide policy coherence. The enabling environment supports the interventions and programmes that enhance growth and development. Women's empowerment and governance for nutrition are cross-cutting themes.

Currently in Eastern, Southern, Western and Central African regions of UNICEF, 37 countries are members of the SUN Movement. By committing to the SUN Movement, governments and partners have made significant effort to develop common results frameworks and to cost national and sub-national plans for nutrition in order to guide co-ordinated implementation by stakeholders and to mobilise the required resources to address gaps and sustain results.

As countries advance with these plans, it is important that costing exercises for the scale up of nutrition programmes are linked to strategic plans and theories of change which reflect the latest nutrition situation in the country and include an analysis of barriers and bottlenecks. The harmonisation of these different steps is a critical part of the comprehensive road map for Scaling Up Nutrition in SUN signatory countries.

Several workshops have taken place in Africa in recent times on financing for nutrition. In 2015, Anglophone African SUN countries[2] gathered in Entebbe, UGANDA from 21-22 April, and Francophone ones[3] in Abidjan, IVORY COAST from 27-28 April, with the aim to accelerate efforts in budget analysis for nutrition. Participants included government representatives from planning, health and finance sectors and multiple stakeholder groups including the United Nations, civil society and donor organisations. These workshops have allowed countries to better understand the current situation of budgeting for nutrition both with respect to nutrition-specific and nutrition-sensitive interventions.

These SUN Countries had the opportunity to present their analyses as a result of responding to a call of interest from SUN. Most countries had made significant progress with the 3-step process for budget analysis and the data was included in the 2015 Global Nutrition Report. This key output from these workshops was the recognition of the importance of tracking government nutrition investments.

The two regions of UNICEF (ESA and WCA), together with the SUN Movement Secretariat, are organising a workshop that will include both Anglophone and Francophone countries to advance further efforts to improve budgetary analysis and costing of nutrition programmes but with an emphasis on ensuring that these efforts are based on a good analysis of the nutrition situation and links to theories of change and the nutrition strategic plan.

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1 According to Global Nutrition Report 2015

2 Gambia, Ghana, Kenya, Lesotho, South Sudan, Uganda, Zambia

3 Benin, Burkina Faso, Burundi, Cameroon, Chad, Comoros, Democratic Republic of Congo, Ivory Coast, Madagascar, Mauritania, Togo. Mali and Senegal were present as observers

Countries which attended the 2015 workshop will present the analysis for 2016 budget allocations, to review trends, and they will also be able to reflect on their experiences and lessons from the budget analysis exercise, which will benefit the 'new' countries participating for the first time in 2016. In addition, the 2016 workshop covers a broader set of topics in the realm of public finance for nutrition, including target setting, programme planning, performance, and monitoring for results, which will equally benefit all countries.

More specifically, the workshop will try to identify select countries where budgeting for nutrition-specific interventions such as VAS could become a reality in the next few years. VAS is a well-established high impact, low-cost intervention which represents the 'low hanging fruit' regarding national financing in many countries, particularly since it can be delivered through routine health contacts, and the cost of the actual supplement is negligible.

There is also an existing track record of countries in the region who are starting to make inroads towards budgeting for the cost of VAS programmes, which could provide some important lessons for other countries. A key workshop objective will be to identify measurable targets for participating SUN countries to establish a budget line for financing VAS and Child Health Days.

2. OBJECTIVES

2.1 OVERALL OBJECTIVE

To accelerate efforts and increase dialogue towards results for nutrition.

2.2 OBJECTIVES PER SESSION

Session 2: Setting the Scene: Evidence-based decision making

- To create an awareness amongst countries of the importance of the early years for the child's mental, emotional and physical development.
- To translate SMART targets and commitments into performance and results.

Session 3: Setting the Scene: Programme performance and managing for results

- To ensure programmes performance and results through measurement and continuous adjustments.

Session 4: Financing for nutrition: Budget tracking

- To increase the dialogue around budget analysis.
- To use the budget analysis findings for forward planning.

Session 5: Financing for nutrition: Parallel sessions on budget tracking

- To enable country ownership, transparency of replicable budget process for improved use by all stakeholders.

Session 6: Financing for nutrition: Costing

- To share knowledge of the concept of nutrition cost estimation and its application within the context of the country's financing and programming.

Session 7: Deep dive: Prioritising actions for financing and implementation

- To enable more efficient and effective investments for nutrition.

Session 8: Advocacy and communication to build the case for nutrition investment

- To optimise nutrition advocacy and communication at country level.

2.3 COUNTRY EXERCISES

In the conference, country delegations participated in a practical financial tracking exercise organized across four days, allowing delegations to examine different aspects of national programs that were: implemented, funded, scaled or scalable, and relevant to nutrition. Countries were grouped into two categories reflecting their experiences with the SUN Movement's endorsed 3-step approach for reporting on nutrition relevant budget allocations. Countries in Group A were those that had not started the exercise or were performing the exercise for the first time, while those in Group B either completed the exercise in 2015 or had performed significant work on financial tracking.

On day one, country delegations looked at program implementation and measurement. Here countries reflected on national level programs that were already being implemented and funded. The purpose of this was to identify possible ways to measure the programs' performance and results. Countries in group A were expected to identify at least one program, while countries in group B were expected to identify several programs from different sectors such as Health, Social Protection, Agriculture, Education, or WASH.

In day two delegations progressed with the exercise through reviewing national budgets and related documents to identify the involvement of different Ministries, Departments, and Agencies in financing nutrition-related programs. Through focusing on financing and key stakeholders, delegations able to outline tangible changes to improve nutrition sensitivity or the efficiency of program delivery. Countries in Group A identified basic information from their budget analyses such as the involved ministries, yearly trends in financing, or type of sector related to the program. Countries in Group B were able to delve deeper into the analysis and identify the most important budget allocations for nutrition (by size and relevance) and create clear steps forward for enhancing these programs through actions such as resource advocacy, service delivery, or infrastructure support.

During day three participants focused on estimating the costs for expanding the impact of nutrition in the programs identified through the exercises of the previous days. The session centered on evidence-based high impact interventions and worked on linking programs identified in national budgets with their costed plans or available strategies and policies. Each delegation was tasked with deciding on ways to improve the efficiency or effectiveness of a specific program and identify cost implications for each decision.

After completing these three exercises, participants were given 30 minutes to summarize their findings on a poster. These posters were then presented in a "country village" session where delegations shared posters outlining a list actionable points arising from their exercises. These summaries provided by delegations are included as Annexure G to this report.

Building from the previous sessions, on day four delegations were tasked with identifying two main advocacy goals for the next year. Once the advocacy goals were identified, delegations were then asked to work with neighboring groups to identify one policy goal for the next year. Here countries focused on identifying the main barriers faced in achieving the established advocacy goals, and decide on one pragmatic action to overcome the obstacle. Participants were given the opportunity to communicate their advocacy objective to the wider group, following a coaching session on the importance of communication for making their advocacy resonate with their respective target audiences. The workshop was then concluded with a high level panel discussion on the politics of investing nutrition, which helped to ground the political utility of the workshop exercises and how it can be used to instigate more and better spending on nutrition.

3. WELCOME

3.1 WERNER SCHULTINK, REPRESENTATIVE FOR UNICEF KENYA

"The cost of inaction, of not investing in nutrition, is devastating and crippling to a country."

On behalf of UNICEF, Werner Schultink opened the workshop by welcoming the delegations from 35 African countries. He described good nutrition as making the crucial difference between the economic success and failure of nations. He wished the meeting well in its crucial aim of finding ways to improve nutrition and early child development so as to enable Africa's people to contribute to the economies of their countries. See Annexure A for the full transcript of his welcoming address.

3.2 GERDA VERBURG, SUN MOVEMENT CO-ORDINATOR (VIA VIDEO)

"We know that nutrition touches every sector and every sector touches nutrition."

On behalf of the SUN Movement, Gerda Verburg added her welcome to the delegations. She highlighted the essential role of good nutrition in achieving the Sustainable Development Goals. She talked about the multi-sectoral approach as a catalyst for deep and lasting collaborations that would improve nutrition for Africa, and the importance of taking results-driven action. See Annexure B for the full transcript of her welcoming address.

4. SETTING THE SCENE: EVIDENCE-BASED DECISION-MAKING - WHY INVESTING IN THE EARLY YEARS MATTERS

KEY MESSAGES

Why a new nutrition narrative?

- Advocacy and communications are key to every step of the policy and budget cycle, enabling the translation of evidence, priorities, analysis and progress into clear messages on nutrition, and ultimately into a compelling investment case and call to action.
- The new nutrition narrative is a common language to tell the nutrition story in a simple, powerful way. It includes a clear definition of what nutrition is, an explanation of why nutrition is important and how to take action on nutrition.
- The narrative toolkit – which includes creative assets such as films, tailored resources for SUN countries and the narrative itself – can be used to support advocacy and communications, and to incorporate effective communications into national objectives.

The need for a new nutrition narrative

- With approximately 160 million stunted children in the world, 25+ African countries have stunting rates of more than 30% among children under five, with an increase of 12.4 million stunted children over the 25 years to 2014, attributed to slow improvement and high fertility.
- Stunting occurs in the first 1,000 days. This is also when neuronal pathways develop most rapidly, yet it is during this period that poor children are at the greatest risk of malnutrition. Cognitive and linguistic delays accumulate early and last a lifetime.
- A strong commitment to fighting malnutrition combined with a multi-sectoral strategy and financing, yields dramatic positive results.

4.1 COMMUNICATING A NEW NARRATIVE FOR NUTRITION - RONI LIYANAGE, WEBER SHANDWICK

Communicating a new narrative for nutrition is necessary to engage people beyond the nutrition community with a strong, coherent message. SUN countries need to incorporate effective communications into their national objectives.

The new nutrition narrative is a single over-arching story of nutrition without the jargon and technical language that are incomprehensible to people outside the community. Nutrition is multi-sectoral: it requires a common language and strong, coherent messages that go beyond preaching to the converted. The what, why and how of the narrative are critical.

What nutrition is:

- Good nutrition is not about how much food is available to consume, but rather about ensuring the right nutrients, whether from breastfeeding, a varied diet or supplements, go into the body, and also stay in.

Why it matters:

- Good nutrition builds protection: improved health, well-being & hygiene.
- Good nutrition unlocks potential: improved educational achievement & earning potential.
- Good nutrition enables progress: reduced healthcare spending & increased productivity.

How you take action:

- Guiding approach: scale up what works, strong political leadership, improve accountability and track progress.
- Interventions: behaviours, treatments, supplements.

The narrative is comprehensive and flexible and includes tools and resources to improve the persuasiveness of everyone who communicates about nutrition, no matter what their interest. A comprehensive website http://nutritionspace.org has been created to provide countries with a range of information and tools.

4.2 EVIDENCE AND LESSONS: INVESTING IN THE EARLY YEARS FOR GROWTH AND PRODUCTIVITY - MEERA SHEKAR, WORLD BANK

Investing in the early years of life addresses the World Bank Group goals of ending extreme poverty and boosting shared prosperity. The World Bank is focused on growth and productivity; this is what motivates its investment. Nutrition is critical not just for the sake of it, or for humanitarian or welfare reasons, but from an economic point of view.

The message on nutrition has primarily been kept within the nutrition industry; we preach to the choir. This is changing. Just this week, the World Bank's President will address TICAD (Tokyo International Conference on Africa's Development) on nutrition.

Economic growth alone is not enough. We need to ensure that children reach their full physical, cognitive and emotional/social potential. This needs to encompass three domains: good nutrition, early stimulation (combining the two gives better results than either alone) and protection from stress. All sectors have a critical role to play. For example, experience shows that carefully designed cash transfers can support the demand for key interventions.

The evidence for early investment is clear in the lesson learned in Senegal, where stunting fell by nearly 10% in 5 years after reforms were introduced in 2001. These included improved nutrition for pregnant women, breast-feeding, staple food fortification, improved child nutrition and micronutrient supplementation. Key to the success of the Senegalese programme was the creation of the "Unit for the Fight Against Malnutrition" (CLM) which fell directly under the Prime Minister, giving it authority and decision-making ability. Other success factors included a multi-sectoral strategy were service delivery through community groups, and World Bank support, which enabled scaling up of the programme. Today Senegal is one of the few countries in Africa that has actually achieved the Millennium Development Goals. Peru, Mexico, Kenya and Malawi are also doing well: these are the examples and experiences and we need to share and learn from them.

Beyond governance and accountability, technically there is a basic package of evidence-based nutrition-specific interventions that can be put into place. To do so for the whole world requires approximately 70 billion US dollars over 10 years. Where will this money be raised? Investments in the nutrition space are currently quite modest and need to be increased annually by a factor of 3.5. There is a need not just for additional donor resources, but finance from domestic resources too, plus innovation in financing sources.

While the World Bank has done the costing for the nutrition space, they haven't yet been done for early stimulation, early learning and social protection. This work remains to be done and then the costings all need to be brought together.

4.3 REFLECTIONS FROM PABLO STANSBERRY (UNICEF) AND ADELHEID ONYANGO (WHO)

With input from Meera Shekar (World Bank), Roni Liyanage (Weber Shandwick) and workshop participants

PABLO STANSBERRY: As the SUN Movement takes off, the early childhood development agenda is moving forward. Early experiences, families and communities all matter. Early stimulation – which changes the architecture of the brain – is as important as nutrition. We need to strengthen and empower families.

Quality matters. All the governments in the region are doing excellent work in trying to deal with malnutrition and stunting, but now it's time to take advantage of neuroscience to strategically advance and improve the quality of our programmes.

ADELHEID ONYANGO: Linked to the development of adult disease is the evidence of the increasing risk to children who have been stunted in early childhood. In very poor communities there are increases in insulin resistance among children and as they grow they are also at higher risk of hypertension. This is linked to all the metabolic re-programing due to under-nutrition in early childhood, and also with a rapid increase in weight after 2-3 years of age. This nutrition transition leads to an increase in the burden of obesity and non-communicable diseases (NCDs) such as diabetes, which is becoming an epidemic.

The number of stunted children in Africa is increasing. With the highest burden of hypertension in the world, a rapidly increasing diabetes load and cardio-vascular conditions, our challenge on the continent is to pay attention to all the changes in lifestyle that are driving NCDs. If we are not able to prevent stunting and treat under-nutrition - which costs in the tens of dollars - how are we going to manage the thousands of dollars it takes to look after a diabetic for a lifetime? We haven't begun to budget for nutrition-related NCDs.

PABLO STANSBERRY: Now, more than ever, we need to engage outside the nutrition sector. In April this year the World Bank and UNICEF signed a partnership agreement – The Early Childhood Development Action Network – with WHO, civil society organisations, foundations and other funding entities, and will expand to include governments. This new global partnership will look at the early years of the child from all the different points of view: nutrition, HIV, protection, stimulation, etc.

ADELHEID ONYANGO: We need to look at the type of food coming from food system. In the Framework For Action from ICN2, we talked about making our food supply systems support results for nutrition, yet today even poor communities depend a lot more on the market and its high fat, sugar and salt offerings.

There is a shift from subsistence agriculture to commercial markets. We are not producing what is going to keep us healthy but are obtaining money from agriculture production to buy things that are not healthy. We need to strengthen the diversity of healthy diets. How do we invest in agriculture in a way that makes families less consumers than producers? Let's use our large adolescent population as agents of change.

THE GAMBIA DELEGATE / MEERA SHEKAR: Micronutrients have a critical role to play. Nutrition-specific interventions include supplements for children and pregnant women, and food fortification for the general population.

PABLO STANSBERRY: Focusing on the early years doesn't negate the needs of the lifecycle but, when public resources are limited, they must be targeted at the most effective options.

Interventions need to be timed to give the biggest return on investment. For instance, if children come to school hungry and are not fed until just before they go home, their learning ability doesn't benefit. The timing of nutrition, stimulation and strategic interventions is important. We get the biggest bang for the buck early on.

ADELHEID ONYANGO: Diversifying the diet early is important for NCDs later. Stunting occurs in the first two years, after which very little can be done to reverse its effects. The diet during the first two to three years signals the problems that will occur later.

MALAWI DELEGATE / PABLO STANSBERRY: It is useful to look at the complete landscape prior to starting an intervention so as to take advantage of the resources that are already in place in a country, rather than investing in new infrastructure. By slightly enhancing what is already in place, we can better interact with young mothers, ensure HIV treatments and adherence to medication regimes, etc. Taking a lifespan approach ensures that young girls don't get pregnant or contract HIV, and that young children are fed.

MEERA SHEKAR: A school feeding programme costs roughly $34 per child per year; a nutrition package to reduce stunting costs $10 per child per year. School feeding programmes come very late to address stunting. We need to think about what we want to spend our money on. Do we take $34 from the Ministry of Education's budget for a school feeding scheme rather than paying teachers better salaries, or life skills education or toilets for girls, and/or de-worming which costs a few cents per child per year. Every country needs to think about their return on investment and the impact each intervention has in relation to cost, and make its own decisions.

SIERRA LEONE / UGANDA DELEGATES: Everything in the developing world is a priority. How can we get leaders in Africa to make nutrition a priority to stop our children dying and improve our economic growth?

MEERA SHEKAR: Ministries of Finance are bombarded with priorities so we need to show that nutrition is not a welfare issue, but that it has an impact on the economy.

In October, at the annual meeting of the World Bank, there will be very high level sessions with finance ministers and heads of state about investing in the early years. Several ministers have been invited to speak to the World Bank President about their nutrition efforts. Donors are important but the primary responsibility lies with each country.

We cannot have well-fed healthy children if they are prone to infections. WASH is one of the key interventions to address this and is very much part of investing in the early years.

RONI LIYANAGE: Communicating outside our nutrition industry is absolutely critical, especially about the importance of nutrition for the brain and for the ability of individuals to contribute to national economies: children who are well nourished and not stunted are 33% more likely to escape poverty. Nutrition is a technical area dominated by technical people. We have become so used to our technical language that we don't even hear it.

The new nutrition narrative is not just for people outside the industry. We need to use it to communicate with each other too. A choice was made to focus on the first 1,000 days rather

than the lifecycle because it is a compelling story. This doesn't mean other parts of the story aren't important, just that this is the entry point to get people engaged with nutrition.

4.4 ESTABLISHMENT OF NUTRITION TARGETS AND COMMITMENTS

KEY MESSAGES

- Addressing Africa's demographic boom will require far greater investment in nutrition financing in the future.
- As the financing landscape shifts from international funding, domestic resources will have to be mobilised.
- Spending resources effectively at sub-national level will be key to implementing interventions to address the SDGs and will determine success.

4.4.1 PUTTING NUTRITION INTO THE SDGS AND IN CONTEXT OF FINANCING FOR DEVELOPMENT – JEAN DUPRAZ, UNICEF

Putting nutrition into the Sustainability Development Goals (SDGs) needs to be viewed in the context of financing for development.

A demographic revolution is happening on the African continent: the child population is set to grow by 60%+ over the next 35 years, bringing the number of children on the continent to almost 1 billion by 2050. In spite of huge development progress, this boom means there are more poor and stunted children in Africa now than at the beginning of the MDGs.

There are essentially four ways in which development is financed: public/domestic (tax) and public/ international (ODA) funds, and private/domestic and private/international funds. Over the past 20 years we have seen a dramatic shift in the financing landscape, showing the future of development coming from domestic resources. Already this trend can be seen in countries such as Ethiopia, Tanzania, Rwanda and Mozambique.

It's important for us to note that 12 of the 17 SDGs concern nutrition. Something positive and very new is that for the first time the SDGs recognise the importance of financing. SDG

indicators now recognise the need to monitor expenditure to reduce poverty: what are nutrition interventions if not a poverty reduction programme?

The international community failed to agree on reduction targets for the Addis Ababa Action Plan so now we have an obligation at national level to do what the international community failed to do. We need to make sure national development plans set targets that are not only about *what* but also *how*.

Suggestions are to develop national responses to the SDGs and operationalise nutrition targets; define spending targets and identify markers for SDG spending in each sector; develop a national monitoring framework to track and report against financing commitments, and; strengthen public finance management systems and move towards programme budgeting.

Donors and development partners have an obligation to make sure that aid for nutrition interventions is on budget and this is the only way to achieve progress in financing nutrition.

4.4.2 SETTING NUTRITION TARGETS (WHA TARGETS AND DIET-RELATED NCDs) - ADELHEID ONYANGO, WHO

Setting nutrition targets (WHA targets for 2025) and relating them to diet-related NCDs requires:

1. An understanding of how to move from point A to point B.
2. Recognition that each country starts from its own relevant point.

The six WHA nutrition targets are now being linked to the voluntary global NCD targets for 2025, specifically no increase in diabetes/obesity, a 25% reduction in high blood pressure, and a 30% reduction in sodium intake. Targets have not begun to be met for overweight, obesity, and diabetes.

In fact, survey results provided by the WHO Department of Prevention of NCDs show that few of the 40 countries surveyed have targets for diet-related NCDs. More countries have SMART targets for six global issues, with targets for stunting, exclusive breastfeeding and wasting being set by more than half the countries surveyed, while anaemia, low birth weight and overweight feature little or hardly at all in country targets.

Setting SMART targets helps countries achieve a consistent approach to ensure balance, addressing all the targets as a package. For example, a stunting intervention should not increase the burden of overweight. Each country looks at its government structures and decides who takes the lead, and also decide on responsibilities, policies, inter-sectoral collaborations, and service delivery infrastructure.

SMART targets require taking into account the weaknesses in infrastructure that need to be strengthened and the potential strengths that can be exploited. This allows the evaluation of resources and commitment to delivering the services. Monitoring needs to be undertaken across the system. Commitment is necessary not only from those delivering the services but also the communities they serve.

A target tracking tool exists on the WHO web site which allows countries to break global targets down to the national level as appropriate for each country.

4.4.3 MAKING SMART COMMITMENTS - ELIZABETH KIMANI, AFRICAN POPULATION AND HEALTH RESEARCH CENTRE

Making SMART commitments, as featured in the 2016 Global Nutrition Report, means commitments that are:

S - **Specific**: What are you trying to achieve and who is responsible?
M - **Measurable**: What does success look like and what will you be tracking?
A - **Achievable**: Can it be done and is it ambitious enough?
R - **Relevant**: Is it addressing a specific need?
T - **Time bound**: Is the timeframe realistic?

SMART commitments matter because:

- Donors and governments that prioritise nutrition in their policy documents spend more on nutrition as discovered when analysing their commitments.
- Businesses with stronger commitments to nutrition have a stronger ability to deliver products that support nutrition which is why we keep emphasising this.
- Countries with undernutrition targets reduce stunting faster.

A SMART commitment states who will lead, what action will take place, and in what timeframe. It provides a baseline and an end goal that can be measured, it fits well within the country's needs, and it draws on evidence of what works.

4.4.4 INVESTING IN NUTRITION: HOW MUCH WILL IT COST? - JAKUB KAKIETEK, WORLD BANK

Investing in nutrition is important for schooling, earning capacity, poverty reduction, the economy and health. The World Bank has estimated how much it will cost to reach the WHA nutrition targets enshrined in the SDG agenda, what the impact of those investments will be and how they can be financed.

The exercise was undertaken for four of the six targets: stunting (40% reduction in under 5's), anaemia (50% reduction in reproductive women), breastfeeding (increase up to at least 50% in the first 6 months) and wasting (reduce to less than 5%). Not enough data existed on low birth weight and no well-specified package of interventions exists to prevent overweight, so neither of these was costed.

The World Bank focused on high-impact nutrition-specific interventions for pregnant women and women of reproductive age, for children, and for the general population. This should not imply that nutrition-sensitive interventions are not important; quite the contrary.

The exercise showed that it is possible to reach the stunting target and reduce the number of stunted children worldwide by 40%. Scaling up the essential package of nutrition-specific interventions will cost approximately $49.5N over 10 years. This investment will have a tremendous impact. It will help us save about 3 million lives and reduce the number of stunted children by about 30 million by 2025.

The exercise also showed that nutrition-specific interventions on their own are not enough; that we will need to build on nutrition-sensitive interventions such as WASH, health, women's education, food systems for security and availability, and vice versa. We need to be clear that this will require a multi-sectoral approach.

As for the target of reducing anaemia in women of reproductive age by 50%, it will cost about $13B over 10 years. This includes interventions for pregnant women and interventions that target the entire population such as fortification of staple foods, which means that this needs to include some investment from households which will be absolutely critical.

The target of exclusive breastfeeding for at least the first 6 months is relatively easy to reach at the cost of $5.7B over 10 years, so maybe we need to think about setting a more ambitious target. Reaching this target would mean that 100M more children would be breastfed in 2025 than are currently breastfed.

The World Bank was unable to estimate the cost of reaching the wasting target because no one really knows what to do to prevent wasting. We know how to treat it and we know that treating severe acute malnutrition is a very effective way to reduce mortality and morbidity from wasting. Instead we estimated the cost of scaling up the treatment of severe acute malnutrition and to treat all the 91m cases over the next 10 years would be about $9B per year and could help us save approximately 1 million lives.

All these investments together at a global level would help us save almost 4M lives over 10 years and help us reduce the number of stunted children by 65M, decrease the number of women suffering from anaemia by about 265M and increase the number of children who are exclusively breastfed by about 105M. Of this total package of about $70B, about 40% will be needed in Africa and this is where we think the greatest gains can be made.

4.4.5 INVESTING IN NUTRITION: HOW TO PAY FOR IT? - MARY D'ALIMONTE, R4D

Current global contributions to nutrition interventions amount to $3.9 billion, about three quarters of which comes from the domestic government while the remainder comes from donors. Funding from both sources represents between <0.5% and 1% of what is required. While this varies by country and by the donor, it is safe to say that we are currently underspending on nutrition, despite the fact that more than half of all donor assistance for nutrition is spent in Africa.

Governments are more likely to invest in interventions such as the provision of complementary foods while donors invest in things like the treatment of acute malnutrition.

To meet the four WHA targets a baseline of $3.9 billion has been set based on maintenance of current spend. Rapid scale up of donor investment is required to provide an additional $4

billion by 2021 (2.8% of ODA), tapering off to 1.8% by 2025 as governments scale up their contribution. This is one of the tenets of sustainability. This slow ramp up is based on the idea that by 2025 there will be increased ownership of nutrition programmes by governments. This is driven by theories on the ability to pay. The model includes governments utilising new innovative sources of finance. The jump from about $4 billion to about $13.5 billion by 2025 is big but it does come off a low level of current investment.

The cost for Sub-Saharan Africa is $27 billion of this global investment framework. To meet WHA targets, annual investments need to increase 6.4-fold by 2025 to $4.5, with governments contributing 7% of health budgets on nutrition by 2025 and donors ramping up to spend 6% of ODA on nutrition in 2021, tapering off to 3% by 2025. Africa's higher dependence on donors compared to global norms is due to the limited ability of some African countries to fund their own nutrition needs.

The financial investment scenario outlined is expected to have a high impact and positive ROI, achieving WHA goals. Mobilising the resources will require a co-ordinated effort from all sources to increase investments 3.5-fold compared to 2015.

While this represents the global solidary model for the global investment framework, action needs to be taken at the country level. This includes:

- Nutrition resource tracking
- Monitoring financing towards costed nutrition plans
- Building an investment case for nutrition when more resources are needed
- Nutrition-sensitive interventions and a strong enabling environment to support nutrition-specific programmes.

Action will be required from all actors including governments, donors and civil society; this requires advocacy for investing in nutrition from the industry to governments, donors and civil society.

4.5 COUNTRY SHARING: OPPORTUNITIES AND CHALLENGES IN SETTING TARGETS AND COMMITMENTS

- Robinah Kwofie, SUN Focal Point, National Food and Nutrition Commission, Zambia.
- George Kembo, SUN Focal Point, Food and Nutrition Council, Zimbabwe.
- Leonard Bassole, Chef de Service Planification, Suivi et Évaluation, Min. de la Santé, Direction de la Nutrition, Burkina Faso.
- Felix Phiri, Director Nutrition, Department of Nutrition, HIV and AIDS, Malawi.

ZAMBIA: Currently developing a new 5-year national development plan, Zambia wants to fully align national targets with global targets. After attending the Nutrition for Growth Summit in London, Zambia set the ambitious target of reducing stunting by 40% in 10 years (to 2023).

A demographic survey shows that stunting was reduced from 45.8% in 2007 to 40% in 2013/14, amounting to a reduction of about .7% in prevalence and just over 2% in terms of numbers [of stunted children]. At this rate, the target of a 40% reduction in the number of stunted children would not be reached by 2025 [timing aligned to global targets]. Meeting the target requires a reduction in the number of stunted children of 5% every year.

Amongst the key actions that have been taken to reach this ambitious target is the extension by one year of the 1,000 Most Critical Days programme, which is focused on reducing stunting.

Given the opportunity to improve the programme, Zambia aims to increase coverage of 10 priority interventions to reach at least 80% of the target population.
Cost assessments by the World Bank indicate that they need about $40M per annum to take these priority interventions to scale. The government has shown interest and commitment to invest though they do have competing priorities; now they need to be shown how their funds would be invested and exactly how much of the necessary finance would need to come from them and how much could be funded by domestic and international private resources.

ZIMBABWE: High level political commitment has enabled a political environment that allows for many opportunities to target the nutrition related problems in the country. Zimbabwe realises the need to set up systems and structures specifically addressing nutrition and reducing stunting within the framework of the nutrition and food security policy.

Focusing on sustainability development goals (especially SDG 2) and the development of an action plan has provided a platform to revise the way nutrition is addressed. The UN community's Zero Hunger Strategy focused Zimbabwe on the need for community empowerment, while the country's economic challenges and the El Nino drought call for them to share resources, working together and building strong partnerships.

Zimbabwe also experiences challenges. Despite high level political commitment, the polarisation that exists brings new time-consuming elements into the political arena. As committed as they are, limited resources mean the need for monitoring systems at implementation to ensure that resources are used to the best of their ability. This "big brother" approach to monitoring effectiveness creates competition amongst sectors.

Community challenges are important and have been defined into groupings. Within the community, they looked at the rich and the poor. The most important challenge is how health can be determined. The rich need healthy eating messages to find a balance between long-term health goals and short-term pleasure.

Against the background of these opportunities and challenges, Zimbabwe set targets of a reduction in stunting from 33% to 25% by 2018 (the latest report shows that it has reduced to 27%), an increase in exclusive breastfeeding from .6% to 60% by 2018, and a reduction in NCDs. One of the critical elements is the integration of nutrition activities into vulnerability surveys so that they can undertake assessments that ensure policies take a holistic approach to food security and nutrition.

Key actions focus on citizen engagement to ensure that citizens are masters of their destiny, putting robust monitoring systems in place, advocacy, and systems and structural realignment to ensure that all sectors accept leadership and work together with a common purpose.

BURKINA FASO: In 2015 Burkina Faso's 2010 Nutrition Plan came to an end, giving them an opportunity to re-think their new plan based on what they had learned. They added a multi-sectoral approach, set new objectives and targets, scaled up their plan and included a national plan against micronutrient deficiency.

As the previous plan was not well co-ordinated, the action plan for 2016-2020 is going to allow them to elaborate on the common results framework and set realistic targets. These include the 2025 targets of reducing stunting rates from 31.5% to 20%, increasing exclusive breastfeeding to 70%, and reducing anaemia among women from 49% to 40% in 2025.

They face a number of challenges as they have a food crisis with one out of three households under threat. In order for them to scale up they need to create a scalable environment.

Their plan includes bringing women together to nurture the creation of families and diversify food sources. Hygiene is a significant challenge as a result of the practice of open air defecation for 40% of the population, giving rise to parasitic diseases, a situation which needs to be addressed by the health system.

MALAWI: Malawi developed the National Multi-Sectoral Nutrition Policy in 2007 and during the period to 2012 managed to set up multi-sectoral platforms from national to the community level, operating under the Parliamentary Committee on Nutrition.

During this period the country made some progress in terms of reducing some of the nutrition indicators. Stunting is a good example: it has been reduced from 47% to its current level of 37%. This shows that an enabling environment with a co-ordinating office at the highest level in the country makes a difference. Senegal, which puts nutrition in the prime minister's office, was the example that inspired Malawi.

The nutrition policy was due for review in 2012, coinciding with the national development agenda and aligning with SDGs.

These were used to devise key priority areas including, amongst others, gender equality protection, emancipation and empowerment, the treatment and control of malnutrition, prevention and management of overweight and other NCDs, nutrition education (Malawian studies have shown that some major issues are due to lack of nutrition education in communities), community mobilisation, and strengthening the enabling environment.

As some of the targets had already been achieved Malawi set new, more realistic evidence-based targets, structured on SDGs 2, 3 and 6. The country's major challenge is monitoring and evaluation which needs a lot of support and human capacity as programmes were moved from district level to community level. This has given rise to a significant HR issue and co-ordination difficulties.

Another challenge is financial commitments, especially from the government which has multiple priorities and concentrates on funding emergency responses. Their change of government is also a challenge. That said, Malawi has the support of a lot of partners.

5. SETTING THE SCENE: PROGRAMME PERFORMANCE AND MANAGING FOR RESULTS

KEY MESSAGES

The need is real

- Progress in meeting the WHA targets is possible, but dialogue and systems should be put in place to continuously track the measurement of success from input to impact, and identify bottlenecks and causes of low performance to take corrective action.
- The current commitments and investments do not match the need to remove the SUN countries from all vulnerabilities related to underlying drivers.
- Improved progress in programme outcomes and/or impacts requires high effective coverage of the relevant high impact interventions of different sectors, as reflected in the theory of change.

What needs to be done

- Poor situation analysis leads to poor programme design which in turn affects performance. It is critical that the design of programmes reflect a clear evidence-based causal relationship articulated in a theory of change.
- Developing a theory of change which includes national targets and is based on a bottleneck and causality analysis is key.
- Securing national ownership and functional capacities is key for all systems, including human resources, organisations and regulations, to fit together and work in synergy towards the common goal.
- Developing an equity-focused situation analysis which takes into consideration that determinants are context-specific is vital.
- A monitoring framework which emphasises frequent, decentralised output level monitoring.
- Invest more and allocate in all underlying sectors at the same time.
- Set SMART targets for nutrition-sensitive spending.

The importance of developing leadership capacity

- Nutrition programme implementation is about producing change and requires leadership capabilities as a critical success factor.
- A variety of functional capacities are needed for success; these can be developed but require a new way of thinking about capacity development.

- Effective leaders will realise that developing functional capacities in themselves and their teams is both urgent and important and they will take action.

5.1 PROGRESS IN IMPLEMENTING HIGH-IMPACT ACTIONS TO ACHIEVE THE NUTRITION TARGETS - NOEL ZAGRE, UNICEF AND NITA DALMIYA, UNICEF

Progress in implementing high impact actions to achieve the nutrition targets is variable across countries and across targets.

Stunting targets deteriorated across Africa between 1990 and 2014. In Eastern and Southern Africa the number of stunted children increased by 14%; in West and Central Africa the number increased by 41%. 34 countries remain off course although making some progress, while only nine countries are on course.

There has also been a rapid scale-up of severe acute malnutrition (SAM) admissions across the West and Central Africa region with low minimum acceptable diet, diet diversity and meal frequency. Only 11 of the 20 West and Central African countries are on course to achieve exclusive breastfeeding. The only success story in the region is vitamin A supplementation which has a high level of two-dose adoption.

Why is coverage of high impact interventions low given the existence of evidence-based interventions, global targets, political will and commitment, and significant donor commitments?

Improving effective coverage of evidence-based interventions will require investments in quality planning. Reviewing development effectiveness in 2013, unsuccessful programmes were attributed to weak design and weak use of existing data from DHS and other household surveys, unclear causal relationships and a lack of results orientation.

To accelerate progress we can no longer conduct business as usual. Programmes need to be re-designed based on the concept of triple A: Analyse, Act, Assess.

Countries need to be strategic in finding entry points into the current programme cycle, not wait until the next programme cycle. Everything flows from investing in equity-focused situation analysis without cutting corners. To establish a theory of change we need to know where we want to go and how we're going to get there.

Causality analysis allows for the root cause of bottlenecks at the service delivery level to be addressed. The reason that deprivation occurs needs to be examined, leading to both immediate and underlying causes, leading in turn to structural causes, e.g., the policy environment, ultimately enabling a better service delivery strategy.

Programmes that have been successful have moved beyond generic cookie cutter strategies. Examining existing strategies against implementation and making necessary changes could enable more to be done with available budgets. Most reporting is based on outputs without considering the changes between provision of inputs and outcomes. Monitoring will show whether the actions being taken are really effective and, if not, enable them to be adjusted in a timely manner.

5.2 PROGRESS IN ADDRESSING THE UNDERLYING DRIVERS OF MALNUTRITION - MOHAMED AG BENDECH, FAO

The underlying drivers of improved nutrition status are: social protection; education; women's empowerment; agriculture and food systems; health, and; water, sanitation and hygiene.

Of the 28 countries participating in the Global Nutrition Report, only five (Ghana, Mauritania, Namibia, Uganda and Botswana) are not affected by all six vulnerabilities of the underlying drivers:

1. Total per capita calories in food supply
2. Calories from non-staples in food supply
3. Access to improved water
4. Access to improved sanitation
5. Female secondary school enrolment rate
6. Ratio of female to male life expectancy.

5.3 ENABLERS OF IMPLEMENTATION - JANE BADHAM, ANLP ON BEHALF OF JOHANN JERLING, ANLP

We know that nutrition is vitally important. We also know that nutrition is about change. We are dissatisfied with where we are and what we have achieved and we know that the solution lies in multi-sectoral engagement. We have clear goals which require people with technical knowledge and skills, physical infrastructure, finance, systems & processes. Whilst we think about our technical gaps, we seldom think about the functional capacity gaps in our teams and workgroups. This goes way beyond knowledge. It has to be developed over time with conscious effort.

Management has its place but we need leadership to take our organisations into the future. The status quo is managed but change is led. We need to ask if we're managing and expecting change as our outcome instead of providing the leadership that brings change.

Functional capacities create an enabling environment within which we can achieve results, such as dealing with the conflicts and power struggles that inevitably arise when collaborating across sectors. They include, inter alia, the ability to face weaknesses, emotional intelligence, leading from where you stand, the ability to create aligned commitment, lobbying, etc.

The needs of people and organisations need to be balanced. Research shows that people want a work environment that provides excitement and opportunities for learning and personal growth, challenge, a positive organisational culture, recognition, purpose, etc. Organisations, on the other hand, want to deliver on their mandate including providing a return on investment, building long-term sustainability and, in the case of governing organisations, being re-elected.

Most of our activities are driven by a combination of urgency and importance. We shouldn't spend time on those which are neither urgent nor important. Activities that are both urgent and important need our attention (crises, deadline driven projects, etc.). The activities that are not urgent but important have the most impact on medium and long-term success, yet they are most neglected. They range from personal development and team building to developing leadership capacity and communication skills. They need to be seen as both important and urgent.

5.4 REFLECTION: HON. CHRISTINE HOEBES, DEPUTY MINISTER, OFFICE OF THE PRIME MINISTER, NAMIBIA

Many of the things discussed today resonated with me. I was shocked at the fact that we lag behind very seriously, yet Sub-Saharan Africa receives the bulk of nutrition financing. Is it only our commitments that do not meet the needs of our people or is it also our priorities? It is scary to see that the outcomes are not commensurate with the resources that we pump into initiatives.

The development assistance we receive is very high compared to domestic resource allocation. As Africans we need to increase our domestic resource base and its mobilisation. We will start taking ownership of our programmes if we're spending our own money; unless we do, we will not see the results that we really want to see. I want us to work towards shifting the scale so that the domestic resource mobilisation for development aid increases.

Other observations:

- Implementation. We have beautiful programmes, projects and policies, yet we lag behind in implementing them. Earlier this year the President of Namibia unveiled the Harambee Prosperity Plan, an accelerated implementation plan which includes sanitation and child nutrition. Within four years we want to increase interventions. We need to stop waiting for someone from outside to implement.
- Capacity-building in our own countries. Unless we have the required understanding, knowledge, experience and expertise, we are not going to reach the next level. We are about to start building an institute to train nutritionists in Namibia.
- Co-ordination within our own countries and outside. We're overwhelmed by so many organisations with everyone fighting for a piece of the same pie; everyone wants the accolades. Co-ordination would help to solve this.

5.5 COUNTRY SHARING: PROGRAMME PERFORMANCE AND MANAGING FOR RESULTS

- Chris Osa Isokpunwu, Deputy Director and Head of Nutrition, Ministry of Health, Nigeria
- Andrea Houindote, Head of the Nutrition Unit, Directorate of Maternal and Child Health, Benin

- Bakary Jallow, National Nutrition Agency, The Gambia

NIGERIA: The Saving 1 Million Lives initiative, introduced by the President of Nigeria in 2012, had an initial goal of saving the lives of 1M women and children by 2015. By then the idea had changed because the World Bank donated $500M which gave rise to a paradigm shift from financing input to rewarding outcomes.

The initiative was expanded to encompass programmes for child health, control of malaria, child nutrition, prevention of mother to child transmission of HIV and Aids, immunisation, etc. In order to reward outcomes, indicators had to be developed for each programme, such as children under insecticide nets, women screened for HIV, VA and immunisation coverage, etc. All of these indicators feed data into the initiative. These needed to be monitored. First a baseline had to be created, represented by the SMART survey, which gave a very quick way to provide quantitative information on nutrition. It provides the qualitative aspect as well.

The initiative operates at the state level, i.e., government at sub-national level and covers the whole country. 20 of the states that were lagging behind received about $2M, those that were not lagging received about $1.5M. Each state had to come up with its plans which are assessed on an annual basis. States that make progress are rewarded on their performance with a certain amount of money in order to scale up their programmes. The SMART survey provides the evidence that allows for results to be assessed and decisions are now based on the evidence it provides.

Issue 50 of *Field Exchange* features a detailed article on the procedure Nigeria adopted.

BENIN: We've implemented several programmes since independence to move from the unending cycle of malnutrition and reduce our high rate of stunting. We are at the beginning of a programme funded by the World Bank in 55 of 100 communities, so it is not at scale yet.

It addresses the health of women in a new multi-sectoral project on nutrition. We put in place plans to ensure a better managed project. This involves using one set of indicators at community level so that everybody has to contribute to achieve results. This enables a common results framework with defined roles and responsibilities and support for the monitoring of results.

It has been a learning process, especially at community level. Reviews are held quarterly with the results being used at the regional level before being reviewed at the national level. Different ministries were taking nutrition into account so we wanted an annual review which allowed us to look at bottlenecks and put corrective measures in place. An annual survey will allow us to make changes and improve the sustainability of programmes.

THE GAMBIA: Around 1999 The Gambia conducted its first and only national micronutrient survey which showed that micronutrient malnutrition was a major problem in the country. Vitamin A was amongst the micronutrients in question and as a result the agency piloted a supplementation programme in 2000 in one region and then scaled it up to other parts of the country. The programme is still on-going however it is not reaching all the children.

The programme was initially anchored on the national immunisation programme, which was achieving 80% percent coverage in children under 5. The problem with linking these two programmes is that most children received their last dosage of Vitamin A before the age of two as mothers don't attend clinic beyond this age. We also had programmes that ran

alongside the routine immunisation programme which we also used for supplementation but were still not reaching all children. We used to depend heavily on national immunisation days to reach the population but these are now infrequent so we had to find other strategies with routine programmes to reach all under 5s.

In 2016 we received two kinds of support, one to develop a micronutrient sustainability plan, the other support from UNICEF to carry out a bottleneck analysis of nutrition-specific interventions. Using these two interventions we were able to come up with strategies to help improve coverage.

We assessed country governance, service delivery, supply chain management, social mobility and advocacy. Using this analysis and the findings of the bottleneck analysis, we developed a national strategy to sustain routine VAS. The key was to introduce it through early childhood development centres using teachers in schools to dispense VA. We also addressed weaknesses in our supply chain. All this was on a multi-sectoral platform.

5.6 GENERAL COMMENTS FROM THE DISCUSSION FOLLOWING COUNTRY SHARING

The three country presenters were joined by:

- Honourable Minister Christine Hoebes, Office of the Prime Minister of Namibia
- Mohamed Ag Bendech, FAO and GNR IEG member
- Nita Dalmiya, Nutrition Specialist, UNICEF
- Jakub Kakietek, World Bank
- Mary D'Alimento, R4D

CHARULATHA BANERJEE, ENN / CHRISTINE HOEBES: How do you decide who does what? In Namibia there is a very clear understanding of mandates. The mandate of political leaders is to govern their countries; the mandate of development partners is to provide assistance. It is up to the country to draw the line at how far the assistance goes and to say where their mandate begins and ends. The Prime Minister's office co-ordinates affairs of government and

public service, including nutrition initiatives. Sometimes that means stepping in and taking ownership of policies out of the hands of agencies.

JULIANA LUNGUZI, MALAWI MP: Every week governments are asked to invest in something different: HIV, TB, population, etc. There is always something new and there is a gap between politics and implementation. Packaging the nutrition message for government starts with an analysis of the situation which will clarify the main needs. If the underlying causes of malnutrition are addressed, the partners will align because this is the national situation. The solution to getting on the government agenda is in this approach.

MARY D'ALIMENTO: Building a case for financing needs to happen at the level of the national nutrition plan, which must be costed so that it can become operationalised.

MOHAMED AG BENDECH: Parliamentarians have a strong role to play in mobilising resources and implementing programmes, and in advocating for implementation capacity. Confusion is part of learning.

JAKUB KAKIETEK: An important take-away message from the World Bank is that for every $1 invested in nutrition, the ROI is $20. A useful resource can be found at http://www.copenhagenconsensus.com.

UNICEF NIGERIA DELEGATE / JAKUB KAKIETEK: What is the point of having meetings? The point of the October World Bank meeting in Washington is for ministers of finance to talk about their tangible commitments to addressing malnutrition; it will go beyond advocacy and examine specific actions countries are taking.

NEPAD: Africa's Nutrition Charter aims to reduce stunting and underweight by 2025, as endorsed by heads of state who will be required to report on progress during the 2017 Africa Union Summit. Nepad is producing a report that can guide countries in this endeavour.

PRESIDENT OF THE CONSUMER SOCIETY AND PAST MP, COMORES: Our organisation is the one promoting breastfeeding. UNICEF and the WHO appear to be at odds with one another. Last month the Consumer Society mobilised on quality issues: the use of dangerous oil and the tomatoes fabricated in China. They asked for technical assistance. UN agencies said they should approach government but government doesn't care. They need help.

MOHAMED AG BENDECH: It is important to avoid business as usual and to cultivate champions amongst parliamentarians, department heads, etc., to help processes move forward.

CHRIS OSA ISOKPUNWU, NIGERIA: We need to recognise the importance of evidence to help make the case for funding.

NITA DALMIYA: Determination is required, as is consultation and learning from other countries.

MARY D'ALIMENTO: It is important to note other sources of financing, both across multi-sectors and from the private sector.

ANDREA HOUINDOTE: Everyone needs to work together by emphasising the synergy between their actions. There needs to be a sensitisation of all nutrition actors, all the way to community level.

JAKUB KAKIETEK: We need to use data for success monitoring and for improved efficiency; focusing on where we get the biggest bang for our buck lets us build an investment case that makes great economic sense.

6. FINANCING FOR NUTRITION: BUDGET TRACKING - From planning to accounting for results; strengthening the policy and budget cycle management

KEY MESSAGES

Start and share

- Start somewhere and build from there – all countries are investing in nutrition.
- Through country experiences we learn the processes and data that are most useful for forward planning and improved programme design.

- The process is as important as the results are. It is through multi-sectoral and multi-stakeholder dialogue that investments can be improved and built upon.

Co-ordination and readiness

- In terms of nutrition-sensitive interventions related to Agriculture and Food Systems, co-ordination between agriculture and health ministries is crucial. Only when priorities and types of interventions from both are combined and complementary are they most effective.
- To contribute to a higher level of impact on nutrition and influence decision-making in the long term, tracking should only occur if and when governments are ready, at the end of the whole exercise, to proceed to implementing changes to investing toward global, national and specific objectives for nutrition.
- Cost-effectiveness in nutrition-sensitive agriculture/food systems can be assessed when all impact pathways and entry points - from agriculture investment segments to nutrition - are rightly understood, which requires a participatory process and multi-stakeholder dialogue.

The need for a holistic approach

- We cannot afford to look at stunting reduction as an isolated issue from the control of diet-related chronic diseases. Otherwise, the human and economic costs of managing NCDs will cut back some of the gains we made in life expectancy.
- Isolated solutions not embedded in strong sustainable systems that promote holistic health and development (healthy diets and lifestyles) may show quick wins but such wins disappear just as quickly as they come.

Why quality data?

- Good quality data are like true friends that look you in the eye and tell you honestly if you are doing well or not well at all. We should look for data and let them help us to gauge where we are, where we want to go and what progress we make trying to get there.

6.1 BACKGROUND AND OVERVIEW OF KEY FINDINGS/LESSONS LEARNT ACROSS COUNTRIES: WHY THIS MATTERS - CLARA PICANYOL, OPM AND PATRIZIA FRACASSI, SUN MOVEMENT

Financial tracking is the process of routinely collecting, analysing and monitoring resources - is important because reliable data is essential to enable policy makers to prioritise, plan, allocate resources and monitor and evaluate policy implementation. It promotes transparency and assists advocacy. Implementation matrices to cost nutrition interventions are a powerful tool to link the planning to the implementation and eventually to the monitoring of expenditure.

Financial tracking is not straightforward for a variety of reasons, particularly the multi-sectoral composition of nutrition which crosses traditional sector boundaries and sometimes measure in-country processes against global definitions for cross-country comparisons and research.

Countries that appear to be furthest ahead in tracking investments for nutrition use methodologies with which they are already familiar. The strength of the underlying public finance management system is key to a country's ability to track its own resources for nutrition. Whilst different methods might be more suitable to different countries, a flexible framework can provide guidance and a starting point, but it should be adaptable based on the capacity available.

In practice, budget analysis is not linked with planning and resource mobilisation. Only two countries have linked a national nutrition target (stunting reduction) to a publicly recognised

comprehensive set of line items within their government budget, allowing for the tracking of budget allocations and actual expenditure.

Effective financial tracking requires a nutrition plan that is well-costed, well-reflected in the country's financial management system, adequately integrated with the activities of implementing agencies, implemented as intended, and monitored at the output level. An interactive approach to planning, budgeting and tracking is essential.

There are many examples of actions with enhanced nutrition-sensitivity:

WASH

- Distribution of household water treatment supply as part of management of acute malnutrition (Yemen).
- Community-led total sanitation that incorporates nutrition education with an emphasis on food hygiene for young children (Zambia, Nepal).
- Regulatory provisions for the sale of drinking water by the private sector (urban Yemen).

HEALTH

- Targeted constructions in primary health care centres and schools or in communities with high levels of malnutrition (many plans)
- Incorporation of high-impact nutrition actions in the Health Extension Programme (Ethiopia) and in the Save One Million Lives Initiative (Nigeria).
- Scaling up high-impact nutrition actions through strengthening of frontline health structures (Madagascar) and community-based structures (Niger).

EDUCATION

- School programmes tailored to increase girls' retention after they turn 10 (Yemen, Niger).
- ECD community education and awareness programme including 1,000 days (Liberia).
- Iron supplementation for young children within the early child centres (Peru) and for adolescent girls in school (Indonesia).
- Improved diversity in school meals (Maharashtra) and integrating nutrition education and balanced school meals (Costa Rica).

FOOD SYSTEMS

- Food safety and quality assurance of nutritious foods.
- Processing, storage and marketing of nutritious foods (Yemen).
- Consumer awareness about the importance of diet diversity and consumption of affordable nutritious foods (such as small fish, vegetables and fruits).
- R&D – small livestock (Vietnam), bio-fortification (Zambia).

SOCIAL PROTECTION

- Birth registration as part of child protection.
- Maternity protection at work (e.g. increase of maternity leave in the Productive Safety Net Programme in Ethiopia).
- Paternal leave as part of child care.
- Large-scale national programmes specifically targeted to the needs of women, adolescents and children (Ghana, Indonesia).

6.2 YEARLY MONITORING REPORTS - SOPHIA LYAMOURI, FAO

The FAO approach to tracking is that it should not be done for the sake of it, but should be integrated into the country's commitment and connected to country led processes such as CAADP and 5 year plans.

The FAO is usually involved in agriculture plans but promotes explicit nutrition objectives and indicators wherever possible. The organisation has to distinguish between nutrition-sensitive and good agriculture-related investments, always being aware of integrated or implicit added value. Hard questions need to be asked about issues such as capacity development and attribution to clarify when agricultural initiatives contribute to nutrition.

Several key applications have been undertaken so far which have led to important lessons on the challenges of incorporating nutrition-sensitive interventions into agriculture. These range from strengthening national capacities to incorporate nutrition considerations into agriculture programmes, to paying constant attention to the performance of projects and reducing the risk of poor quality delivery.

6.3 NUTRITION IN THE WHO SYSTEM OF HEALTH ACCOUNTS (SHA) TO TRACK EXPENDITURE - ADELHEID ONYANGO, WHO

The health sector is the delivery channel for most of the high impact nutrition interventions so it makes sense to track the expenditure as opposed to the budget, though there is ongoing work to link the two. The expenditure data of both government and non-government organisations is tracked, classified by factors such as disease, inputs and financing schemes.

Fifty countries have used the SHA 2011 with their ministries of health establishing focal points for health accounts with the aim of annual tracking of health expenditure, including nutrition. Ongoing work is being done to strengthen the nutrition component in SHA 2011

6.4 THE WAY FORWARD - PATRIZIA FRACASSI, SUN MOVEMENT

It's really important that the current practice in the reporting of aid is used for nutrition too. If nutrition-specific interventions are not on the budget, it doesn't mean that they are not being implemented, simply that they might be outside the government process. We need to question how we bring these interventions into government.

Methodological challenges concern how to report on a) large drivers of public spending that cannot be disaggregated, b) spending at sub-national level, c) household and private sector spending, and d) ensuring ownership and transparency.

The SUN Movement has four key priority areas for collaboration:

1. At the moment the SUN Donor Network only reports aggregated figures by the donor; there is ongoing work to change this to reporting by country.
2. Technical consultations with multi-disciplinary experts are currently opportunistic and this needs to change to a more systematic and planned approach to create more engagement.
3. In an effort to expand high-impact nutrition-specific interventions advocacy messages need to be harmonised, financial gaps to need to be estimated (an ongoing task especially by the World Bank), and implementation performance and expenditure needs to be tracked to ensure continuous improvements.
4. On nutrition-sensitive approaches SUN aims to work much more with evidence in terms of impact, effectiveness and implementation science, to ensure that advocacy messages focus on synergies and cross-sector dialogue, and to promote an equity-based approach

especially concerning the issue of vulnerability and other underlying drivers of malnutrition and early childhood development.

6.5 GENERAL COMMENTS MADE DURING AUDIENCE DISCUSSION WITH SESSION SPEAKERS

- Clara Picanyol (OPM)
- Patrizia Fracassi (SMS)
- Sophia Lyamouri (Investment Centre – FAO)
- Adelheid Onyango (WHO)

TOGO DELEGATE/ PATRIZIA FRACASSI: Nutrition is often invisible in ministries of health. To make it mainstream we need to ensure that it is well defined and clear so it can become visible. Very few countries feature nutrition as a single line in national budgets: what triggers this achievement? The first requirement is a programme which has clear nutrition objectives and reflects the needs of the people. The country has to know what it is going to implement and what resources it has.

ADELHEID ONYANGO: Where there isn't a budget line, an interesting exercise is to survey how much is spent on nutrition which gives a sense of what budget is required. Governments have a responsibility for nutrition and need to be challenged to budget for it.

UNICEF BURUNDI DELEGATE / CLARA PICANYOL: There are many challenges to monitoring donor sources for nutrition. There is no magic bullet but the donor network generally uses the data in the credit reporting system to report on their commitments, not least because it can be filtered by country.

THE GAMBIA DELEGATE/ PATRIZIA FRACASSI: Budget analysis is an important moment to increase the budget. Consult with the budget holder to avoid silos; then a more specific accounting system within the sector allows for detail. The budget framework needs to be decided to avoid segmentation by sector.

MALAWI DELEGATE / PATRIZIA FRACASSI: Building capacity to track expenditure may require the support of a partner. SUN is working with civil society on how to make this a capacity building exercise.

TANZANIA DELEGATE / PATRIZIA FRACASSI: Look to Latin America's long-standing programmes for experience on linking social protection and nutrition. Ethiopia also looked at nutrition as one of the objectives of the productive safety net over ten years.

CLARA PICANYOL: When following up expenses at a regional level, it is important to have a system with clear objectives and indicators and all actions co-ordinated. Care should be taken to avoid double accounting at national and sub-national level.

PATRIZIA FRACASSI: Development partners are led by the needs of the country. During interactions with ministries of health, partners let them know what systems are available and suggest what would interest them, but the country decides what to use.

SIERRA LEONE DELEGATE: In Sierra Leone the ministry of health uses service level agreements (SLA) to track donor partner funding which has made implementation less challenging. The SLA is signed by all actors from district level with the ministry at national level.

ADELHEID ONYANGO: Any investment linked to food or the food system, where there is potential for contributions to nutrition, should be tracked.

BOTSWANA DELEGATE: In Botswana nutrition is a health issue which crosses several sectors and ministries and is given priority in funding. Development partners, with which the country has honourable relationships, augment what the country already has and the country decides how it wants things to be done.

SOPHIA LYAMOURI: There should be a co-ordination between agriculture and health, as in Angola where the ministries of agriculture and health are having a very positive effect on nutrition because their work is combined.

PATRIZIA FRACASSI: Every country is making some effort towards nutrition, which serves to show the importance of starting where you are, building alliances, and improving over time.

6.6 COUNTRY SHARING: EXPERIENCES WITH BUDGET TRACKING

Presentations were given by Chad, Cote d'Ivoire, Ghana Kenya, Sierra Leone, Tanzania. Highlights from three countries follow.

KENYA: Since 2010 national government has given funding to the country's 47 counties and each county decides how to use it. Currently:

- Although stunting has reduced overall from 35% in 2008 to 26% in 2014, within some counties it is as low as 15% and as high as 46%
- Overall wasting is at 4% but in many counties it is more than 15%
- Overweight/obesity is at 33% among women of reproductive age and 4% among children
- Diet-related NCDs are increasing.

Kenya took a 3-step approach to budget tracking:

1: Identify the relevant allocations in selected budgets through a key word search

2: Assess whether the allocations are 'nutrition-specific' or 'nutrition-sensitive' or 'potentially nutrition-sensitive' (in close consultation with relevant stakeholders)
3: Assign a reasonable percentage of the amount to allocations based on their categorisation using a scale from 10% (potentially nutrition-sensitive) up to 100% (nutrition-specific).

Allocation to nutrition-sensitive programmes has kept increasing, accounting for 84% of the weighted budget. Clearly there is a need to focus on designing multi-sector interventions for greater impact on nutrition outcomes.

Amongst the challenges Kenya faces are:
- Low sub-national funding allocation versus needs
- Difficulties to access detailed nutrition-sensitive and -specific budget expenditure
- Inclusion of HR costs is hard to estimate given that nutrition is delivered through nurses, nutritionists, etc
- Ministerial changes has resulted in a lack of consistency
- Nutrition budgets are located across various sectors presenting a challenge to effective tracking as these are not often tagged as nutrition.

The way forward includes:
- Tracking nutrition budget allocation, expenditure, and absorption in select counties
- Revising and updating national level tracking
- Highlighting policy implications (especially with reference to costed national nutrition plan based on budget analysis)
- Developing approach and methodology for mainstreaming nutrition budgeting process with the existing county systems.

SIERRA LEONE: The country has just completed its first major tracking exercise. The occurrence of Ebola in 2014 put a major strain on Sierra Leone. In 2010% stunting was at 34%; in 2014 it was reduced to 28.8%.

Nutrition has a budget line in the ministries of health and agriculture. Funding for nutrition is received only at the national level; when it goes to the local regions it is for health. Work needs to be done on how much funding is given to nutrition at the district level.

Advocacy among partners and parliamentarians is required. Performance based budgeting enables access to donor funding and reduces wastage.

Challenges:
- Integrated financial management information system is not properly rolled out to local level so the country uses two parallel recording systems (central and local government), meaning that there is no nationwide coverage on performance indicators
- Performance budgeting monitoring is not properly rooted given the constraints of costs, logistics, etc
- Off-budget tracking is difficult because NGO responses vary.

Solutions:
- For the ministry of finance and economic development to monitor and evaluate performance tracking
- To introduce service level agreements for accountability and tracking

- For NGOs to provide audit reports on expenditure for renewal of their registration within the ministry of finance.

TANZANIA: The prevalence of stunting among children under five in Tanzania stagnated between 44% in 2005 and 42% in 2010. In 2011, the government developed a national nutrition strategy and implementation plan with a budget of $520M for 2011-2016. To translate the strategy at district/municipal level, they recruited skilled nutrition officers, set up multi-sectoral steering committees in 70% of their districts and developed plans and budget guidelines.

They conducted a public expenditure review on nutrition, advocated for increased resources, and organised annual joint multi-sectoral reviews to assess implementation progress by district/municipal councils and, importantly, to track expenditure. They were supported by a high level political commitment from the country's president, prime minster and MPs.

Stunting prevalence decreased from 42% to 34% and wasting remained below 5% between 2010 and 2015 due to Tanzania's combination of:

- Enhanced political will/engagement and profiling of nutrition
- Increased capacity of human resources at sub-national level
- Support for planning and budgeting for nutrition at sub-national level
- Strengthened multi-sectoral co-ordination and accountability
- Evidence-based advocacy to prompt policy decisions.

Lessons learned from the Tanzania experience include ensuring:

- Correlation between local government agency spending and the number of stunted children at regional level
- Planned nutrition activities aligned to strategic objectives
- Maternal, infant and young child nutrition interventions that have a greater potential impact on stunting are well funded
- Activities implemented within health, education, agriculture and WASH need to be nutrition-sensitive.

Tanzania aims to ensure that all district/municipal councils increase their minimum allocation to nutrition interventions from TZS 500 per child under five for FY2016/17 to TZS 20,000 by 2030.

6.7 FINANCING FOR NUTRITION: PARALLEL SESSION ON BUDGET TRACKING

Countries were divided into 2 groups – (A) those that were new to budget tracking and (B) those that had already gone through the exercise at least once. After individual country discussions, 4 countries from each group shared their experience with the rest of the group. These were:

Group A: Mozambique, Congo Brazzaville, Somalia, Zimbabwe
Group B: Nigeria, Zambia, Cameroon. Congo DRC.

7. ADDRESS BY GERDA VERBURG, SUN CO-ORDINATOR

"Let us make sure that in our efforts and in counting results, we leave no one behind."

Gerda Verburg opened the day with an address to the delegates. See Annexure C for the full transcript.

8. FINANCING FOR NUTRITION: COSTING

KEY MESSAGES

- Planned programmes should be based on a clear theory of change that identifies the pathways to success. Planning should involve all stakeholders that contribute to the outcomes.
- The level of plan detail should depend on the goals of the planning exercise and intended use of the document.
- Start with the level of plan detail that is feasible and achievable then build and refine with each iteration of the cycle.

8.1 INTRODUCTION TO NUTRITION COST ESTIMATION: LINKS TO BUDGET TRACKING/ PRIORITISATION OF HIGH IMPACT ACTIONS - HELEN CONNOLLY, AMERICAN INSTITUTES FOR RESEARCH

In the policy and budget management cycle, budget tracking is only as good as the plan it is tracking. We use our plans to prioritise, link back through the cycle and think about how we're going to implement our programmes and how all the pieces fit together. We need to make sure we're looking at the while picture.

We shouldn't confuse budgetting with cost estimation. Looking at theories of change is basically saying: how do we take an activity through to impact and being very clear about all the pieces along the way and our assumptions.

Planning requires having all the players in the room to create an inclusive, complementary process. It's not only about who is involved, but who could be involved. Where there is multi-sectoral involvement, stay focused on nutrition.

When scaling up, take care not to expect too much of community health workers – they can only do so much. Scaling up usually requires more personnel. The same applies to equipment and infrastructure.

Nutrition-sensitive interventions need to make the core activity more relevant to nutrition outcomes. This needs to be in the plan. Think about what you're trying to accomplish and what the final goal is. Ask if activities are contributing to the goal. If parts of an activity are, include them in the plan; all of the pieces that will achieve a goal need to be in the plan.

The cost methodology tools used and the approach need to be based on country needs and should build on existing structures. The two cost methodolgies are:

- Programme unit costs - top down and relatively easy to calculate, usually based on an existing programme
- Input costs – bottom up and detailed. Tools include: WHO OneHealth tool with nutrition module; Excel.

The more comprehensive the plan, the more likely it is to be funded and achieve its goal. Funders want to know not just what is being done but how – and how well – its being done.

8.2 COUNTRY SHARING: EXPERIENCES WITH COST ESTIMATION AND PRESENTATION OF INVESTMENT CASES

- Almeida Tembe, Mozambique
- His Excellency Dr. Isameldin Mohammed Abdalla, Federal Ministry of Health, Republic of Sudan

MOZAMBIQUE: PAMRDS is the country's multi-sectoral national plan for nutrition to reduce stunting from 43% in 2015 to 35% in 2019. To finance the plan, 17 main interventions were defined.

Sectors receive state funds through the national government system of finance: e-SISTAFE. to the implementation of their plans but hard to know how much is for nutrition actions due to weakness in links between activities and budgets.

Vertical funding of projects, NGOs etc., is off-budget, making it difficult to know what funds are delivered. The donor platform developed a matrix to keep track of contributions and plans but there is also some weakness because they can only say how much is provided but not what was implemented.

Generally it is very difficult to get an overview of total funding available and how much is allocated to each intervention.

REPUBLIC OF SUDAN: The share of each of Sudan's interventions is: nutrition-specific 44%; WASH 28%; social protection 15%; maternal and child health 10%; livelihood and security 3%. The cost of this will be based on funds available now: 3M coming from the government, UN contribution of 118M [or 180M?] annually. Sudan focuses on the implications of not acting as a powerful advocacy tool which serves as a good reminder of the purpose of nutrition.

Sudan is currently focused on reducing child mortality and malnutrition, improving maternal nutrition, and saving >100,000 lives, preventing 600,000 cases of wasting and 530,000 cases of stunting and reducing anaemia by 30%.

8.3 GENERAL COMMENTS MADE DURING AUDIENCE PARTICIPATION DISCUSSION

UNICEF NIGERIA / HELEN CONNOLLY: Are there any experiences of trying to bring the cost of nutrition back into the health sector in such a way that we benefit from the collaboration? The national nutrition plan should be a reflection of what was done in all the separate sector budgets to take in all stakeholders.

THE GAMBIA DELEGATE / HELEN CONNOLLY: How do we draw a line between multi-sectoral and nutrition-specific/-sensitive? The alignment of nutrition-specific and -sensitive is rather separated. It evolved from trying to encourage other sectors to join into the health sector nutrition actions. As we develop more multi-sectoral approaches that language will start disappearing and the focus will be on a common results framework and overall goals.

WORLD FOOD PROGRAMME DELEGATE: Commended Sudan's presentation. It is important to put a human face on budgets and to talk about the implications of not acting as an advocacy tool, looking at how many will be saved if the funding is forthcoming. A good reminder of who we're doing this for.

SIERRA LEONE DELEGATE / ALMEIDA TEMBE: What difference does it make when our national plans are guided towards food and nutrition rather than just nutrition planning? In Mozambique they have a national strategic plan for food security and nutrition. Because of the high level of stunting they need a specific plan to fight against it in parallel with the strategic plan. Making the link between food and nutrition helps to integrate food security planning and nutrition planning.

Think about where your programmes fall within the national nutrition plan and what you can do to make them more efficient; clarify your approach.

9. DEEP DIVE: PRIORITISING ACTIONS FOR FINANCING AND IMPLEMENTATION

KEY MESSAGES

- In the era of national budgets spread among many competing priorities and of plateauing development assistance for health, we have to do more with the resources we currently have.
- We can get more nutrition for the money by better prioritisation and greater efficiency of programs or, simply put, by reaching the right people, with right interventions, in right places, at the right time.

9.1 BEYOND COST ESTIMATION: PRIORITISING ACTIONS FOR IMPLEMENTATION AND FINANCING - JAKUB KAKIETEK, WORLD BANK

Prioritising actions for implementation and financing to get more nutrition for the money and achieve efficiency in nutrition programming and planning.

9% is total government health expenditure in African countries. To implement everything nutrition-specific will take approximately 10% of everything the government spends on health. In some countries it's more. Official development funds for health have plateaued over the past 10 years and the expectation is for 1.2% of annual growth.

The question becomes: can we afford to implement all the activities we plan to? it seems that we cannot, hence the need to prioritise. Practically, how do we get better nutrition with the money we have now? We need to become more efficient technically and at allocating funds, i.e., selecting the best interventions. This could be better mixes of interventions and closer targeting.

We cannot afford to implement everything everywhere and need to prioritise on the right interventions for the right people in the right places and at the right times. A lack of prioritisation constrains budgets; makes services less efficient and more expensive while reaching fewer people with less impact, and; leaves the most vulnerable behind.

9.2 ADDRESS BY MINISTRE JEAN BAPTISTE ONDAYE, SECRETAIRE GENERAL PRESIDENCE DE LA REPUBLIQUE CONGO BRAZZAVILLE

See Annexure D for the full transcript of his address (in French).

9.3 PANEL DISCUSSION MODERATED BY NICOLAS BIDAULT

- Mavis Owusu Gyamfi, Power of Nutrition
- Ziauddin Hyder, World Bank
- Enock Musinguzi, SUN Business Network, Tanzania
- Ministre Jean Baptiste Ondaye, Secretaire General Presidence de la Republique Congo Brazzaville

HIGHLIGHTS:
NICHOLAS BIDAULT: Prioritisation of interventions is a key principle.

MAVIS OWUSU GYAMFI: The Power of Nutrition is the new kid on the block, launched last year to mobilise $1B for nutrition in the next five years. Its mandate is to be a platform through which private sector investors can aggregate their money to support the scale up of interventions. They only invest in countries where stunting is above 30% and a minimum of 250,000 children are affected by it. They work through two partners: World Bank and UNICEF in support of national nutrition plans.

ZIAUDDIN HYDER: The World Bank has been a privileged partner with the government for many years supporting investments into nutrition. How does it work with ministries of finance to decide on what to finance? From a global perspective the World Bank hasn't necessarily done enough to engage with government ministers. We are starting to do so now. From a narrow, focused project, nutrition can become a large, national programme.

There is a need for national movements on nutrition. The International Development Association (IDA) is a major instrument the World Bank uses to assist countries especially linked to nutrition. It works on 3 year cycles. Other important instruments are, among other things, SCD (Systematic Country Diagnostics) and CPF (Country Partnership Framework), an

investment document agreed primarily between the World Bank and Ministries of Finance. All sectors get engaged and CPF lays out the plan for the 3 year IDA investment. Unless you incorporate nutrition in CPF it is very difficult to convince the Ministry of Finance to invest.

JEAN BAPTISTE ONDAYE: Looking at the constraints faced when bringing ministries and business together, Congo has for several years taken up laws promoting decentralisation. To date most of these laws have not been implemented in the sense of transferring competencies. This has to be accompanied by a transfer of means. There is some resistance from central government to release funds to districts. Sometimes programmes are launched without taking into account budgets, outside budget planning. We have a system of devolved government now and we are trying to solve these problems. We're setting up an effective platform, working with the UN and ministries. We need to work within a multi-sectoral framework.

ENOCK MUSINGUZI: The role of the private sector in national nutrition priorities and how country partners engage with the private sector on national nutrition priorities. Our aim is to mobilise and contribute towards national nutrition goals. Business, food and nutrition need each other; use nutrition as a marketing tool, a hook, to benefit business. However, there is a history of mistrust between the public and private sectors that needs to be overcome.

MAVIS OWUSU GYAMFI: We've talked a lot about how much money is needed for nutrition. The Power of Nutrition's mandate is to mobilise $1B which sounds like a lot of money but isn't really in the world of need, hence the focus on hotspots. This is where they make a commitment for a period of five years and keep working in partnership with the government. Alongside the hotspot is a focused evaluation which tries to answer three questions: 1) what combination of interventions works; 2) how did the scale up happen; 3) who made it happen? The idea is that the lessons learned from the answers to these questions can be used in other countries.

ZIAUDDIN HYDER: Funds need to flow from the capital to the district level. We need to make sure systems are in place for disbursement.

10. ADVOCACY AND COMMUNICATION TO BUILD THE CASE FOR NUTRITION INVESTMENT

10.1 WHAT IS THE EMERGENCY NUTRITION NETWORK (ENN) FOR SUN? - TITUS MUNG'OU AND CHARULATHA BANERJEE, ENN

ENN is an Oxford based organisation with 20 years experience strengthening evidence and know-how on effective nutrition interventions in countries prone to crisis and high levels of malnutrition. The ENN forum is an online tool for technical nutrition questions answered by peers and experts, with forums moderated by experts. It enables an easy and quick exchange of information between nutrition professionals. It is in English and French. www.en-net.org

Participants were given an overview of the forum on EN-NET and encouraged to post technical questions in relation to financial anylsis so that the work undertaken during the workshop can further develop through online interaction.

10.2 PANEL DISCUSSION: COUNTRIES EXPERIENCES MODERATED BY JULIANA LUNGUZI, MP, MALAWI

- Botswana: Onalenna Ntshebe
- Madagascar: Andriantsarafara Lalaharizaka
- Zambia: Robinah M. Kwofie

HIGHLIGHTS:
JULIANA LUNGUZI: Advocacy is a key issue for building the case for nutrition investment. We agree on the importance of investing in nutrition. When we are seeking investment and the involvement of our politicians, what information are we giving them? As a politician myself, if you want me to make a case to the Finance Minister, you need to know that everyone is approaching him for a budget. How do you look at advocacy? What are the issues we need to focus on when approaching the Ministry of Finance?

ONALENNA NTSHEBE: Botswana shared the results of an observational study conducted by the Botswana AIDS initiative between 2012 and 2014 among 1499 affected women who, between them, had 3033 infants, following them for 24 months. The majority of HIV infected women don't breastfeed; even so there is high mortality amongst these children (about 13%), with some dying from HIV exposure and some from malnutrition due to not being breastfed. Their dilemma is how to reduce mother to child HIV transmission while encouraging breastfeeding.

ROBINAH M. KWOFIE: In Zambia, advocating for more resources for nutrition, they had the help of the World Bank who costed nutrition-sensitive interventions. The outcome was that Zambia needed $45M to scale up interventions. The government doesn't have that money: their current investment is 50c per child per year on nutrition-specific interventions, way below the $30 per child recommended. Yet they can't believe the high level of malnutrition in Zambia believe it is a food exporting country. The exercise how shown the government the need to act. As the actors talk about the benefits of investing in nutrition intervention the message seeps through to its politicians and other decision-makers. This is a matter of prioritising.

With the help of civil society – which Zambia views as friends – they produced a document called "Nutrition Matters, the opportunity to scale up nutrition matters". They are also redesigning their 1,000 most beautiful days programme. They have not yet seen any results

but continue to work with government and new parliamentarians to keep the subject on the agenda.

ANDRIANTSARAFARA LALAHARIZAKA: In Madagascar, the country with highest stunting rate (about 50%) they communicate around the loss in economic terms, speaking about the socio economic impact of malnutrition. A study by the Office of the Prime Minister in collaboration with various sectoral ministries and the Minister of Finance looked at the mortality and morbidity cases as well as the intellectual loss.

They found the biggest loss in intellectual capacity: 5.5% less among malnourished children compared with children who were not. This equates to a loss of $11M. 8 million children cannot reach their full potential. The loss in productivity is 11% because of the associated malnutrition mortality rate.

They have made a case for investing in children for the growth and productivity of Madagascar, including in the media. Everyone understands the impact of stunting and the loss due to malnutrition. Within Ministry of Health the budget allocation for nutrition increased, but they need to go beyond the health sector.

SIERRA LEONE DELEGATE: Advocacy requires skill. In Sierra Leone they take issues to the community and create the demand so the community asks the politicians, which is very effective. Created a very simple height/weight tool and taught the community what stunting was. Everyone in the community has to be involved: mothers, chiefs, etc. Now people are talking about stunting and nutrition.

ROBINAH M. KWOFIE: Zambia advocates with the community using radio listening groups.

ONALENNA NTSHEBE: Botswana doesn't care whether they're talking to government ministers or opposition members: both are effectively reached by the community.

JULIANA LUNGUZI: It is important to move beyond specific and sensitive interventions and focus on results. Keep messages simple, as if you were talking to your 90 year old grandmother, or your 5 year old child.

10.3 SETTING THE SCENE GOING FORWARD - EDWYN CHIELL, SUN MOVEMENT

What does effective advocacy look like? Everyone in the room is an advocate for nutrition. Some have technical skills, we all have a fundamental responsibility to get the message across. Communication materials exist, simply ask for them. Good communication will help our priorities resonate.

We need to think about our audiences and see nutrition as a fundamental issue. We need to be able to disemminate nutrition messages via the media, and talk to all stakeholders such as civil society and development partners.

10.4 BREAKING NUTRITION OUT OF ITS ECHO CHAMBER - GILLIAN GALLANAGH, WEBER SHANDWICK

KEY MESSAGES

- Communications and advocacy can be used, and must be used, by everyone in the nutrition community. No matter what your role is, strong communications and advocacy is vital to your success.
- There are communications assets (films, posters, imagery and letters) that are available for you to use now. These do not need to be used alongside any programmes and can be immediately used, next week, in your home country.
- Practice makes permanent. It is vital that you change the language you use to describe your work and use simple terminology when speaking to colleagues. This will become the way you speak about nutrition to external audiences who will not understand any complicated internal vocabulary. This will cause a breakdown in communication and may stop you from reaching your objectives.

We need to break nutrition out of its echo chamber. An echo chamber is a situation in which information, ideas, or beliefs are reinforced by repetition inside an enclosed space, and where multiple views are underrepresented.

Nutrition has such a wonderful story to tell. Effective communication is essential when making an investment case. Beware of acronyms and technical phrases and words. Keep it simple. Make it relevant to the person you're talking to.

This presentation was followed by a role play session for delivering advocacy messages.

10.5 PANEL DISCUSSION: THE POLITICS OF INVESTING IN NUTRITION MODERATED BY JOURNALIST JOSEPH WARUNGU

- Gerda Verburg, SUN Movement Co-ordinator
- Tim Evans, World Bank Director
- Juliana Lunguzi, MP Malawi
- Said Mchangama, Director of Hayba FM

HIGHLIGHTS:

GERDA VERBURG: You are heroes. You're all working in your countries to bring the multi-stakeholder and multi-sectoral approach to life. Trust is most important. We've focused here on what we can learn and it's been a good investment in relationships. Network so that when you're back home you're not alone. As you achieve concrete results at grass roots you give people a more prosperous life.

JULIANA LUNGUZI: Politically we have the challenge of making nutrition a priority. It's not complicated but we complicate it. Everybody needs to eat. Who is communicating and to whom? Combining education and nutrition is simple.

SAID MCHANGAMA: We've discussed the health of children who are dying; we know the future of society depends on the first 1,000 days. Ministers of Health have to understand that we need make up for time lost. We're spending a lot on the transmission of diseases. Politicians don't understand that we need to spend as much on children. We need to mobilise that this is good for children, then they will listen.

TIM EVANS: On this continent almost 1 in 3 children are malnourished. No society can afford to lose one third of its cognitive potential. This will have long lasting physical, mental and societal effects. We need political will at the highest level. We need to campaign to invest in grey matter infrastructure. It's as critical a component as a physical investment. We know that when we do make these investments we have a good return: learning, employability and lifetime earning potential. Keep the return on investment front of mind (every $1 invested in nutrition can generate $16 in return) and in front of finance ministers and heads of state.

JOSEPH WARUNGU: It has to hurt before people pay attention. People find it too complicated.

GERDA VERBURG: Many people in government want to be remembered for infrastructure. We need to write the narrative that they can build a legacy on improving quality of life for thousands and build that story in normal language.

JULIANA LUNGUZI: Conversation at household level makes a difference. We need to contract healthy and unhealthy families. Having a child repeatedly admitted to hospital and having to pay for that needs to be a continuous conversation, so they understand it costs if you don't invest in the right place. When the noise is from the ground, politicians listen.

SAID MCHANGAMA: In the 1990s when we really didn't know what nutrition was we were talking about well-being. We can't be abstract. We need to show examples of improvements.

JOSEPH WARUNGU: Is the death of the economy not enough to move nations?

TIM EVANS: Every minister of finance is flooded with multiple requests. It's important to show results and we need to spend the budgets we're given. Cash transfers have been remarkably effective with very significant benefits; being smarter about the way we invest scarce resources will bring politicians on board.

GERDA VERBURG: Nutrition belongs close to the president's office. We need to bring it to the highest possible level, use it in the election campaign, let candidates make their promises and hold them to them. Put it in the hands of women, who need to be given real equity so that they are not vulnerable in their families and communities.

JULIANA LUNGUZI: Malawi is a good example of that. We prioritised nutrition in the Office of the President and Cabinet, working along with other sectors. The challenge in politics is that when a new president comes in they change. Now nutrition is in the Ministry of Health and have regressed. This is our advocacy focus now. The beauty is that it's a simple message and fits in all other sectors.

TIM EVANS: There is no quick fix. Experience in over 30 countries shows that these are valuable events; the evidence is extremely strong that you get impact on health, education, nutrition, and households are more likely to move out of poverty. Simply saying we need more nutrition doesn't work. If you say we've taken stunting levels down and give percentages and measures you can use these stats.

JOSEPH WARUNGU: Defence budgets are obese in Africa: Food for thought!

11. WORKSHOP CALLS TO ACTION

In their work sessions each country developed a one-minute call to action. Country names were drawn to determine the order they were called forward to present to the group. The order below is the order presented.

CONGO DRC: To ensure that the Congolese government gives at least 40% to implement action to fight nutrition for children under 5.

ZAMBIA: The rate of stunting in Zambia is unacceptably high with 2 out of 5 children stunted. This has huge implications for the health and development of individuals as well as our nation. We have to do everything we can to reduce stunting in a very short period of time. Together we can make stunting history in Zambia. We call upon all ministries, sectors, and civil societies to engage with the nutrition sector to help us reduce stunting.

TANZANIA: As we all know, Tanzania has managed to reduce stunting from 44% to 34.5%, and also come up with an action plan which we're going to implement for the next financial year. We say our long-term goal is to advocate for increased resources from the government, private sector and all partners to call their decision-makers to help us reduce stunting further. Our target for one year will be to conduct advocacy meetings with ministries to allocate budget to nutrition to an increase from 500 shillings to 1,000 shillings per child under 5.

CAMEROON: Considering our high numbers of children suffering from malnutrition with over 2,000 dying every year, the message will be that leaders must engage with regard to malnutrition and be clear on interventions to accelerate nutrition to the tune of 50% by enforcing a multi-sectoral approach.

MOZAMBIQUE: Mozambique's fight is trying to reduce [the percentage of] malnutrition from 43 now to 30 by 2050. No more disappointment! The productive power of our country needs to be well nourished and healthy. We want to start now to reduce stunting and develop our human capacity.

LIBERIA: We have a fragmented nutritional approach therefore, over the course of one year, we want to improve our co-ordination at all line centres.

COTE D'IVOIRE: All of our relevant ministries and actors are implementing nutrition activities. We have a pragmatic nutrition approach and in the next year we want to scale up our coverage and improve the quality of nutrition access for hard-to-reach populations

GUINEA BISSAU: Infant mortality rate 88, stunting 7.6, overweight 21.3. Of 1.5M inhabitants we have 50% illiteracy in women and 70% in men. Nutrition is the key to human development. We must invest more in nutrition.

UGANDA: In Uganda on a daily basis more than 3 million kids go to bed without a meal. This is shameful! Food is available and abundant and good, yet hundreds of thousands die and the survivors don't thrive. We need to tell the community the food is there, the food is good, let them eat.

NAMIBIA: Our goal is that by September 2017, nine ministries such as agriculture and gender, etc, have included nutrition into their work plans. We aim to do this through sensitisation meetings. Stakeholder must understand that improving nutrition in Namibia is a shared concern. We shall use advocacy materials and undertake budget analysis. Currently nutrition has a funding gap of 49% and this can be closed if 9 ministries make significant contributions. The time is now!

COMOROS: 32% of our children are stunted. While this number is down from 46% in 2000 we need to do more. Our plan to address malnutrition is to focus on mothers and their children through community outreach. We also need to scale-up funding, and ensure that political commitments are maintained. Better nutrition for a better world!

BURKINA FASO: Stunting and wasting are serious issues in our country. Our agenda for addressing this nutrition crisis involves incroperating all stakeholders, focusing on the community level, and scaling up funding for nutrition.

MALAWI: Let the children grow and develop their full potential. We will involve the community which has an important role to play. We will get nutrition onto sector budgets.

MAURITANIA: We also want to children grow to their full potential. We will upon community leaders to improve nutriton. Communities are the entry point that we want to use to increase outreach. Engage importance funding for nutrition, and we want to empower these communities – funding nutrition in their budgets to meet all parties.

SENEGAL: For the first 12 years Senegal was the champion reducer of malnutrition. We have the lowest rate but cannot reduce chronic malnutrition. Our objective is advocacy to sensitise people to planning with regard to malnutrition, particularly the private sector. We want to make sure our prioritisation is efficient.

BURUNDI: Malnutrition greatly affects our children. To ensure a bright future for our youngest generation, we need to push to include nutrition as a government priority at the national, local, and community level. We also plan to maintain funding commitments, and scale-up public financing for nutriton.

BOTSWANA: Our goal is to ensure that by 2018 nutrition is mainstream in all key sectors. We also want to advocate for nutrition as a basic human right and make it everybody's business.

KENYA: In preparation for the 2017 general election we commit to sensitising political party leaders to include nutrition as one of their top priorities. We will help the leaders of national communities demand they prioritise nutrition as a development agenda. We need to increase the budget in health from the current 1.3% to at least 3% and further, to increase funding for water and sanitation, social protection, etc., because for every 1 shilling we get 26 shillings back. Nutrition is a key message for development of our country.

SIERRA LEONE: One in every 3 is stunted and that affects national development. A well-nourished and healthy population gives back by being an efficient workforce, but not investing in nutrition will lose up to 11% of GDP. Invest in now!

NIGER: One in every three children are stunted in our country. A well nourished population produces a healthy and long living workforce. By not investing in nutrition, we would lose 11% of our GDP. Invest in nutrition now with a multi-sectoral lense!

BENIN: We greatly recognize the need to prioritize nutiriton on our development agenda. Currently, we have 34% of our children stunted, 18% underweight, and 4% experiencing wasting. Our children deserve to have a bright future.

MADAGASCAR: Nutrition is a keystone in human development, and investing in nutrition is crucial to ensure that the people of our country can live in dignity.

SOUTH SUDAN: Evidence shows that investing in nutrition promotes development of people, improves performance and enhances economic development as well. In South Sudan we are affected by external affairs. It's important that we show leadership to government ministers and advocate for nutrition.

SUDAN: 120 children die every day in Sudan and there are 2M children at risk of lifelong poverty and disability, low school performance, low productivity in future because of malnutrition. Together we can save 100,000 children's, reduce malnutrition and add 3% to our GDP and contribute to stability by investing in nutrition. Let us stop losing 30% of our future generations. It's time to act! We call on the minister of finance, private sectors, and donors

to all allocate sufficient resources to implement our multi-sectoral plan to achieve our goal by 2020.

ZIMBABWE: 27% of children below 5 are stunted and our aim is to reduce that. We are going to lobby for an increased resource allocation in nutrition because it is an investment in our collective future, the potential of children and the potential economic gains. We are going to ensure that there is increased resource allocation.

CHAD: The rate of stunting is 39% with 13% of children experiencing stunting and another 4% experiencing severe stunting. This has a huge impact on the health and development of individuals as well as our naiton. Evidence suggests that we can address stunting in a relatively short timeframe. To accomplish this we need to engage actors, priotizie nutrition programs in the policy planning of our ministries, and scale-up financing for nutrition.

NIGERIA: This workshop has made us realise that Nigeria is one of poorest investors in nutrition in Africa. It's alarming but 1200 of our children die per day of malnutrition. We urgently need a drastic intervention by our government to increase annual investment in nutrition to at least $100M in the health sector. As a parliamentarian I am committed. Good collaboration between NGOs and government is important. We want nutrition-friendly budgets and will hold advocacy events with all stakeholders.

TOGO: We cannot achieve the sustainable development goals without effectively addressing malnutrition and its root causes. With stunting at 27% we cannot afford to fail our children. Better nutrition for a better nation.

THE GAMBIA: One in 4 of our children are stunted. If this is not reversed our national development goals will not be achieved.

GUINEA CONAKRY: We want our children to grow and be healthy. Effective nutrition policies are crucial for our country with 31% of children experiencing stunting and another 10% experiencing wasting. We need better nutrition for a better nation.

GHANA: Good nutrition is key to economic progress and social development. It will cost Ghana [a high percentage] of our GDP if we do nothing about malnutrition. We are going to build on the progress made so far. We commit to prioritisation of nutrition. Plans and budgets without nutrition will not translate to results.

CONGO BRAZZAVILLE: 21% of our children are stunted, which is down from 31% in 2005. While we are proud of this progress, there is still much work to do as there is still one in four children affected by some form of malnutrition. Our goal to address malnutrition is to put nutrition on the agenda of our ministries, and incorperate actors at the community level together with scaling up financing for nutrition.

SWAZILAND: Our advocacy goal is to see high recognition and prioritisation of nutrition in the development agendas.

SOMALIA: This is the time that the national development plan is on agendas because we are struggling more to add nutrition to the budget cycle. We want the government to prioritise nutrition. Our slogan, or call to action, says invest in nutrition to build a healthy nation.

LESOTHO: Our advocacy goal is for the investment in nutrition. Our call to action is to the ministry of finance. We acknowledge the good work the government is doing. The country needs to invest by supporting nutrition during the first 1,000 days.

12. CLOSING REMARKS

12.2 GERDA VERBURG, SUN MOVEMENT CO-ORDINATOR

On behalf of the SUN Movement, Gerda Verburg made closing remarks. The full transcript of her address can be found in Annexure E.

13. ANNEXURES

ANNEXURE A: WELCOMING ADDRESS BY WALTER SCHULTINK, REPRESENTATIVE FOR UNICEF KENYA

"Good morning everybody. I know many of you from my previous capacity as Chief of Nutrition for UNICEF in New York. I'm really pleased to be able to be with you. This is a very impressive meeting. I think we have representation from no less than 34 African countries. There are not many meetings where you have such a large group together.

I would like specifically to welcome the national SUN focal points, representatives of ministries of health and finance and other national representatives, representatives from civil society organisations, academia, the World Bank, and the wider UN family. Welcome to Kenya on behalf of our regional office who are the co-organisers of this meeting. As they say in Kenya, all protocols observed. In spite of that I would like to single out the government of Canada. A special welcome and thanks for their support. Karibu Kenya!

Let me first talk a bit about why this meeting is important; why this topic is important. Nutrition, especially for small kids and babies, protects health. It makes the difference between life and death. About 50% of global deaths before the age of five would be prevented with good nutrition.

Nutrition, as well as stimulation in early development, optimises brain development, so good nutrition makes the difference between succeeding and failing in school. It also therefore protects income-earning capacity. Good nutrition in early childhood makes the difference between poverty and having an adequate income and having enough food on the table for your family.

Good nutrition for women and girls in early life protects against low birth weight and it also protects against suffering from chronic disease later in life. Good nutrition makes the difference between suffering from diabetes, cardio vascular disease, and cancer, or living in good health.

Indeed, all these advantages of good nutrition translate into massive financial and economic benefit. Every dollar we invest in nutrition programmes translates into 16 dollars of economic return. It translates into an increase of at least 3% of GDP and, depending on the levels of malnutrition in a country, this number may even be higher. On the other hand, the cost of inaction, of not investing in nutrition, is therefore devastating and crippling to a country.

The SUN Movement has helped enormously to increase awareness and understanding of the issue. Of course you can publish scientific papers but nobody in ministries of finance, ministries of agriculture, or in social ministries, reads a medical journal called The Lancet.

We need other ways to communicate the message and I think in that sense the SUN movement has been instrumental. Indeed, because it is different from any other organisation, as a movement with national governments in the lead, it helps to create a shift towards updated national policies and improved programmes to reduce stunting and other forms of malnutrition.

About eight years ago for the first time I Googled the word stunting. You get the explanations like stunting as in doing dangerous tricks for movies where the actor is replaced by a stuntman. Nowadays when you Google stunting, the first issues that come up are related to malnutrition in young children. In that sense the SUN Movement, and all other organisations involved, made a difference in creating awareness about the issue.

Creating awareness about stunting alone is not good enough though. In my own organisation, early discussions I had with our leaders eight years ago about reducing stunting got the response that it would take generations. The belief was that first you need to reduce poverty and if you couldn't do that you could forget about stunting; it would take a long time.

We know now that this is a myth. It is not true. Stunting can be reduced relatively quickly and definitely within a generation.

Here in Africa we've got plenty of examples. Ghana has at the moment only 18% stunting as indicated by the latest national survey. Senegal has improved. Ethiopia has continued to improve over the last 10 years with an average of 0.7 to 1.5% a year. In Rwanda stunting is now down to 38%. Tanzania decreased from 40% to 34%, and I'm proud to say that also in Kenya stunting reduced from 35% to 26%. So success is eminently possible and we don't need to wait for decades to achieve a reduction.

Especially in Africa, it is urgent to address and reduce stunting and all other forms of malnutrition, not only because the continent lags behind compared to Asia and Latin America, but also because 40% of the complete African population, including northern Africa, is below the age of 15. Africa has a youth bulge. With the current status of development and malnutrition, this youth bulge will not be able to contribute optimally to the economy and to development.

Imagine what we could do if every child could grow up to its natural God-given potential and make use of their potential. Imagine what the impact would be on the economic development of Africa. That's why investing in nutrition, and investing in other developments to improve early child development, is absolutely crucial for Africa.

The overall aim of this workshop will be to increase the quality, the coverage, the effectiveness, and the efficacy of nutrition programmes and also other programmes to stimulate early child development.

In general I think there is no doubt that nutrition programmes across many countries are enormously underfunded. Certainly less than 1% of national budgets are allocated to nutrition programmes. This needs to go up. And of course many countries have a zero sum game; they have a limited budget, possibilities to increase income are limited as well, so what options do we have?

One of the things is to see how we can increase nutrition sensitivity of other ministerial programmes. How can we make sure that the ministry of agriculture uses its budget towards the greater impact of nutrition? How can we make sure that social safety programmes have a larger impact on nutrition? It doesn't necessarily mean an increase in budget. It means a shifting of gears, a shifting of focus, and using different indicators to identify target groups. Also, how can we better monitor the impact and effectiveness of programmes? Often we don't really know.

I hope that this meeting will help to address some of the issues which were mentioned. I hope that you can find answers in comparing notes, comparing experiences, to address the lack of adequate budget, the lack of adequate programmes and the lack of adequate monitoring systems. And with all of that for this week, with this impressive group of people, I wish you success."

ANNEXURE B: WELCOMING ADDRESS BY GERDA VERBURG, SUN MOVEMENT CO-ORDINATOR

“First of all, and as the new SUN Movement Co-ordinator, it is an honour and privilege to have you with us in Nairobi today. Welcome to all of you, from those who have been with the SUN Movement from the beginning like Ethiopia and Zambia, to our newer members including Botswana and Sudan.

It is always an important milestone when we come together, as each and every one of you have experiences and challenges to share, and stories that will inspire one another.

I look forward to joining you on this journey as we work toward building a more sustainable world, free from malnutrition. Ensuring people get the best possible nutrition will be key to achieving the Sustainable Development Goals, and all of you are leading the way through your collaboration.

While I am unable to be there with you today, I can’t wait to join you in two days’ time where I anticipate some great lessons to be shared as a result of this workshop that you are about to embark on. Your participation in this public financing and managing results for nutrition workshop is a testament of your dedication as members of the SUN Movement.

We know that nutrition touches every sector and every sector touches nutrition. The multi-sectoral approach of this exercise, and the involvement of such a wide range of partners, especially civil society, embodies the spirit of the SUN Movement.

More than the investments themselves, this exercise is already proven, in many SUN countries, to be a catalyst that opens doors to stronger, deeper and lasting collaboration across sectors and with partners from the community to the national level.

As you bring actors together, building trust and making decisions on how to make programmes more nutrition-sensitive, you will be able to increase your focus on nutrition results for every woman, man and child.

You will have the optimal environment – across relevant sectors including health, WASH, agriculture, social protection and women’s empowerment – to move from planning, to the implementation of actions that will achieve real results.

As we move into the next phase of the SUN Movement, with the new strategy to be launched in September, this work is a major piece of the puzzle. This work will propel us forward into a renewed, results-driven Scaling Up Nutrition Movement.”

ANNEXURE C: ADDRESS BY GERDA VERBURG, SUN CO-ORDINATOR

"I have already been able to shake hands with a lot of you but I hope to shake hands and have a chat with each of you because this workshop is a great opportunity for me to be here. Starting from the 1st of August as the new Scaling Up Nutrition Movement Co-ordinator, it's an extraordinary opportunity to be here with you.

When we arrived last evening and this morning during breakfast, I was very informally briefed by my colleagues who are our country co-ordinators, the co-organisers of this workshop, and also my own sense is that it is a very inspiring and a very effective workshop… hardworking because Jane's a nice woman but she makes you work very hard.
I heard her making the last warning – we will start in 10 minutes – and I had the impression that today she was a little bit flexible. Maybe it's because of me but I appreciate it because it made it possible for me to go around a little bit.

For me, as the new SUN co-ordinator, this is an extremely great opportunity to join you in this workshop, and to see how far we can go together, and you as a delegation can go together, because we have 34 countries represented in this room. We know there are countries who are members of the SUN Movement from the very beginning and we also have new countries. All of you country teams have to sort out how to get your budgets right, possibly even how to increase them; but then also how to implement them and how to create impact at grassroots because, dear friends, that's what it's all about.

It's not about coming together; it's about staying together as multi-sectors and multi-stakeholders. It's about starting to understand each other. Sometimes, although you're from the same country, you do not speak the same language, so how do you start to understand each other? How do you start to trust each other as multi-stakeholders or people coming from different departments?

First, it's of crucial importance to stay together, to work together, to make an impact together, and to be very proud together because you have improved people's lives. We start with children, then adolescent girls, mothers and, in the end, whole families. If we are able to improve lives at grassroots level, we are able to impact society and when we impact society we make our own countries more prosperous.

That is what it's all about. Easier said than done but you, as delegations, are of crucial importance to this. Trying to find the right pieces of the jigsaw puzzle, trying to assemble the puzzle and then make it practice. You are essential.

A good budget is essential – and not only a budget on paper but a budget that is also available for implementation at grassroots, and then you need to have implementation capacity. It is quite a challenge, but it is a challenge for future because this is all about making it possible for people to have better lives.

I'm looking forward to listening to your debates, to be around in the workshop, but also to have meetings with delegations. I'm anxious to meet with the different delegations so that I can hear from you first-hand how you're doing and what you expect from our country co-ordinators, and probably also from the SUN Co-ordinator, where we can support and inspire each other.

Reading the program and preparing for today I thought I missed something important which was the last point on Monday's agenda: hearing from you what your take-away messages were. I wished that this was scheduled on Wednesday or Thursday while I was present here. Now I've learned that that was only a warm up and I'm happy about that because I am extremely anxious to see what your delegation is taking home as a strategy. It's not about only inspiring each other here, it's about going back to your country inspired and having your strategy right in order to move forward towards concrete results.

It's going to be exciting to hear from you. I look forward to meeting with each of the delegations but, first and foremost, I'm very happy to be here already in the 4th week of my position as SUN Co-ordinator. Please use this opportunity. I'm looking forward to meeting all of you and let's make our countries, our society, a better place for each and every one. To say it in the language of the Sustainable Development Goals – the agenda 2013: Let us make sure that in our efforts and in counting results, we leave no one behind."

ANNEXURE D: ADDRESS BY MINISTRE JEAN BAPTISTE ONDAYE, SECRETAIRE GENERAL PRESIDENCE DE LA REPUBLIQUE CONGO BRAZZAVILLE

"Les Responsables du Secrétariat Général du SUN ; les Représentants des agences du Système des Nations Unies et Partenaires au Développement ; les Points Focaux des pays membres du Mouvement SUN ; Distingués invités; Mesdames et Messieurs:

Je voudrais tout d'abord m'acquitter d'un devoir, celui de vous présenter mes remerciements les plus sincères pour m'avoir associé à ce panel afin de partager l'expérience de la République du Congo. Cette marque de considération est pour moi un témoignage de l'intérêt que vous portez sur l'action de notre pays dans le domaine de la lutte contre la malnutrition.

L'objet de mon intervention est de partager avec vous l'expérience de la République du Congo dans le cadre de cet exercice d'estimation des coûts et au-delà évoquer les questions de financement des actions de lutte contre la malnutrition.

Ainsi, cette intervention est-elle structurée autour de trois points à savoir : les défis de la République du Congo dans le domaine de la lutte contre la malnutrition, la réponse du gouvernement et la priorisation des actions de financement de lutte contre la malnutrition.

En ce qui concerne les défis dans le domaine de malnutrition, il sied d'abord de mentionner que la République du Congo reste affectée par le caractère chronique de l'insécurité alimentaire et nutritionnelle. La cartographie de sa situation nutritionnelle est caractérisée par une prévalence de 21% de malnutrition chronique, 8% de malnutrition aigüe, 12% d'insuffisance pondérale chez les enfants de moins de 5 ans et 14% des femmes en âge de procréer souffrant de maigreur. L'obésité est devenue également un problème de santé publique et touche 9% des femmes en âge de procréer et 6% d'enfants de moins de 5 ans.

Cette situation a conduit notre pays à consentir de multiples efforts dans l'élaboration des outils indispensables à la lutte contre la malnutrition dont le plus important demeure son cadre stratégique. Ce dernier a pour objectif l'amélioration du statut nutritionnel des populations congolaises de façon à réduire, d'ici à l'an 2025, d'au moins 50% la prévalence de toutes les formes de malnutrition chez les populations vulnérables, notamment les enfants de 0 à 59 mois, les femmes enceintes et allaitantes au Congo.

Pour ce faire, ce cadre stratégique de lutte contre la malnutrition propose cinq (5) axes stratégiques pour atteindre cet objectif dans notre pays. A savoir:

- Le renforcement du cadre institutionnel, normatif et juridique de la lutte contre la malnutrition;
- L'extension de la couverture des interventions directes et favorables à la nutrition;
- La mise en place d'un système opérationnel de communication pour le développement;
- L'amélioration de la sécurité alimentaire des ménages;
- Le renforcement des capacités de la recherche-action en nutrition et secteurs connexes et du système d'informations alimentaires et nutritionnelles.

Au sujet du troisième point qui porte sur la priorisation des actions de financement de lutte contre la malnutrition, j'aimerai vous informer que suite à l'opération d'estimation des coûts que nous avons réalisée, il faut environ 40 Milliards de francs CFA pour la mise en œuvre de la première phase de 3 ans de la stratégie de lutte contre la malnutrition.

Ainsi, le plan opérationnel découlant du cadre stratégique de lutte contre la malnutrition élaboré de façon participative avec l'appui du Secrétariat Général du SUN, fixe l'ordre de priorité des actions à mener. Celui-ci place en premier rang des priorités, les actions liées au renforcement du cadre institutionnel, normatif et juridique de lutte contre la malnutrition par:

- La création d'un conseil national de lutte contre la malnutrition impliquant les professionnels de la nutrition, de la santé et des secteurs connexes ;
- La mise en place d'une plate-forme formelle multipartite pour la nutrition composée des politiques, des parlementaires, des acteurs de la société civile et du secteur privé ;
- L'actualisation et la validation des projets de textes relatifs aux cadres institutionnels, juridique et normatif existants en faveur de la nutrition ;
- La mise en œuvre d'une réforme foncière favorable à l'agriculture et à l'élevage ;
- L'adoption du projet de loi sur la concurrence et la protection du consommateur ;
- L'adoption du projet de loi réglementant le système national de normalisation et de gestion de la qualité ;
- L'adoption du projet de loi portant création de l'agence congolaise de normalisation et de la qualité ;
- L'adoption du projet de loi portant code de l'hygiène ;
- L'adoption du projet de décret relatif au code de commercialisation des substituts du lait maternel.

Le renforcement des capacités sur les questions de nutrition à tous les niveaux arrive en deuxième position des priorités avec comme activités le renforcement des capacités sur les questions de lutte contre la malnutrition des membres du Gouvernement, , de la société civiles et autres.

Et enfin, la mise à l'échelle, des actions spécifiques de façon progressive en visant principalement les populations cibles telles que la fortification des aliments de large consommation, la mise à l'échelle des interventions à haut impact (supplémentation en micronutriments, la prise en charge de la malnutrition aiguë, l'Alimentation du Nourrisson et du Jeune Enfant).

Il y a lieu de relever que dans le cas de la République du Congo, la première source de financement des actions de lutte contre la malnutrition est le budget de l'État. A ce niveau, le premier problème auquel la lutte contre la malnutrition est confrontée est celui de son inscription au budget de l'État. A cet égard, il faut noter que les projets inscrits au budget ne font toujours pas l'objet d'une évaluation rigoureuse des coûts. Cette situation a pour conséquence la sous-estimation des véritables besoins financiers des actions de lutte contre la malnutrition. Une sous-estimation qui ne représente que 0,8% au lieu de 1,2% du budget global.

Pour les projets inscrits au budget, il est à noter les faibles décaissements (25% seulement des prévisions budgétaires pour l'Exercice 2015).A ces problèmes de financement des activités s'ajoutent ceux liés à la lourdeur des procédures y afférentes ce; en dépit des reformes budgétaires engagées depuis quelques années dans notre pays. Ainsi, du fait de ces lourdeurs, il est souvent observé le report des activités d'une année à une autre.

Notons que ces réformes budgétaires prescrivent entre autres le passage des budgets annuels aux budgets programmes. Mais, dans la pratique, cette réforme n'est pas encore effective. Par ailleurs, les ressources du pays au demeurant limitées sont en compétitions avec plusieurs autres besoins de développement, ce qui conduit à des arbitrages le plus souvent en défaveur des actions de lutte contre la malnutrition.

En outre, avec toutes ces contraintes budgétaires, les crédits alloués ne correspondent souvent pas aux montants minimum de démarrage des projets. On assiste souvent qu'un projet inscrit pour l'année en cours ne connaisse son démarrage que l'année suivante.

Enfin, il est observé une faible convergence des actions menées par les différents Ministères en charge des questions de lutte contre la malnutrition, ainsi que les agences du système des Nations Unies et les autres partenaires au développement.

De plus, la non effectivité de la politique de décentralisation dans notre pays ne permet pas l'intervention efficace de l'Etat au niveau des collectivités locales où les problèmes de nutrition exigent une intervention urgente.

Je ne saurais terminer cette présentation sans vous renouveler au nom du Gouvernement de la République du Congo, nos sentiments de satisfaction et de remerciements. Je remercie principalement le Secrétariat Général du SUN, pour l'expertise apportée lors de l'élaboration des différents instruments de lutte contre la malnutrition.

Je réitère la disponibilité du gouvernement de la République du Congo à pouvoir continuer de bénéficier de votre accompagnement pour le reste du processus. Et, j'ose espérer qu'avec cet appui, la malnutrition sera, à terme, éradiquée au Congo. Je vous remercie."

ANNEXURE E: CLOSING REMARKS BY GERDA VERBURG, SUN CO-ORDINATOR

“Let me emphasise my thanks to UNICEF.

I’m impressed. You are champions. I’m very proud of all of you being members of the SUN family. The realisation is that no one can do it alone. Not government, civil society, the UN, but one thing is crystal clear – we need the involvement of government in fighting malnutrition.

I noticed that you were all working very hard this morning and you’re still here! Dedicated! As you go home make use of what you’ve heard from your colleagues and don’t hesitate to request the help of the secretariat, or approach your colleagues, knock on the UN’s doors, etc.

Start to work in a different way in order to get measurable results. Set your targets. Be proud. Work together to make life better for so many people.

Thanks to Jane: she is flexible and has a very good feeling for the spirit of all the participants. Also to the organisers for their time and energy, the interpreters, and the technicians. Last but not least, thanks to you! Networks are there for you. I am there for you. Please ask us if you need help and support.

Stay encouraged. Remember: it is possible to end hunger and malnutrition in our lifetimes.”

ANNEXURE F: COUNTRY EXERCISE 1: PROGRAMME IMLEMENTATION AND MEASUREMENT

COUNTRY	SUMMARY POINTS
BENIN	**Implementation:** Projet multisectoriel de l'alimentation de la santé et de la nutrition (PMASN). Couvre 40 communes (choisies selon le taux de prévalence de malnutrition chronique, l'insécurité alimentaire et la pauvreté). Crédit de $28M de la banque mondiale + une partie en dons + ressources domestiques du gouvernement (contrepartie). Le projet débute donc il n'y a pas encore eu de mesure de résultats. La définition du succès est liée aux indicateurs. L'objectif global du projet est d'accroître la couverture et l'utilisation des interventions à base communautaire relatives à la nutrition et à la croissance des enfants dans les communes d'intervention. **Measurement:** Indicateurs standards pour toutes les communes. Comme les problèmes sont spécifiques aux communes, les communes doivent à la fois être redevables au niveau global et communal. Indicateurs concrets :indicateur de résultats : enfants de 0 à 23 mois bénéficiant d'un paquet minimum d'activités mensuel de promotion de la croissance dans les 40 communes (de 0 à 25% à la fin du projet). Femmes ayant des enfants de moins de 5 ans formées et engagées dans les activités de promotion ou de transformation d'aliments diversifiés et riches en nutriments (de 0 à 9000). Enfants de 0 à 6 mois sont allaités exclusivement au sein (33% (2011) à 41% (auj) et 45% à la fin du projet en 2019. Communes ayant atteint un taux d'exécution d'au moins 25% de leur plan commun annuel de travail (sur les 40 communes : au moins 30 communes ont atteint cet indicateur). Indicateurs intermédiaires : ex : nombre de communes qui décaissent en faveur du développement de la sécurité alimentaire et nutritionnelle (de 10 à 55). En mesurant l'atteinte des indicateurs (niveaux finaux).
BOTSWANA	**Implementation:** Botswana's Supplementary Feeding Programme for Vulnerable Groups has been ongoing since 1998. It is fully funded by the government ($34.86m – 2015/16) and targets all <5s; 5-6 year olds not yet at school; medically selected pregnant and lactating women; and TB outpatients.) **Measurement:** Rate of coverage and/or distribution; Ration coverage rate (>80% for under 5s covered); Nutrition surveillance for growth monitoring; Operational Indicators: procurement of all commodities, expenditure (against budget/allocation), distribution to local level, tracking of stock levels (national and local), disbursement of commodities to beneficiaries; Reduced malnutrition among the <5s attending CWC; Improved well-being (national development plan goal). **Actionable points:** Universal supplementary feeding programme for ALL <5s attending CWC – regardless of their nutritional status); 5-6 year old children not yet at school; medically selected pregnant and lactating women; and TB outpatients. Beneficiaries receive the following commodities on a monthly basis: locally produced sorghum-soya blend (5 & 7.5 kg), cooking oil (750ml) and beans (1.8kg). Budget breakdown for VGFP and School Feeding; Measuring the (nutritional) impact of the programme; Align the Programme Policy (Strategy) to the current trend / shift; Have nutrition objectives in the policy / strategy; and targets; Capacitate implementing entities on basic nutrition issues.

BURKINA FASO	**Implementation:** Mise en place des GASPA (identification et animation); Ministères concernés MS MEFD ; Financement total (En dollars US) : 15 000 000 soit 1 500 000/an; Financement acquis (En dollars US) 1 666 700; Partenaires financiers Etat, UNICEF; Partenaires exécutants ONG RENCAP ASBC AS Help MLAL Alive and Thrive. Défis : La budgétisation n'a pas tenu compte de certaines activités des autres ministères; Insuffisance dans la co-ordination des activités; Insuffisance dans la mobilisation additionnelle des ressources; Besoin de mettre en place un plan de suivi et évaluation coàrdonné.
BURUNDI	Projet pour accélérer l'atteinte de l'OMD1c au Burundi (PROPA-O) ; Trois composantes : augmentation production et productivité agricole, valorisation des produits agricoles et accès au marché, amélioration de la situation nutritionnelle de la zone d'action ; Population cible : Petits producteurs ruraux dont 80milles ménages pour la lutte contre la malnutrition. **Measurement:** Statistiques nationales et régionales, Enquêtes nationales sur la sécurité alimentaire et la situation nutritionnelle, Etudes de référence et d'impact du Projet, Rapports d'activités, Rapports d'avancement, Enquêtes indépendantes, Fiches de suivi de production, Rapports de supervision, Rapports d'évaluation.
CAMEROON	**Implementation:** Vitamin A supplementation (VAS) programme to ensure and sustain an effective coverage (>90%) with two doses of vitamin A in order to achieve reduction in <5 mortality rates. <5 mortality rate in Cameroon is one of the highest in the world (103 deaths per 1,000 live births, MICS, 2014); VAD in <5 children is also an issue of great concern (35%, FRAT 2009); VAS is one of the most cost-effective interventions for reducing childhood mortality. Evidence suggests that improving the vitamin A status of a population can reduce child mortality by 23% (Lancet series 2008, 2013); Increasing coverage for VAS can help accelerate progress towards reducing <5 mortality. Current status: At present, the programme is integrated alongside the country's Maternal and Child Health and Nutrition Weeks (SASNIM) programme, which provides a platform for the delivery of a package of health and nutrition interventions, including VAS; Children aged 6-59 months are supplemented twice a year through SASNIM campaigns; Vitamin A capsules provided. **Measurement:** VAS coverage survey, VAS post-campaign surveys, Progress towards reducing <5 mortality (MICS/DHS surveys). **Actionable points:** Adjustment of the programme objectives to improve VAS coverage in low-performing districts (>70%) in order to reach the hard-to-reach (equity).
CHAD	**Implementation:** Prise en charge de la malnutrition aigue sévère (PCIMAS) ; Mis en œuvre dans 15 régions/23 ; Financement multiples ; Définition du succès (Indicateurs de performance conformes au protocole national). **Measurement:** Inputs: Ressources humaines, Intrants, Equipements Outputs: Renforcement des connaissances des Agents de santé (Méthode: Pre post test), Amélioration de la connaissance des mères sur la malnutrition (Méthode: MICS), Amélioration du plateau technique des centres de santé (Méthode: RMA), Réduction de la rupture des intrants (Méthode: Plan de distribution des intrants). **Outcomes:** Couverture (Méthode: SQUEAC, SLEAC), Indicateurs de performance (guérison, Abandon, Décès) (Méthode: RMA), Existence du protocole national PCIMA (Méthode: Rapport atelier validation), Amélioration des pratiques familiales en santé et nutrition (Méthode: Enquête CAP). Impact: Réduction de la malnutrition (Méthode: EDS/MICS, SMART).

	Actionable points: Maintien du plan de passage à l'échelle PCIMAS, Amélioration du système de gestion des intrants, Plaidoyer pour la budgétisation domestique des intrants, Amélioration du système d'information sanitaire (SMS reporting).
COMORES	**Implementation:** Prise en Charge de la malnutrition Aigüe aux Comores sur l'ensemble du territoire. Année de mise en œuvre aout 2013; Elaboration et validation d'un protocole de prise en charge; Formation du Personnel de santé; Mise en place des centres de récupération nutritionnelle en ambulatoire et en interne; Dépistage et prévention. **Measurement:** Exemples d'indicateurs utilisés pour mesurer les progrès. Indicateur de processus: Pourcentage de PS ayant obtenus le certificat de participation. Indicateur de ressources: Les 17 CSD sont équipés en matériels de mesure et intrants nutritionnels pour la prise en charge. Indicateur d'impact: Réduction de la malnutrition aiguë mesurée spécifiquement par le PB. Systèmes utilisés pour mesurer l'atteinte des indicateurs. Pourcentage de PS ayant obtenus le certificat de participation: Examen. Les 17 CSD sont équipés en matériels de mesure et intrants nutritionnels pour la prise en charge : Visites de terrain par trimestre, Système de reporting par les responsables des CSD. Réduction de la malnutrition aiguë mesurée spécifiquement par le PB: Collecte des données 2 fois par an par le niveau central, analyse et restitution des résultats .
CONGO BRAZZAVILLE	**Implementation:** Programme de developpement de la peche et de l'aquaculture continentales. Objectif global: Améliorer durablement les revenus et la sécurité alimentaire. Existence du cadre juridique (loi et decret portant ratification de l'accord de finanacement); Existence des outils de mise en œuvre du programme (cadre stratégique, plan opérationnel, cadre de suivi – évaluation et budget). Mise à l'échelle : Ravitaillement en poissons frais de tout le pays à hauteur de 80 %. **Measurement** : Impact : Augmentation de la prooduction de 2700 à 4600 tonnes par an; Réduction des importations; Autonomisation des femmes; Réduction de l'exode rural. Indicateurs : Amélioration du score de diversification; Taux de réduction de la malnutrition chronique infantile ; Taux d'augmentation des marges de captures par pêcheur par an ; Ratio de poissons consommé par habitant par an ; Nombre de femmes appuyées dans les metiers de chaine de valeur. Suivi – évaluation : Enquêtes multisectorielles périodiques; Evaluation annuelle par un cabinet externe.
CONGO DRC	**Implementation:** The growth monitoring and promotion programme has been running for more than five years and is being implemented by the Ministry of Health at scale (nationwide) allowing universal coverage servicing children <5. It is delivered at community level with services like immunisation and nutrition education. It is fully funded mainly by UNICEF, with the government contributing through staffing. (An additional four programmes were identified.). **Measurement:** Data generation allows for situation monitoring and tracking progress. Data is generated at community level, shared with the districts and then provincial and central level. It is analysed at each level and feedback provided to the lower level. Success is defined by coverage and sustainability; this programme is the main source of information on nutrition status of children <5 and enables nutrition education sessions to increase awareness and contribute to behaviour change.

	Actionable points: Provide concrete examples of improvements (e.g. integration of high-impact nutrition-specific interventions, appropriately targeted in terms of geographic areas, age-based population groups, convergence of efforts to optimise resources).
COTE D' IVOIRE	**Implementation:** L'alimentation du nourrisson et du jeune enfant . **Measurement:** de contrôle SMART & Enquêtes EDS, plus rapport annuel du PNN**:** % enfant de moins de 6 mois allaites exclusivement (de 12 à 50%) ; % enfants allaites jusqu'à 24 mois ; % enfants mis au sein dans l'heure qui suit la naissance; % enfants de 6 a 24 mois qui ont un regime alimentaire minimum adequat (5 à 20%). Produit : % de maternités avec label Hôpitaux Amis des Bebes; % de centre de sante avec personnel forme sur la promotion de l'allaitement.
GHANA	**Implementation:** Not stated. **Measurement:** Universal coverage of fortified foods, 80% of facilities are baby friendly, 80% of infants <6 mo exclusively breastfed, halve stunting rate. Input: Funding policy, promotion , supplies, staff. Output: Fortified foods, IYCF champions, Mother-friendly workplace policy, Labour-law (maternity protection), Advocacy strategy, Breastfeeding , Communication strategy, Counselling cards developed, Number of people counselled, Increased awareness , Number of baby friendly facilities. Outcome: Exclusive breastfeeding, Diverse diets, Initiation of breastfeeding, Time CF introduction, Minimum acceptable diet, Duration of EBF, Median duration of breastfeeding. Impact: Stunting levels, Diarrhoea, Respiratory infections, under-5 mortality.
GUINEA CONAKRY	**Implementation:** Home fortification: Introducing micronutrient powders to reduce anaemia and chronic malnutrition among children 6-23 months old in Guinea. Partially funded, implemented in 5 districts, scale-up plan for 2017, nutrition-specific intervention. Included in the PNAN, PNDS, Plan de reliance post-Ebola, PNIASA, PASAN, Plan multisectoriel. **Measurement:** Surveys: Baseline (May 2016 – Anaemia status – Nutritional Status - MNPs compliance – IYCF KAP of caregivers); midline survey (January 2017); endline survey (December 2017). Reduction of anaemia prevalence among children from 77% to 50% by 2020; Increase of adequate complementary feeding from 12% to 30% by 2010; At least 50% of targeted mothers, caretakers and children know, demand, accept and have ability to appropriately use MNP and improved IYCF practices; Among families/caretakers with children 0-23 months, improved IYCF practices; At least 80% appropriate use of MNP among families/caretakers with children 6-23 months; Improved intake of vitamins and minerals among children 0-23 months; Personnel (paid and unpaid); Content and technical expertise; Equipment and materials (hospitals, community clinics, other community infrastructure and resources); Funding needs identified for next five years; Funding committed for next five years; Strategy developed and implemented to secure needed funding ; Direct and indirect support from organisations and communities such as MoH/F, UN agencies, NGOs, CBOs. **Outputs definition of success:** Procured annual supply of MNP, training materials and behaviour change communication materials available in the country ; Imported MNP meet quality standards and specifications; Distributed MNP maintain quality standards and specifications at all points of the distribution channel; Appropriate amounts/number of sachets of MNP available at all distribution points;

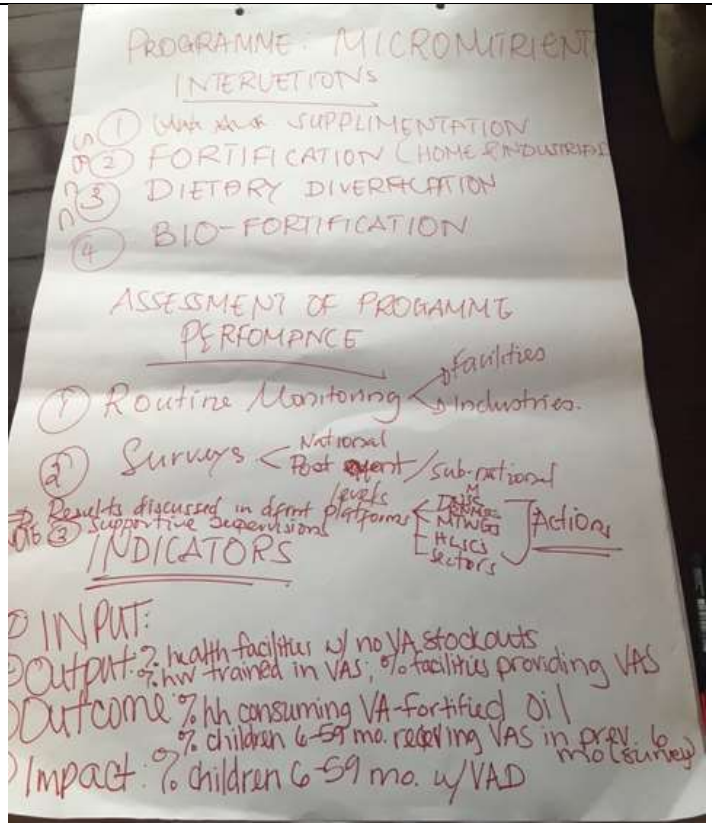
	Providers and volunteers: available at distribution points or other intervention sites; trained to deliver MNP and counsel on improved IYCF and use of MNP; motivated to support intervention delivery; MNP distributed to participant families with eligible children; families counselled and supported. **Actionable points:** Comprehensive IYCF policy including MNP consistent with international and national guidelines is developed, revised, established, or implemented; Policies to achieve the operational targets of the 2005 Innocenti Declaration are developed, revised, established, implemented, monitored, legislated, or enforced; National plan of action to implement the integrated IYCF/MNP programme developed with and endorsed by stakeholders; MNP registered as a food, pharmaceutical product, or supplement; MNP formulation approved by government ; Local MNP branding developed, if relevant; MNP purchase contracted and procured; Behaviour change communication materials developed and procured; Training and refresher training materials developed for distributors; srategy developed and implemented for management, providers & volunteers ; Behaviour change communication strategy developed and implemented, including primary data collection as needed for development and testing of strategy, behaviours by participants, and related materials and messages; Especially that all package labels and behaviour change communication are consistent with the International Code of Marketing of Breast-milk Substitutes and national requirements.
GUINEE BISSAU	**Implementation:** Government programme on health and nutrition for mother and child implemented nationwide and funded by government, EU and UN agencies. **Measurement:** Significant reduction of the mortality rate for newborns from 240 to 88, 8/ 1000 births. But maternal mortality rate only presented a insignificant reduction from 1000 to 900 /100000 births. The performance indicators through SMART and MICS Survey, monthly monitoring and onground supervision as well as bi-annual evaluation.
KENYA	**Implementation:** 11 high impact nutrition interventions (+ 5 other programmes identified) implemented at health facilities by the MOH with support from partners. Key interventions - facility and community. Promotion of exclusive breastfeeding; Micronutriment supplementation - zinc, VAS, MNPs, iron and acid ; Management of severe acute and moderate malnutrition; Promotion of handwashing; Food fortification (at population level). **Measurement:** Input - quality of coverage. Output – programme coverage (SAM, MAM, VAS, IFA,- measured through the DHIS , coverage surveys, plus EBF, CF, covered surveys through survey and DHI.S Outcome - stunting, wasting, underweight- yearly through surveys at subnational level, and nationally after five years Number of companies fortified - quality and adherence. Proportion of population that consumes micronutrient rich foods, including fortified foods. Nutrition surveys- 13 surveys annually, and other counties based on need; maps generated periodically.

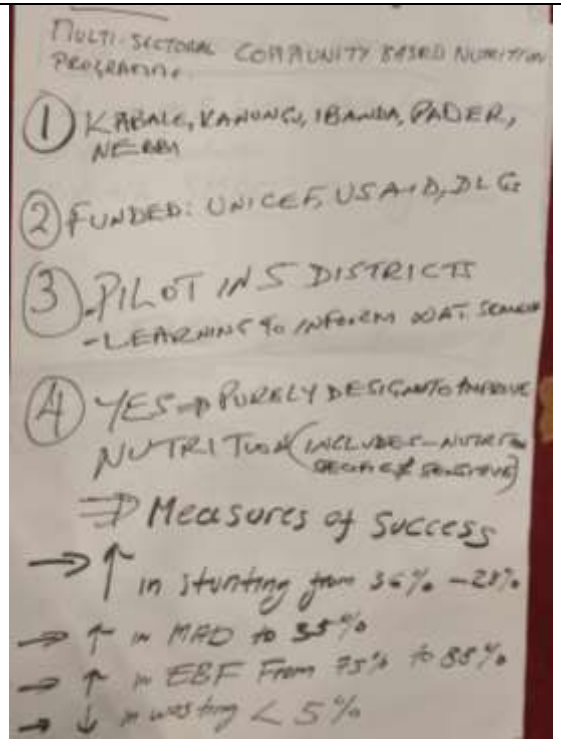
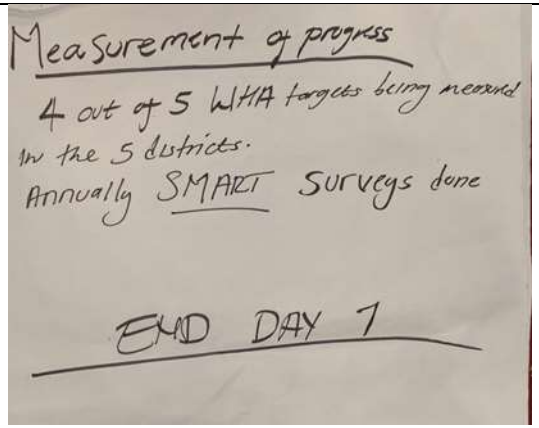
	Actionable points: Advocacy for creation of nutrition budget line /nutrition to be considered a programme at both national and county level; Fast track establishment of the multi-sectoral platform and CRF; Development of a guidance document and policy to support resource tracking for private sector contribution to nutrition.
LESOTHO	**Implemented:** Social safety nets at scale with a government budget of $17,626,071.43. **Measurement**: Number of people reached with social cash transfer on monthly or quarterly basis; Reduced school dropout ; Improved purchasing power of households; Improved dietary diversity; Multiplier effect in the neighbouring villages & local economy.
LIBERIA	**Implemented:** Infant and Young Child Feeding (IYCF) throughout the country. Success defined by: Exceeded 40% of exclusive Breastfeeding rate target set ; Exceeded 50% target of timely introduction of complementary feeding; Achieved 55% of 60% target set for 2017 for CHVs training to provide IYCF counselling. **Measurement:** Exclusive Breastfeeding from rates under 6 months of age. Timely introduction of complementary feeding. Infant & young child feeding practices improved. 2,361 CHVs trained out of 4,650 to provide IYCF counselling. (Liberia Demography and Health Survey, Comprehensive Food Security and Nutrition survey (2014)).
MADAGASCAR	**Implementation:** Projet d'Appui d'Urgence aux services essentiels de Sante, d'Education, et de Nutrition (PAUSENS); préserver la prestation des services essentiels de l'éducation, de la santé et de la nutrition dans les Régions cibles; $65M dont USD 10.5 Millions pour la nutrition + fonds de contrepartie national; 9 Régions (sur un total de 22 Régions). Définition du succès: Réduction du taux de malnutrition ; Augmentation de la couverture : 5 Régions cibles bien couvertes par le programme et addition de 4 autres régions ; Amélioration de l'accès des femmes enceintes ou allaitantes et des enfants de moins de 2ans à des meilleurs services de nutrition. **Measurement:** Input : - Taux de décaissement. Output : Nombre d'agents communautaires de nutrition formés pour dispenser des éducations sanitaire et nutritionnelle Baseline : 1.484 ; Objectif : 2.837 (Juil 2017) ; Situation : 3.582 (Dec 2015) Pourcentage des sites nutritionnels ayant soumis de rapport mensuel dans les 5 jours suivant la fin du mois, à travers de mobile phone Baseline : 0 ; Objectif : 100 (Juil 2017) ; Situation : 78 (Dec 2015) Outcome : Nombre de bénéficiaires direct du projet Baseline : 0 ; Objectif : 2.603.603 (Juil 2017) ; Situation : 1.934.085 (Dec 2015) Nombre d'enfants de moins de 2 ans bénéficiant des pratiques améliorées d'alimentation Baseline : 0 ; Objectif : 1.307.953 (Juil 2017) ; Situation : 1.364.879 (Dec 2015) Impact : Taux de malnutrition (chronique, aiguë). Suivi et évaluation de la performance du projet : Elle sera basée sur des critères relatifs à la réalisation des tâches qui incombent aux différents intervenants et à l'atteinte des objectifs de performance fixés ; A travers les rapports mensuels des intervenants ; A travers des évaluations communautaires ; A travers une évaluation sommative.

MALAWI	**Implementation:** CMAM programme implemented in all 28 districts in Malawi. **Measurement:** Inputs: 50% Budget allocation within the Ministry of Health for nutrition commodity procurement. 100% of districts have nutrition co-ordinators in place. 100% of districts with budget line for CMAM. Outputs: 100% of health centres are providing CMAM services. At least 80% of expected CMAM admissions achieved. Number of facilities meeting minimum standards for service delivery. At least 90% of health facilities with at least one health worker trained in management of acute malnutrition. At least 90% number of facilities reporting on CMAM outcomes in a timely manner. Outcome: At least 90% of health facilities meeting sphere standards i.e., number of children cured/died/defaulted. Impact: GAM prevalence < 5%. Reduced under 5 mortality.
MAURITANIA	**Implementation:** The Community Nutrition Programme managed by the ministry of social affairs, child and family. Built on two previous community projects funded by the World Bank between 2000 and 2011, this programme covers 10 of 15 regions. Activities are implemented through 233 community nutrition centres managed by local community nutrition workers under the supervision of 10 supervisors. Elements of success: (1) domestic financial resource through annual budget allocation (65 000 OUGUIYA to support the motivation of community actors, (2) relevant opportunity to develop monitoring and communication tools. **Measurement:** Based on specific monitoring tools some performance indicators are collected on a monthly basis (growth monitoring, screening of acute malnutrition and reference, participation of women in promotional activities). Some weaknesses were reported in the M&E system related to a lack of system to monitor effect and impact. **Actionable points:** The programme should be revisited in line with the common results framework of the national multi-sectoral nutrition strategic plan. A strategic document based on a result based approach should be developed.
MOZAMBIQUE	**Implementation:** Food security and nutrition – CPN (1) and social protection (2). **Measurement:** (1) % of pregnant women that receive TIP; % of pregnant women dewormed; % of pregnant women receiving 3 doses of iron &folic acid; % of women received ARV to PTV; % women doing 4 CPN visits. (2) %hh receiving food basket and breastfeeding substitutes; % hh w/children under 18 receiving cash transfer. Monitoring through sectoral information and PES reports. Progress report of the PAMRDC (through implementation tracking tool).
NAMIBIA	**Implementation:** IYCF-Nutrition Specific Programme. Definition of success: EBF, EI, CBF 24 months, ICF. **Measurement:** Impact: Reduce stunting. Outcome: EBF, EI, CBF 24 months, ICF. Output: No of trained (Health workers trained , HEW trained), HBFI. Input: Training of health workers , development of IEC materials, counselling cards, conduct integrated outreaches. Assessed by: Developing the IYCF monitoring tool; GAP analysis ; Child health passport cards (monthly reports from districts); Mid-term evaluation assessment reports; Quarterly review meetings.

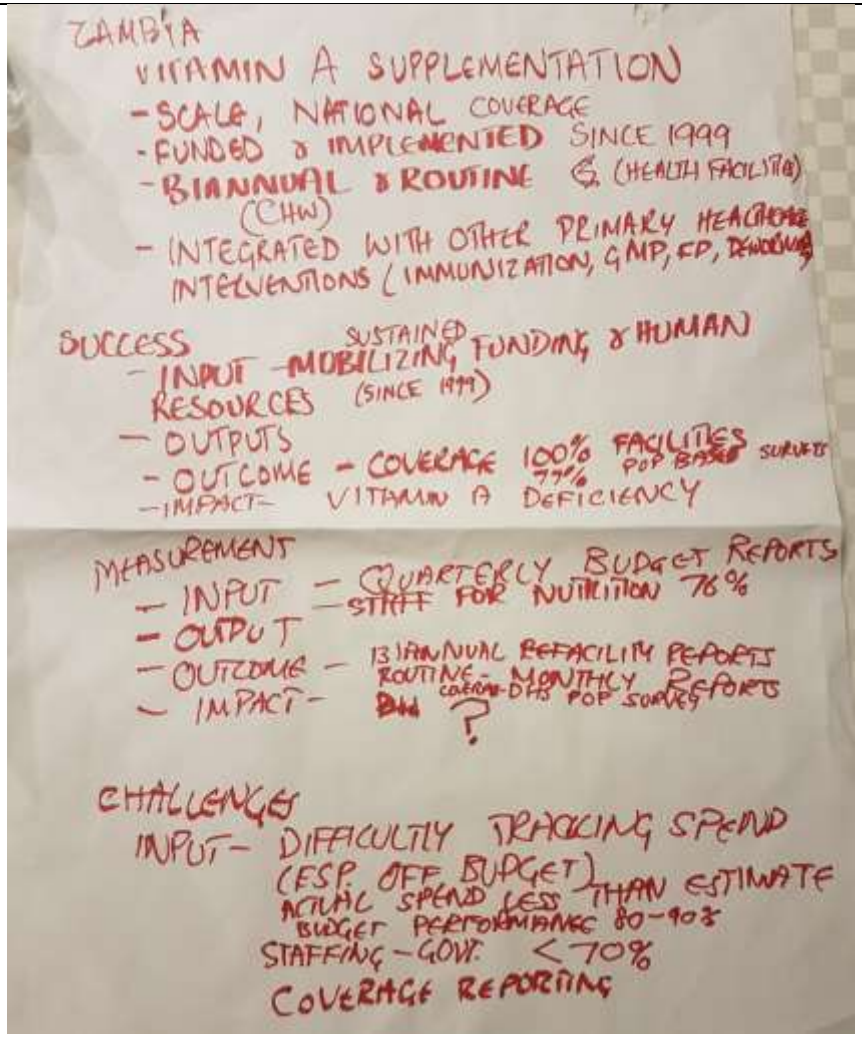
NIGER	**Implementation:** Assurer la prévention et la PEC de la MAS chez les enfants de moins de 5 ans jusqu'en 2025 (Fait partie intégrante du plan d'action de la politique nationale de sécurité nutritionnelle 2016-2025). Stratégies : Assurer l'approvisionnement en intrants et supports ; Renforcement de capacités ; Dépistages communautaires et sensibilisation ; Intégration (CPS par période, PEV, cANJE) ; Référencements et admission des cas ; Co-ordination et plaidoyer ; Etendre de la couverture de la PEC a 100% des CS. **Measurement:** Objectifs : Objectif général : Contribuer a la réduction de la morbidité et de la mortalité liées à la malnutrition aigue sévère des enfants de -5ans au Niger d'ici a 2025 ; Outcome : au moins 80% des enfants de -5ans utilisent les services de PEC et prévention de qualité et durable ; Output : Maintenir une couverture élevée et une PEC de qualité et durable. Le succès de ce programme se défini par : Une couverture élevée et qualitative de la PEC des enfants de -5ans et la diminution des cas d'ici a 2025 ; Un niveau d'appropriation et d'intégration progressive par l'Etat du programme (Ce travail est fait sur la base d'une analyse verticale et humanitaire des besoins, actuellement la PNSN est adoptée et en cours de budgétisation avec prise en compte de ces besoins contribuant à la pérennité du programme).
NIGERIA	**Implementation:** Scale up the management of AM. Training, getting commodities, establish more centres, service delivery etc. Micronutrient interventions – sachets that contain the right micronutrients, sprinkled into the food of children, household fortification. Community nutrition programme for infant and young child feeding, breastfeeding, continued breastfeeding, complementary. Definition of success: All primary health care centres have the capacity to offer these 3 nutrition interventions. **Measurement:** Number of: Children enrolled through domestic public sector funding ; Lives saved; Children 6 - 24 months who are enrolled in micronutrient programmes through domestic public sector funding; Women visited by VCMs. Assessment of programme performance: VCMs report back every month to the health facility on how many mothers they have reached and implementation of SAM and micronutrient programmes in their centre.
SENEGAL	**Implementation:** Programme de Prise en charge de la malnutrition aigüe sévère. Echelle : 76 /76 districts sanitaires, 95% des structures de santé, 66% de la cible couverte. **Measurement:** Au moins 80 % des enfants de moins de 5 malnutris sévère ciblés d'ici 2021 bénéficient d'une prise en charge de qualité de la malnutrition aigüe sévère. Inputs : % de structure de prise en charge n'ayant pas une rupture stock de plumpy nut , % de structures de prise en charge disposant de matériels anthropométriques fonctionnels et des outils de gestion, % de structures de prise en charge ayant au moins une personne capacité sur la prise en charge de la malnutrition. **Outputs:** % des enfants de moins de 5 ans dépistés activement chaque trimestre dans la communauté, % d'enfants malnutris aigue sévère pris en charge. **Outcomes:** les indicateurs de performance : le taux de décès (qui doit être inférieur à 10%) , le taux d'abandon (qui doit être inferieur a 15%) et le taux de guérison (qui doit être supérieur 75%). **Impact:** % d'enfant de 6-59 mois souffrant de malnutrition aigüe, le taux de mortalité rétrospective des enfants de moins de 5 ans NB : pour un souci d'équité, de planification et d'ajustement tous les indicateurs sont dans la mesure du possible désagrégés par sexe, géographiquement (milieu rural/milieu urbain, et par Départements).
SIERRE LEONE	**Implementation:** VAS for children 6 - 59 months to reduce deficiency and increase coverage.

	Measurement: Reduce % of children <5 suffering from vitamin A deficiency from 28.5% in 2013 to 20% by 2017; increase coverage of children 6 - 59 months receiving VAS through mass campaigns from 81% in 2013 to 98% by 2017, and; increase coverage of children 6 - 59 months receiving routine VAS from 38% in 2013 to 50% by 2017. **Actionable points:** Weekly national taskforce meetings and technical co-ordination committee meetings. Mobilisation of resources for the MCHW during the health sector co-ordination committee meeting. Development of data collection tools and training materials. Distribution of logistics and supply to all districts. Trainings for national, district, zonal supervisors and vaccinators. House to house strategies to reach target beneficiaries. Supportive supervision at national, district and chiefdom levels. Advocacy and social mobilisation at all levels: poster, radio & TV discussions, street to street announcement.
SOMALIA	**Implementation:** MCHN to prevent malnutrition of MAM for under 5 years and PLWs. **Measurement:** Specific indicators in programme plans using the following assessments: Monthly supportive supervision; HMIS (UNICEF, WHO); Nutrition dashboard; Mobile reporting ; FSNAU analysis unit; Annual report ; Integrated IPC .
SOUTH SUDAN	**Implementation:** Maternal Infant and young child Nutrition (MIYCN) programme. **Measurement:** Outputs**:** Enhanced support for children, caregivers and communities for improved nutrition and provision of appropriate care and infant and young child feeding in emergencies in targeted locations. Impact: Increase the rate of early initiation of breastfeeding within the first hour of life from 48% to 75% by 2025; Increase the rate of exclusive breastfeeding in the first six months from 45% to at least 70% by 2025; Increase continued breastfeeding up to two years from 38% to at least 60% by 2025; Increase the Minimum Dietary Diversity (children six to 23 months) from 18% to at least 40% by 2025. **Evaluation mechanisms:** Through KAP, SMART, and Household Survey, final report; programmatic progress reports , Supportive Supervision, Review meeting reports, training reports.
SUDAN	**Implementation:** Community-based management of acute malnutrition. **Measurement:** (i) at least 50% treatment coverage (250,000 of 500,000 SAM children per year); (ii) at least 75% children admitted for treatment are cured of severe acute malnutrition. Indicators (outcomes): (i) % and number of SAM children admitted for treatment; (ii) minimum sphere standards are met (cured rate > 75%, defaulter rate < 15%; death rate < 5%). **Indicators (outputs):** (i) number of health facilities providing treatment for SAM; (ii) number of health workers trained in management; (iii) number of health facilities without stockouts of therapeutic foods. Sources of data: Nutrition Management Information System (NMIS); programme M&E data.
SWAZILAND	**Implementation:** Integrated Management of Acute Malnutrition in children under 5.

	Programme implemented at 41 facilities (11 inpatient and 30 outpatient): Provide supplementary food and commodities at inpatient level (Resomal, F75, F100); Provide supplementary food at outpatient level (Plumpynut); Training of Health Care Workers on the implementation of IMAM (NACS). **Measurement:** Input: - Supplies (procured, used and balance); training of health care workers. Output: Children <5 with SAM and MAM admitted to therapeutic and supplementary feeding programmes; # of healthcare workers trained. Outcome: # of children identified and treated under the IMAM programme. Impact: Percentage Reduction of wasting. Assessed by: Rapid-Pro to follow up on stock levels and admissions; routine data (HMIS); periodic surveys (DHS, MICS and VAC, Rapid SMART).
TANZANIA	

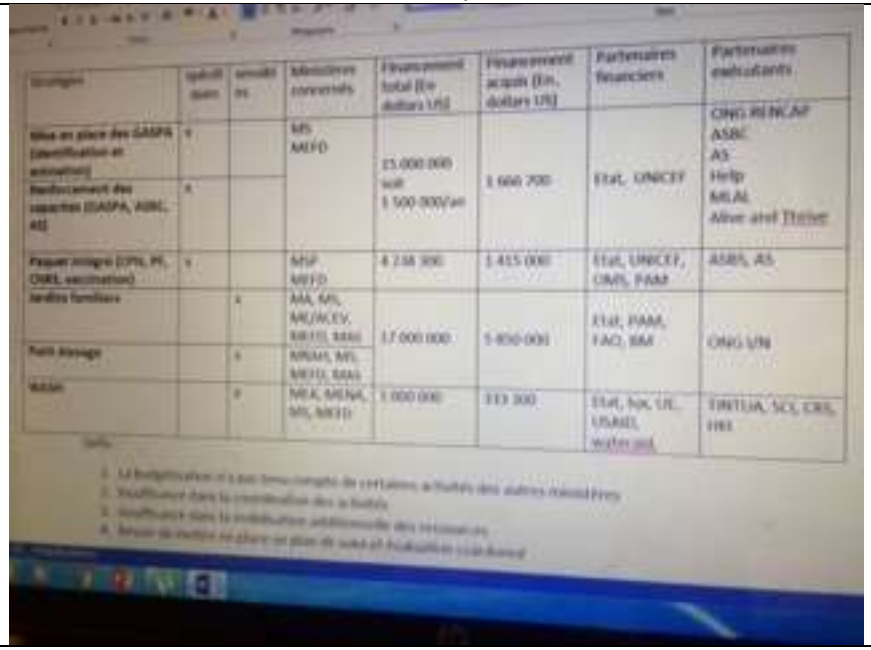
THE GAMBIA	**Implementation:** National VAS programme for children 6- 59 months; biannual doses orally; supplies procured by UNICEF, HR cost of delivery through the health system by the state; monitoring funded by UNICEF. Definition of success: 80% (target of 100%) coverage starting with a 0 baseline (2000); no timeline. **Measurement:** Input: % health facilities reporting stock outs in the last quarter for more than 2 weeks (LMIS). Output: % of children immunised in last quarter as per HMIS data compiled at health facility level (HMIS). **Outcome:** % of children 6-59 months who have received 2 doses in the last 6 months (MICS once every 4 years/DHS every 5 years and the community registers). **Impact:** Reduction in Under 5 mortality (as per DHS 2013 54/1000 live births. **Assessed by:** MICS, DHS, routine nutritional surveillance bi-annually, LMIS has been built into the HMIS – to be regularised.
TOGO	**Implementation:** Supplémentation en vitamine A ; programme mis à échelle finance par UNICEF (fonds Canadien) ; pertinent parce que interventions spécifiques à la nutrition prenant en compte les enfants comme cible. **Measurement:** Pourcentage d'enfants de 6 à 59 mois supplémentés en vitamine A ; exemple en 2015 83% des enfants DE 9 à 11 mois ont été supplémentés en Vitamine A une seule fois en routine. Comment on les mesures : routine, enquête rapide de couverture, des enquêtes EDS et MICS.
UGANDA		

ZAMBIA

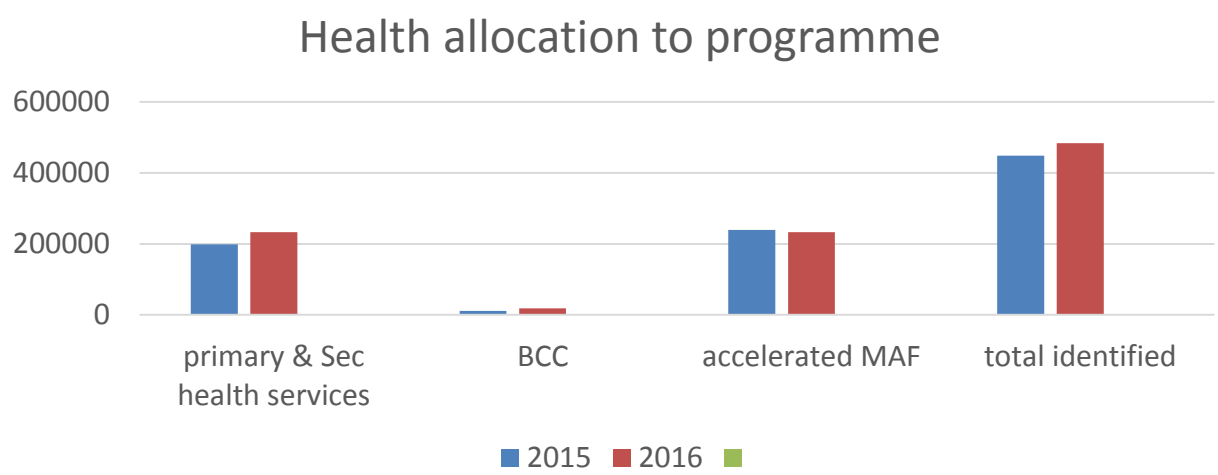

ZAMBIA
VITAMIN A SUPPLEMENTATION
- SCALE, NATIONAL COVERAGE
- FUNDED & IMPLEMENTED SINCE 1999
- BIANNUAL & ROUTINE (HEALTH FACILITIES) (CHW)
- INTEGRATED WITH OTHER PRIMARY HEALTHCARE INTERVENTIONS (IMMUNIZATION, GMP, ED, DEWORMING)
SUCCESS
- INPUT - MOBILIZING SUSTAINED FUNDING & HUMAN RESOURCES (SINCE 1999)
- OUTPUTS
- OUTCOME - COVERAGE 100% FACILITIES 77% POP BASED SURVEYS
- IMPACT - VITAMIN A DEFICIENCY
MEASUREMENT
- INPUT - QUARTERLY BUDGET REPORTS
- STAFF FOR NUTRITION 76%
- OUTPUT
- OUTCOME - BIANNUAL REFACILITY REPORTS ROUTINE MONTHLY REPORTS
- IMPACT - DHS POP SURVEYS
CHALLENGES
INPUT - DIFFICULTY TRACKING SPEND (ESP OFF BUDGET)
ACTUAL SPEND LESS THAN ESTIMATE
BUDGET PERFORMANCE 80-90%
STAFFING - GOVT. <70%
COVERAGE REPORTING

ZIMBABWE	**Implementation:** cIYCF; child bearing males and females; evidence based programming/ informed decision making, food insecure, poor dietary diversity areas, poor performance of nutrition indicators, stunting levels, population of children. **Measurement:** 60 % children below 6 months who are exclusively breastfed per month. Stunting rates- medium/long term (below 25%). 50% of pregnant/lactating women who received cIYCF counselling from a health worker a month. 60 % of pregnant women receive iron folate supplements and comply with taking them. 90% of children screened for growth monitoring. Children 6-59 months who received VAS. WASH - toilets constructed, access to clean water, recommended hand washing practices (% of households washing hands after using the toilet). **Assessed by:** weekly surveillance, health information system DHIS 2, DHS, multiple cluster indicator survey, monthly screening, ZIMVAC. **Actionable points:** VAS requires system strengthening - some healthcare staff don't record. 100% Training of VHWs on cIYCF and nursing staff on IYCF and IMAM. Intensification of cIYCF counselling at home and health facilities. Train all VHWs on growth monitoring and ensure they screen and refer children to the next level. System strengthening and capacity building of VHWs to administer Vitamin A.

COUNTRY	SUMMARY POINTS
BENIN	**Key Ministries, Departments and Agencies (MDAs) and sectoral domains:** 7 ministères: Ministère de l'Agriculture, Santé, ministère Affaires sociales, ministère des Finances, ministère du Développement et de la décentralisation, Education, ministère du commerce+ autres acteurs (chercheurs, Sociétés civiles, secteur privé, partenaires au niveau communautaire inclut les leaders religieux). Acteurs les plus impliqués : CAN : Conseil de l'alimentation et de la nutrition. SPCAN : secrétariat permanent de CAN (bras opérationnel du CAN). Au niveau régional: Co-ordinations régionales sont un démembrement du SPCAN au niveau régional + préfecture et services déconcentrés de l'Etat (ils communiquent entre eux). Il y a également le ANCB (Association nationale des communes du Bénin). Pr la mise en œuvre du projet : au niveau des communes : chaque co-ordinateur régional doit suivre un certains de communes, il y a un lien avec les services déconcentrés de l'Etat. Au dessous, ménages et relais communautaires (Groupe d'assistants en nutrition). Au niveau des communes, nous avons des ONG qui vont aider les communes dans la mise en œuvre du projet. Tous les projets sont rattachés à la présidence. Cadre commun des résultats : pas de dispositif multisectoriel. **Budget allocations and level of disaggregation of finance data:** Pr les financements, les fonds partent du SP CAN va au niveau de la co-ordination régionale. L'ANCB supervise juste les activités. Les fonds vont aussi vers les ministères. Les fonds sont ensuite transférés aux communes et aux ONGS. **Stakeholders and type of expenditure:** Gouvernement couvre les dépenses du personnel (ressources humaines) et certaines dépenses matériels. .Banque mondiale couvre que les interventions (sensibles et spécifiques). Le projet prend en charge seulement les cas de malnutrition aigüe sévère (traitement et prévention) et pas les maladies liées qui seront couvertes par les ministères (ex : paludisme). Les prestations de service doivent être couvertes par tous les acteurs. Il y a un lien existant (puisque MoH est intégré dans le programme) et un cadre au niveau de la mairie devrait exister pour comprendre les manques.
BOTSWANA	**Key Ministries, Departments and Agencies (MDAs) and sectoral domains:** Min Local Government & Rural Development (host Ministry) MoH (through District Health Management Team). MoA (through National Food Technology Research Centre; Botswana Agricultural Marketing Board). Ministry Finance & Development Planning. Private Sectors. **Budget allocations and level of disaggregation of finance data** 2015/16 Budget; Total Allocation - BWP 348, 613, 060.00 (US$ 34.86m); Programme – Food Relief Programme (National Level); Activity Level: Vulnerable Groups Feeding Programme (implemented at local level). **Stakeholders and type of expenditure:** Min of Transport & Comms – for transportation of commodities. Min of Lands & Housing – for warehouses and storage facilities. Ministry of Finance & Dev. Planning - Supplies Office. Missing partners – UN agencies (WFP, FAO, UNICEF, WHO, etc.). **Key challenges in tracking expenditure:** None. Effective and efficient system in place (Government Accounting & Budgeting System – GABS) that tracks all monetary transactions from allocation up to disbursement (real time tracking). Operationally there is inadequate co- ordination and poor supply chain management.

	What can be done to make the programme more effective and efficient: Conduct budget breakdown for VGFP and all other food security related programs; Mainstream nutrition into the programme (have specific nutrition objectives and target) and all other food security related programs; Use existing multi-sectoral structure for monitoring the food security situation to track progress on mainstreaming of nutrition into programs; Improve supply chain management and logistics; Build/enhance capacity on basic nutrition issues ; Enhance capacity on impact evaluation of programs; Undertake programme(s) policy (or strategy) reviews to align them with emerging (nutrition) shifts; Enhance M&E; Hire nutrition officers in key ministries to drive mainstreaming of nutrition into programs.
BURKINA FASO	
BURUNDI	**Key Ministries, Departments and Agencies (MDAs) and sectoral domains:** FIDA, UNICEF, PAM, FAO ; Ministère de l'Agriculture et de l'élevage, Santé, Niveau District ; Santé, WASH, Agriculture. **Budget allocations and level of disaggregation of finance data:** 17 500 000,00 EUR **Stakeholders and type of expenditure:** FAO: contribution à la mise en œuvre des composantes 1 et 2 (budget de la convention de contribution géré : 1 990 000 EUR) ; UNICEF: contribution à la mis en œuvre de la composante 3 (budget de la convention de contribution géré : 1 057 000 EUR) ; PAM: contribution à la mis en œuvre de la composante 2.3 (budget de la convention de contribution géré : 655 000 EUR) **.**
CAMEROON	**Not received**

<table>
<tr><td>CHAD</td><td>Key Ministries, Departments and Agencies (MDAs) and sectoral domains/Budget allocations and level of disaggregation of finance data/ Stakeholders and type of expenditure:
<table>
<tr><th></th><th>Gov</th><th>Comm</th><th>SNU</th><th>ONG</th></tr>
<tr><td>Ressources humaines</td><td>80%</td><td>0%</td><td>15%</td><td>5%</td></tr>
<tr><td>Infrastructures</td><td>100%</td><td></td><td></td><td></td></tr>
<tr><td>Equipements</td><td></td><td></td><td>90%</td><td>10%</td></tr>
<tr><td>Renforcement de capacité</td><td>10%</td><td></td><td>40%</td><td>50%</td></tr>
<tr><td>Mobilisation communautaire</td><td></td><td></td><td>10%</td><td>90%</td></tr>
</table>
Key challenges in tracking expenditure: Absence de mécanisme de suivi des allocations ; les lignes budgétaires existent pour nutrition et PCMA au niveau central (DNTA) mais pas au niveau décentralisé ; Absence du ministère des finances au CTPNA.
What can be done to make the programme more effective and efficient: Impliquer les partenaires a fournir les infos budgétaires et de suivi de leurs propres dépenses ; Il faut mieux co-ordonner entre DNTA et autorités locales ; Intégrer le ministère des finances dans la plateforme multisectorielle.</td></tr>
<tr><td>COMORES</td><td>Etapes suivantes: Restitution de la mission auprès de la Secrétaire générale du Mini santé en présence des partenaires au développement qui opèrent aux Comores d’ici début septembre 2016 par le Point focal SUN Comores ; Interview à la radio Hayiba du Conseiller du Président, de la 1ere Dame et du médecin du Président par la FCC d’ici la 1ere semaine de septembre 2016 ; Résultat attendu: RDV auprès du Président de la République d’ici le 30 septembre 2016 et signature du décret quelques jours plus tard ; Révision et validation du plan d’action avec son plan de suivi évaluation avec SUN et les partenaires qui opèrent dans le pays d’ici novembre 2016 ; Plaidoyer et Mobilisation des ressources d’ici décembre 2016 ; Mise en œuvre de ce plan d’action début 2017.</td></tr>
<tr><td>CONGO BRAZZAVILLE</td><td>Key Ministries, Departments and Agencies (MDAs) and sectoral domains: Ministère de l’Agriculture, l’Elevage et Pêche;Economie, Développement Industriel et promotion du secteur prive; Ministère du Commerce Extérieur et Consommation; Ministère de la Promotion de la femme; Ministère de la Finance, budget et portefeuille public; Ministère du Plan, de la Statistique et de l’Intégration Régionale; Ministère de Transport, Aviation Civile et Marine Marchande; Ministère de la Sante et de la Population (y compris Direction de l’Hygiène et de la Nutrition); Ministère de l’Equipement et de l’Entretien Routier; Ministère de l’Economie Forestière, Développement Durable et Environnent; Ministère des Affaires Sociales, Action Humaine et Solidarité; Ministère de l’Education (3 Ministères).</td></tr>
</table>

	Autres agences impliquées: FIDA, OPEP, FAO, WWCS. **Budget allocations and level of disaggregation of finance data:** 400,000,000 million francs CFA affectés par l'Etat par an (pendant 6 ans) ; Inscrit au budget de le Ministère de l'Agriculture **.**
CONGO DRC	**Not received**
COTE D' IVOIRE	**Not received**
GHANA	 **What can be done to make the programme more effective and efficient:** Prioritise essential activities eg behaviour change communication; Increase budget for specific aspects e.g. BFHI.
GUINEA CONAKRY (SOMETIMES WRITTEN IN ENGLISH, SOMETIMES IN FRENCH)	**Key Ministries, Departments and Agencies (MDAs) and sectoral domains:** Direct and indirect support from organisations and communities such as Ministry of Health or Finance, United Nations agencies, non-governmental organisations (NGO), community based organisations (CBO) such as self-help groups or school child clubs. **Budget allocations and level of disaggregation of finance data:** Budget Total: 400 000$ sur 12 mois; Budget Disponible: 135 000$; Gap: 265 000$. **Type of expenditure:** Personnel, Intrants (PMNs), Couts operationnels (accords avec les ONGs nationales…), Transport. **Key challenges in tracking expenditure:** Financement 100% des Bailleurs, Perennisation. **What can be done to make the programme more effective and efficient:** plaidoyer pour la recherche de financement ; -Inclure les poudres sur la liste des medicaments essentiels ; Faire l'appropriation de l'approche au niveau des structures de santé et au niveau communautaire.
GUINEE BISSAU	**Not received**

KENYA	**Key Ministries, Departments and Agencies (MDAs) and sectoral domains:** Ministries of health, devolution and panning, agriculture, livestock and fisheries, education, labour and social service, water and environmental services; national treasury. **Key challenges in budgeting:** Nutrition specific allocations are covered under their budget lines; Defining weights for the nutrition specific interventions is not standardised; Discussions are currently ongoing to validate and standardise the weights; Nutrition sensitive cuts across very many budget lines; Kenya has adopted the programme based budgeting, which unfortunately nutrition is not considered a programme but rather a subprogram, with a budget line at national level only. At the county level there are no budget codes; The fact that nutrition is devolved allocation of nutrition resources is based on county prioritisation and context; Lack of MSP and a functional common results framework- to define the accountabilities across the various ministries and sectors; Lack of human resource across the other sectors; Lack of comprehensive planning documents in some of the counties i.e. the county integrated programme, the annual work plans and the nutrition action plan , which influences allocation of funding at subnational level; Heavy reliance on donor funding for some of the nutrition specific interventions hence no sustainability; Lack of demand from the communities limiting demand and visibility of neutrino budget allocation; Cost benefit analysis- the cost of lack of action; Lack of capacity and structures to track private sector contribution for nutrition. **What can be done to make the programme more effective and efficient:** Advocacy for creation of nutrition budget line /nutrition to be considered a programme at both national and county level; Fast track establishment of the multi sectoral platform and CRF; Development of a guidance document and policy to support resource tracking for private sector contribution to nutrition.
LESOTHO	**Not received**
LIBERIA	**Key Ministries, Departments and Agencies (MDAs) and sectoral domains:** Ministries of Education (School health department), Commerce, trade & industry, Agriculture; UNICEF, Project Healthy Children (PHC). **Budget allocations and level of disaggregation of finance data:** Programs are donor driven and are not mostly co-ordinated; There is no tracking mechanism in place as of now. **Stakeholders and type of expenditure:** Ministry of Education: Implement ECD programme but information on allocations and expenditure are not available. Ministry of Commerce, trade & industry: Set standard and policy for importation of breastmilk substitute and fortification; Laboratory and supplies. Ministry Agriculture: Food security and Nutrition Programme; Empower small holder farmers; Empower Rural Women famers to produce vegetables and crops. UNICEF: Build technical capacity of MOH Nutrition staff and financial support to implementation of programme activities. Project Healthy Children (PHC): Provide technical and financial support to the fortification process. **Key challenges in tracking expenditure:** There is no Government budgetary allocation for subnational level activities and interventions, except for HR and infrastructure which is difficult to define in monetary term. Funding largely provided by UNICEF and development partners through both MOH and implementing Partners (IPS full disclosure usually difficult to track).

	What can be done to make the programme more effective and efficient: Develop and adapt Multi-sectoral co-ordination mechanism using the SUN Platform; Develop and harmonise monitoring and performance tools; Develop and harmonise costed Actions Plans with clear timeline for reporting and evaluation, e.g, VAS and deworming campaign integrated with Expanded programme on Immunisation; NIDs day; Iron folate supplementation to pregnant women (MCH department).
MADAGASCAR	**Key Ministries, Departments and Agencies (MDAs) and sectoral domains:** Unite de mise en oeuvere du programme de nutriiton communataire UPNNC/Office National de Nutrition/Primature ; Ministere de l'Education, Ministere de la sante, Minstere des finances. **Budget allocations and level of disaggregation of finance data:** Budget alloues - des Interventions specifiques de nutrition : 9,5 M $ de la BM ; des interventions sensitives de nutrition : 50 M $ de la BM. Budget non alloues : 6 M $ de la BM - Budget du gouvernement : 650,000 $ (allocation additionelle pour 2017) ; source de financement : Banque mondiale et le gouvernement ; Funding gap : le gouvernement doit alloue 10% du total des fonds de bailleurs (6M $) et actuellement il n'alloue que 1%. Il faut renforcer le plaidoyer au pres du gouvernement de façon a prioriser le financement du secteur de nutrition. **Key challenges in tracking expenditure:** reajustement des fonds suivant les nouvelles priorités, les allocations des fonds sont lies a la performance et les depenses doivent etre coherent par rapport aux objectifs fixes, le suivi financier se fait chaque trimestre et des ajustements peuvent se presenter. La banque mondial qui est le principal bailleur incite le gouvernement a investir les fonds promis. **What can be done to make the programme more effective and efficient:** pour ce projet de la BM, le suivi budgetaire est tres bien fait selon les procedures du bailleur. Pour relever le defi de suivi budgetaire il faudrait ameliorer les capacites des responsables de projet du gouvernment en matiere des suivi budgetaire en des la planification, mise en œuvre, suivie et evaluation. En plus il faudrait avoir un outil pour faire le suivi budgetaire. La capitalisation des acquis et des bonne pratiques dans la mise en œuvre de differents projets de nutrition.
MALAWI	**Key Ministries, Departments and Agencies (MDAs) and sectoral domains:** CMAM programme is under the health sector. **Budget allocations and level of disaggregation of finance data:** Trend over the years – the funding towards CMAM programme has been increasing over the years as evidenced by scale up of service delivery to over 90% of health facilities. Around 2007, funding was mostly from donors, but the establishment of the essential health care package has resulted in funding towards CMAM programme. The Emergency response due to recurrent shocks in Malawi, has also resulted in a surge in funds for management of acute malnutrition under the emergency response. **What can be done to make the programme more effective and efficient:** Provided below are the summary costs of prioritised actions to improve the effectiveness of CMAM coverage including access, acceptability and utilisation of services for Malawi.

Item	Year 1 USD ($)	Year 2 USD ($)	Year 3 USD ($)	Year 4 USD ($)	Year 5 USD ($)
Action 1					
Coverage survey	125,000	--	125,000	--	--
Actions 2-5					
Community Outreach Training (Community Volunteers & leaders)	235,606	1,558,905	1,558,746	1,558,746	1,558,746
Action 6					
Establishment of community outreach (initial assessment & sensitisation meetings)	80,302	449,852	20,867	20,867	20,867
Action 7					
No extra budget required. Action will be completed as part of Action 8, under section 3.2.					
Action 8					
Supervision and mentorship for community based volunteers and conducting routine outreach activities	11,504,424	16,295,187	9,650,232	9,650,232	9,650,232
Sub-Total	11,820,332	18,303,944	11,229,845	11,229,845	11,229,845
Nutrition Commodity Procurement & distribution to facility level	11,000,000	11,000,000	11,000,000	11,000,000	11,000,000
Training of health workers on updated CMAM guidelines	550,000	150,000	150,000	150,000	150,000
Grand Total	23,370,332	29,453,944	22,379,845	22,379,845	22,379,845

MAURITANIA

Key Ministries, Departments and Agencies (MDAs) and sectoral domains: The community based nutrition programme of the Ministry of Social Affair, Child and Family is not now multi-sectoral.

Budget allocations and level of disaggregation of finance data: The programme has an annual budget allocation from the Government (65 000 000 OUGUIYA to support the motivation of community actors and the annual investment plan related to the programme).. In addition, the programme used to get annual resources from others technical and financial partners (UN system and International NGO) based on expressed annual needs and availability of resources.

	What can be done to make the programme more effective and efficient: To reorient the approach based on orientation of the multi-sectoral nutrition strategy; To use the community centres as entry point to build the required multi-sectoral platform; Develop a new strategic plan of the community based nutrition programme using a multi-sectoral result based approach in order to contribute to the common result framework of the National multi-sectoral Nutrition strategic plan; Based on this new strategic plan, develop a multi-sectoral financial plan associated to a financial plan; Develop an advocacy plan for additional budget allocation from the Government by using a projection strategy of budget increase over the next five years.
MOZAMBIQUE	**Key Ministries, Departments and Agencies (MDAs) and sectoral domains:** Ministry of Health and Ministry of Gender, child and social welfare with collaboration of UNICEF, DANIDA, MDG1, WFP, UN, UNFPA, OMS. **Budget allocations and level of disaggregation of finance data:** The budget comes from Government and from donors; Desegregated by CUT or Off Budget, Basic Management Unity (UGB), Rubrics (services, goods, investment, salaries, per diems, etc.). Gap: Weak alignment of the budget allocated and the activities (budget not done by activities); Difficulty do find out the total amount allocated per activity. **Key challenges in tracking expenditure:** Move from programmatic budget to activities budgeting (starting process to link budget to actives). Even if budget was done by activities, to see expenditure on personnel would be difficult (due to be a cross cut issue); Difficult to determine off-budget, if not included on CUT (put direct in the sector + manage by the donors) ; tough learning process . **What can be done to make the programme more effective and efficient:** Diagnostic by geographic area, age group and social condition (vulnerable populations) to respond to specific need (national programs vs specific need respond programs).
NAMIBIA	**Key Ministries, Departments and Agencies (MDAs) and sectoral domains:** MoHSS, DDRM, OPM, Ministry of Justice, Office of the attorney General, Ministry of Finance, Ministry of gender, Namibia Standard Institute, UNICEF, Synergos, PEPFAR, CDC, Global Fund, University of Namibia, Namibia University of Science and Technology, IOM, WHO, Ministry of Education. **Budget allocations and level of disaggregation of finance data:** Programme: $3,125,743,378; Programme level: $93,772,3013.4; Activities - Training of 500 Health Extension Workers on IYCF $656406109.4 - Training of 30 Health Workers on IYCF $328,203,054.7 - Training of 30 Health workers on BFHI $328,203,054.7 - Development of 1000IEC (counselling cards) materials $328,203,054.7 - Conduct 80 integrated outreaches $218,802,036.5. **Stakeholders and type of expenditure:** Stakeholders: UNICEF, PEPFAR, Global Fund. Supplies: personnel, training materials, stationery, internet services, vehicle fuel, telephone. **Key challenges in tracking expenditure:** Specific programs are not specified in the budget; Budgetary cuts due to emergencies; Lack of information on Regional and District level budgets and expenditure; Create awareness to line Ministries, Regional and District levels to budget for specific nutrition specific and sensitive activities. **What can be done to make the programme more effective and efficient:** Strengthen multi-sectoral co-ordination and planning at regional and district level; personnel; develop key IYCF education and counselling messages appropriate for specific contact points at health service provision level.

NIGER

Key Ministries, Departments and Agencies (MDAs) and sectoral domains: Plusieurs.
Budget allocations and level of disaggregation of finance data: Programme financé quasi à 100% sur Financement des bailleurs.

- Estimation cout annuel PEC MAS (pour caseload de environ 400,000 enfants <5 ans MAS) : 40 000 000 $/année
  - 1 070 000 $ Budget de l'état
  - Reste appuyé par les partenaires, 85% humanitaires
  - Pas de funding gap mais planification trimestrielle et dépendance importante des financements extérieurs et humanitaires (de courte duree/fragilite/faible predicatibilite).

Stakeholders and type of expenditure: La grande partie des financements (ONG, UN) de ce programme ne ressort pas dans le budget de l'Etat.
Key challenges in tracking expenditure: Appropriation effective et durable du programme par l'Etat à travers le plaidoyer.
What can be done to make the programme more effective and efficient: Intégration avec d'autres stratégies: Chimio prophylaxie préventive saisonnière qui touche 2,5 millions d'enfants par an avec une diminution de complication médicale, baisses des couts lies à l'hospitalisation; Programme élargie de vaccination, ANJE. Résilience du système sanitaire.

NIGERIA

Year	Programme	Case load	Target	Unit cost	Total amount needed to reach target	Federal Gov funds	State Gov funds	Dev Partner funds	Gaps to fill	Notes
2017	SAM	2.5m	1.5 million children reached in 2017, 60% of children	$62	$52.1		0	660,00 children	840,00 children based on the target	1m children will not be reached this year.
2017	Micronutrients	11m (6-24 months) *Assumes an equal spread across ages	60% is the target	$3.6 per child per year	24m			1m		

	2017	Community Nutrition Programme	Pregnant women are 5% of the population. 8.5m women in total	60% (5.1m children)	$5	$25.5m			4m		
	What can be done to make the programme more effective and efficient: Address funding gaps for 2017; Address monitoring gaps; Better inform Parliament of needs through strong advocacy and communications.										
SENEGAL	**Key Ministries, Departments and Agencies (MDAs) and sectoral domains:** La prise en charge de la malnutrition aigüe sévère (MAS) est bien intégrée dans les documents nationaux (Politique National de Développement de la Nutrition…). Dans le plan stratégique nutrition multisectoriel en cours de developpement, elle est positionnée au niveau de l'objectif stratégique 3 relatif à la réduction de la malnutrition aigüe. Elle est mise en œuvre dans 100% des districts sanitaires du Sénégal et dans 95% des structures de santés. Les organisations impliquées dans la prise en charge de la MAS sont la Cellule de Lutte Contre la Malnutrition, le ministère de la santé, les ONGs d'exécution, UNICEF, OMS. **Key challenges in tracking expenditure:** Inexistence d'une allocation spécifique au niveau du ministère de la santé pour la nutrition/prise en charge de la malnutrition. En plus les fonds sont au niveau de plusieurs parties prenantes (ministère de la santé, CLM, UNICEF, ONG…) et les ressources domestiques ne constituent une infime partie du budget de mise en œuvre. La majorité du budget est prise en charge par les partenaires, particulièrement UNICEF qui assure l'essentiel des intrants ce qui pose un problème de pérennisation. Les fonds investis par les partenaires dans la prise en charge de la malnutrition aigue sévère ne sont pas pris en compte dans le cadrage budgétaire. L'inexistence d'un Plan stratégique multisectoriel nutrition avec costing, heureusement il est en cours et doit être finaliser d'ici la fin de l'année. La traçabilité du budget qui n'est pas simple du fait des défis cités en haut, mais est en cours à travers le recrutement d'un consultant qui a fait un travail fouillé auprès des différentes parties prenantes. **What can be done to make the programme more effective and efficient:** Finaliser l'exercice de traçage budgétaire basé sur les interventions, institutionnaliser le traçage budgétaire et faire de telle sorte que la nutrition soit bien pris en compte dans les comptes nationaux de la santé ; Avoir une allocation budgétaire spécifique au niveau du ministère de la santé pour faciliter le traçage budgétaire et la pérennité ; Finaliser le plan stratégique multisectoriel nutrition avec un costing .										

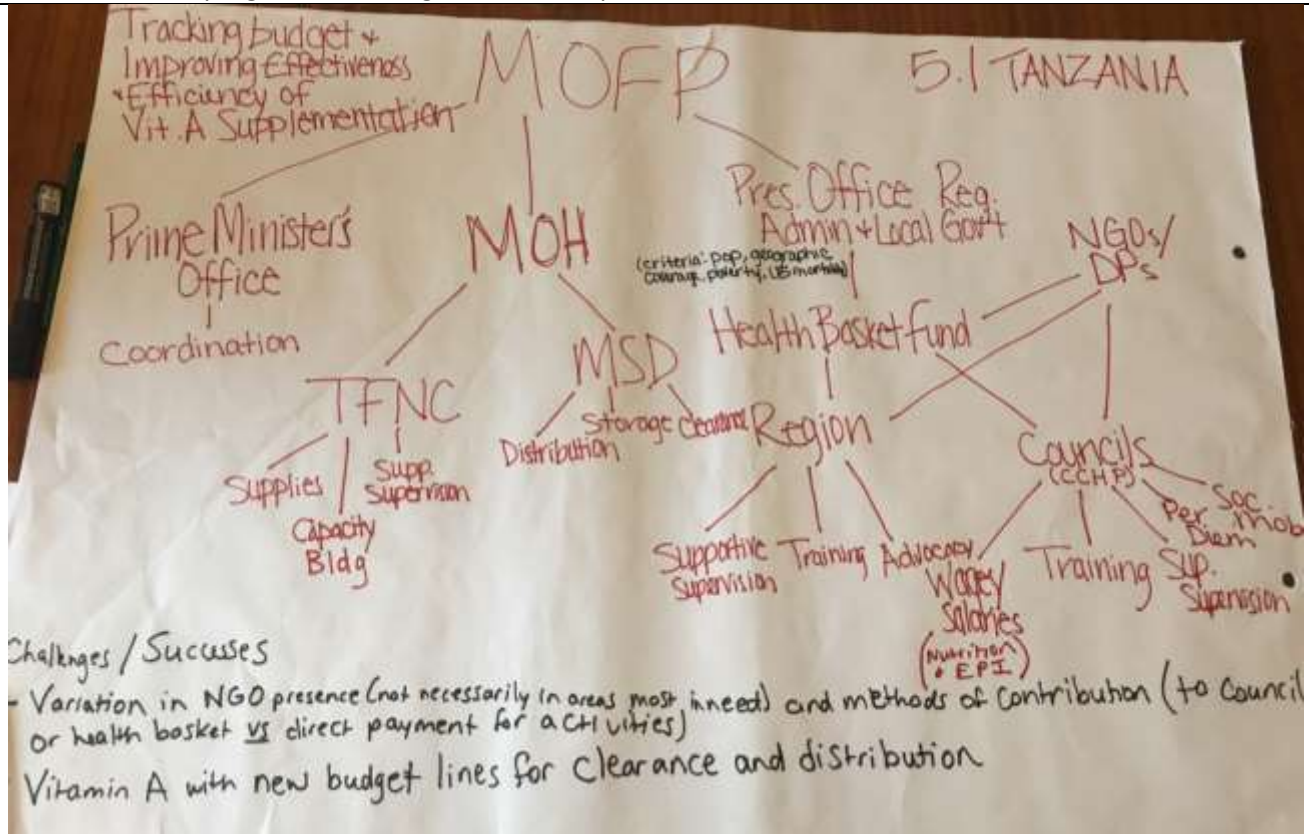
SIERRE LEONE

Item	Budget needed for implementation (SLL)	Source of funding (GoSL, dev partners)
Manpower and incentives		1,657,925,000
Vaccinators/Distributors	1,150,200,000	
District supervisors (DHMTs)	32,500,000	
Regional supervisors	17,500,000	
National Supervisors	124,800,000	
Team Supervisors	200,025,000	
District Drivers	3,900,000	
National Drivers	3,000,000	
Independent monitors	126,000,000	
Training	741,080,000	
Vaccinators/Distributors	575,100,000	
District supervisors (DHMTs)	8,450,000	
Team Supervisors During District Supervisors Training	62,865,000	
Team Supervisors during Vaccinators Training	62,865,000	
National Supervisors training	7,800,000	
Independent monitors	24,000,000	
Supplies and Equipment	134,899,375	
Chalk 3 pieces per day per team (3834)	8,626,500	
Stationery for vaccinators & supervisors during training & implementation	38,841,000	
printing of referral slips (608618 slips from quarter page)	10,000,000	
Gloves (box of 100)	0	
Disposable aprons (2/team)	0	
Hand sanitizer(1/team)	0	
Cotton Wool (500 g)	28,755,000	
Printing of vaccinators training guide	3,676,875	
Printing of Tally Sheets, Supervisory checklist, Summary forms).	45,000,000	
Transportation		296,955,000
Transportation to national supervisors	101,400,000	
Transportation to independent monitors	90,000,000	
Fuel for District Level Supervision and Distribution	86,625,000	
Fuel For regional supervisors	5,107,500	
Additional Fuel support for Bo/Pe district	1,822,500	
Boats rentals & Fuel cost for Riverine areas	12,000,000	
Planning and coordination	45,000,000	
District level coordination	26,000,000	
National level coordination	10,000,000	
Maintenance of distribution vehicles	4,000,000	
Distribution of vaccines and other supplies	5,000,000	
Monitoring and evaluation		0
National review	0	
TOTAL		2,875,859,375

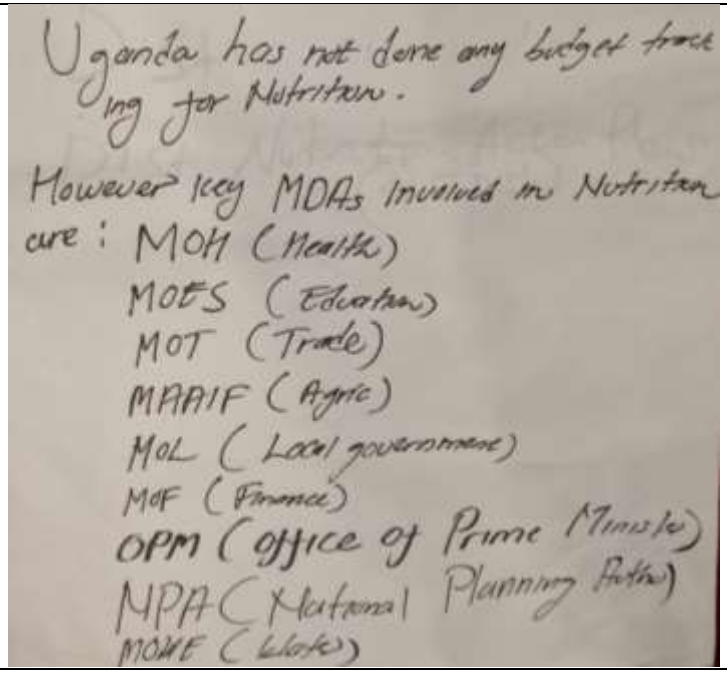
Stakeholders/funders: GoSL, Irish Aid, UNICEF, WHO, GOAL, HKI, World Vision, ACF, Save the Children, few national NGOs.

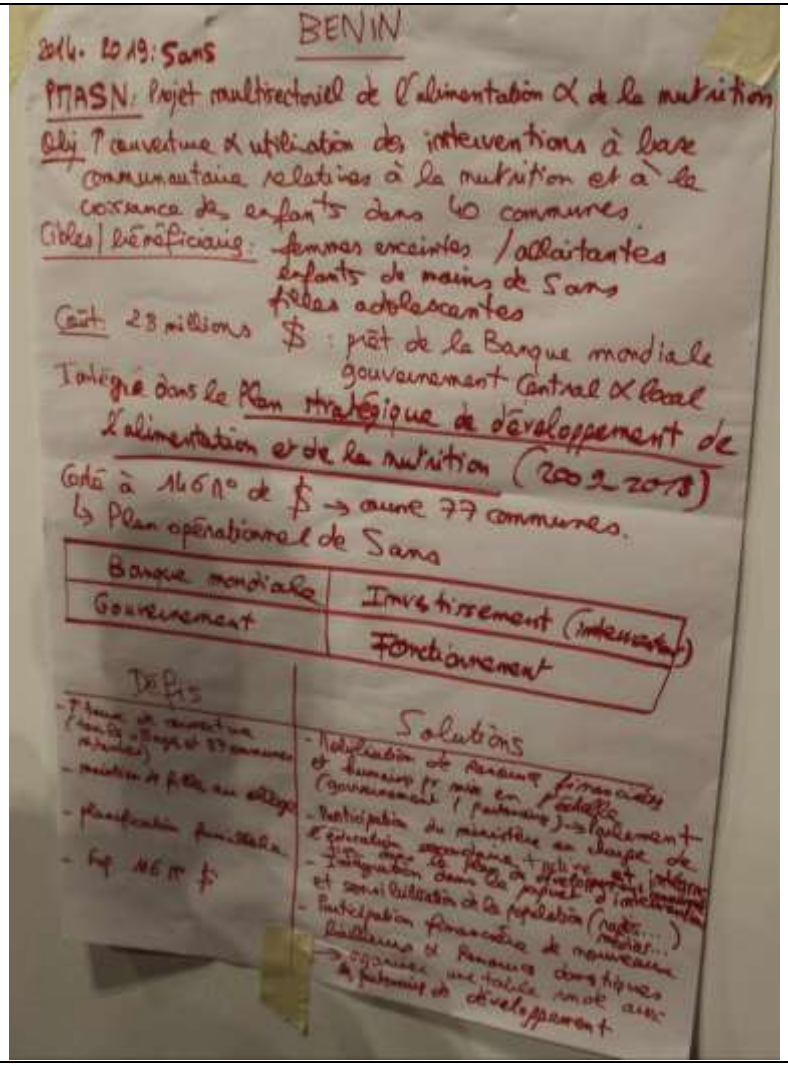
Challenges and gaps: Government funding only enables to fund recurrent expenditures (salaries, building renting, electricity, etc.); Insufficient domestic revenue mobilisation; Weak private sector intervention.

SOMALIA	**Key Ministries, Departments and Agencies (MDAs) and sectoral domains:** Ministries of Health, Agriculture, Education, Livestock, Water and Sanitation; UN agencies, donors and NGOs. **Budget allocations and level of disaggregation of finance data:** Federal government – 1-4% (monitoring and co-ordination) Development partners - Nutrition specific – UNICEF (SAM), WFP (MAM); Nutrition sensitive – WHO (immunisation, strengthening policy), UNFPA (reproductive health), UNICEF (WASH), WFP (livelihoods). **Stakeholders and type of expenditure:** Federal government funds to MoH - for personnel (10%); Development partners support other employees. **Key challenges in tracking expenditure:** Minimal budgets from government; No public financial management system; Different implementers working under same budget; Nutrition is not a priority for the government, it's part of health. **What can be done to make the programme more effective and efficient:** Put in place a relevant financial tracking system; Improved role of government in planning and implementation of nutrition programmes; Put in place country's public information system.
SOUTH SUDAN	**Key Ministries, Departments and Agencies (MDAs) and sectoral domains:** Ministry of Health -Capacity building, Nutrition Education/Promotion, Vitamin A and Deworming , Guideline and strategy , Hygiene and sanitation M&E; Ministry of Agriculture – Kitchen Gardening, increase Production, Nutrition value of products ,food fortification, Awareness on Nutrition; Ministry of Education- Nutrition Education/Promotion, Girls retention and enrolment , school feeding; Ministry of Water- Nutrition Education/Promotion, safe water availability and access , Hygiene and sanitation. **Budget allocations and level of disaggregation of finance data:** MOH- MCH, EPI , SRH , HIV/TB, NCD ; MOE - Girls retention and enrolment, school feeding; MOA - Livestock production, Food security; MOW - Provision of Safe water , promotion of hygiene and sanitation.
SUDAN	**Key Ministries, Departments and Agencies (MDAs) and sectoral domains:** Ministry of Health (Maternal and Child Health Department), Ministry of Social Welfare (Poverty Reduction Project); Agencies: UNICEF and WFP. **Budget allocations and level of disaggregation of finance data:** We understand that national budgets are disaggregated by MDA, and all development programmes are grouped under the same budget line, i.e. this does not allow for an identification of resources spent on nutrition-specific & nutrition-sensitive interventions. To get a detailed budget for each programme, we need to ask for this information directly from the Ministry of Finance or programme implementers. **Stakeholders and type of expenditure:** Procurement of therapeutic supplies. **Key challenges in tracking expenditure:** National budgets do not allow for a clear identification of nutrition-related interventions. We could however rely on the NHAs, which are more disaggregated. However, NHAs are only likely to capture nutrition-specific interventions, so we would not be fully capturing nutrition-sensitive interventions. Another issue in Sudan is that a significant proportion of funding is coming from international donors. Although some of this might be captured in national budgets, the majority is given directly to implementers (e.g. UNICEF). We would need to look not only at national budgets, but also lower level financial information, as well as programme-specific financial records from implementing partners (e.g. UNICEF biannual / quarterly reports).

SWAZILAND	**Key Ministries, Departments and Agencies (MDAs) and sectoral domains:** MOH, UNICEF, WHO. **Budget allocations and level of disaggregation of finance data:** MOH - Allocation is at programme level (Nutrition Programme) and nutrition budgeting is done by activity. At National level, the Ministry of Health budget for subvention of the Nutrition Council. **Stakeholders and type of expenditure:** Regional Nutritionists, Transport (for use by personnel). **Key challenges in tracking expenditure:** Off-Budget investment: Budget allocations from some development partners are not shared with the Ministry of Health. **What can be done to make the programme more effective and efficient:** Full ownership and dedicated personnel for the implementation of the IMAM programme. Linkages with social protection and WASH interventions.
TANZANIA	

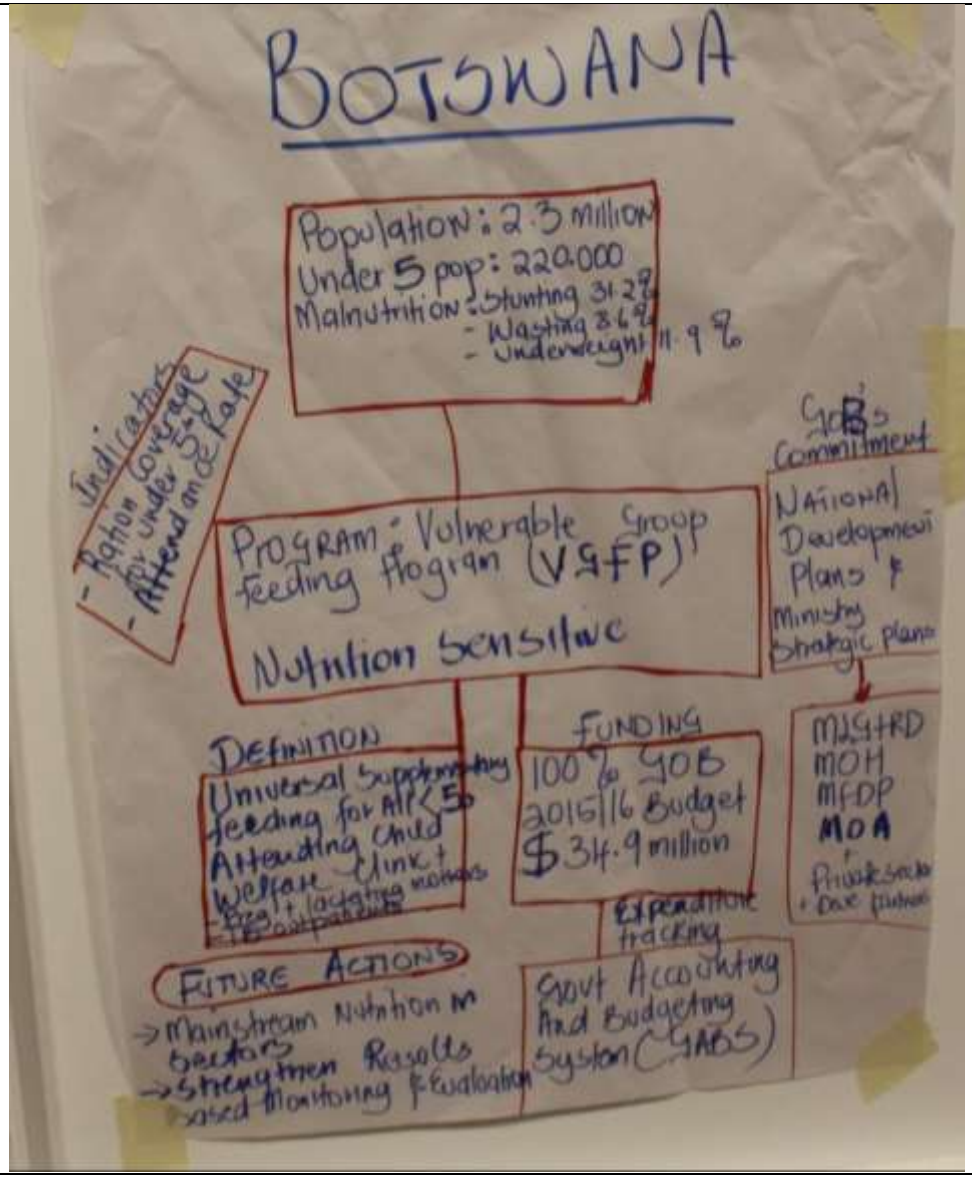
THE GAMBIA	**Key Ministries, Departments and Agencies (MDAs) and sectoral domains:** Ministry of Health – RCH Unit, EPI Unit, HMIS Unit under the Planning Directorate, National Pharmaceutical Services- under which the LMIS and the CMS come National Nutrition Agency (NANA) - under Office of the Vice president. UNICEF is the only agency involved outside of the Government. **Budget allocations and level of disaggregation of finance data:** NANA has a budget. 2015 10 million G Dalasi – 7 million spent. **Stakeholders and type of expenditure:** Under NANA: Clearance of supplies from port, Transportation from central to regional , Capacity building of Health Workers, Awareness creation, Production of the monitoring tools and monitoring etc. Incentives based on Performance. **Key challenges in tracking expenditure:** National Budget does not have disaggregated information for NANA and other Nutrition expenditure. NANA is a sub-vented agency – so if it is not clearly marked it appears that The Gambia does not have any budget for Nutrition Specific activities. Lack of clarity in expenditure at Ministry of Health and Unit level for VAS. Support from NANA often subsidises Govt Units. The importance of Vitamin A is not clearly understood by all Health workers/ Regional levels also. **What can be done to make the programme more effective and efficient:** Procurement - The State to take over procurement – make allocations in a phased in manner over 5 years. Better co-ordination between MoH and NANA. Better target setting – how can we reach those who are being consistently left off. Aggressive SBCC- use of religious leaders/ NGOs. Children can be identified from ECD centres. Child Health days which are observed on special occasions. Annual surveys for monitoring- Data disaggregated based on Health facilities. Changes needed within the HMIS formats so as to be able to capture, how many children have got 2 doses in the year, Currently HMIS gives cumulative data.
TOGO	**Key Ministries, Departments and Agencies (MDAs) and sectoral domains:** UNICEF - 600 million de FCA (300 000 000 x 2). **Budget allocations and level of disaggregation of finance data:** Désagrégation par activités : Formation : 8.19% ; Mobilisation sociale : 11.25%. Achat des intrants : 10.98%. Mise en œuvre : 46.45%. Suivi/supervision et évaluation : 7.38%. Documentation/Co-ordination : 12.47%. Réparti entre les régions puis entre les districts en fonction de leur taille. **Stakeholders and type of expenditure:** Gouvernement (Ministère de la Santé, Planification, Ministère de la communication, Ministère de l'administration territoriale, Agents de santé communautaire, Leaders d'opinion (Chefs traditionnels, leaders réligieux, …), PTF. Types de dépense : Formation des acteurs de mise en œuvre ; Mobilisation sociale ; Achat des intrants ; Convoyage des intrants ; Perdiem pour les acteurs de mise en œuvre ; Carburant pour les missions de Suivi/supervision et évaluation. **Key challenges in tracking expenditure:** Financement non trace dans le budget national. Plaidoyer pour inscrire dans le budget national une ligne Appui à la nutrition incorporant les activités spécifiques de nutrition dont le programme de supplémentation en Vit A. **What can be done to make the programme more effective and efficient:** Anticiper dans la planification, l'introduction des requêtes de financement auprès des partenaires et la mobilisation de la population. Faire de la supplémentation une activité de routine, ce qui réduirait considérablement les ressources liées à la mobilisation sociale, formation des acteurs et suivi/supervision.

UGANDA	
ZAMBIA	**Key Ministries, Departments and Agencies (MDAs) and sectoral domains:** Government, Co-operating partners. **Budget allocations and level of disaggregation of finance data:** Trends in funding: Not a stand-alone, part of micronutrient programme, Around 0.01% of national budget since 2013. **Key challenges in tracking expenditure:** Expenditures off-budget. **What can be done to make the programme more effective and efficient:** Nutrition sub account in the National Health Account, tracking all resources.
ZIMBABWE	**Key Ministries, Departments and Agencies (MDAs) and sectoral domains:** MoH-NND, FNC, UN partners (WHO, UNICEF, FAO, UNAIDS, international NGOs-MCHIP, SAVE, Plan ,CSO, other government sectors e.g. AGRITEX. **Key challenges in tracking expenditure:** Financial space is constrained (Budgetary allocation visa vi access); Limited influence of partner programme, projects come earmarked for specific activities, areas of interest; Some donor funded projects have no sustainability; More reactive than proactive - react to humanitarian emergencies than preventative actions; Limited tools of trade (computer accessories, mobility, means of communication); M and E. **What can be done to make the programme more effective and efficient:** Articulating the impact of nutrition to economic growth to ministry of Finance to improve disbursements; Redirect partner programs to be led by government priorities; Strengthen community participation and ownership; Have resources for developmental activities; Purchase tools of trade; Develop or adopt tools for budget tracking.

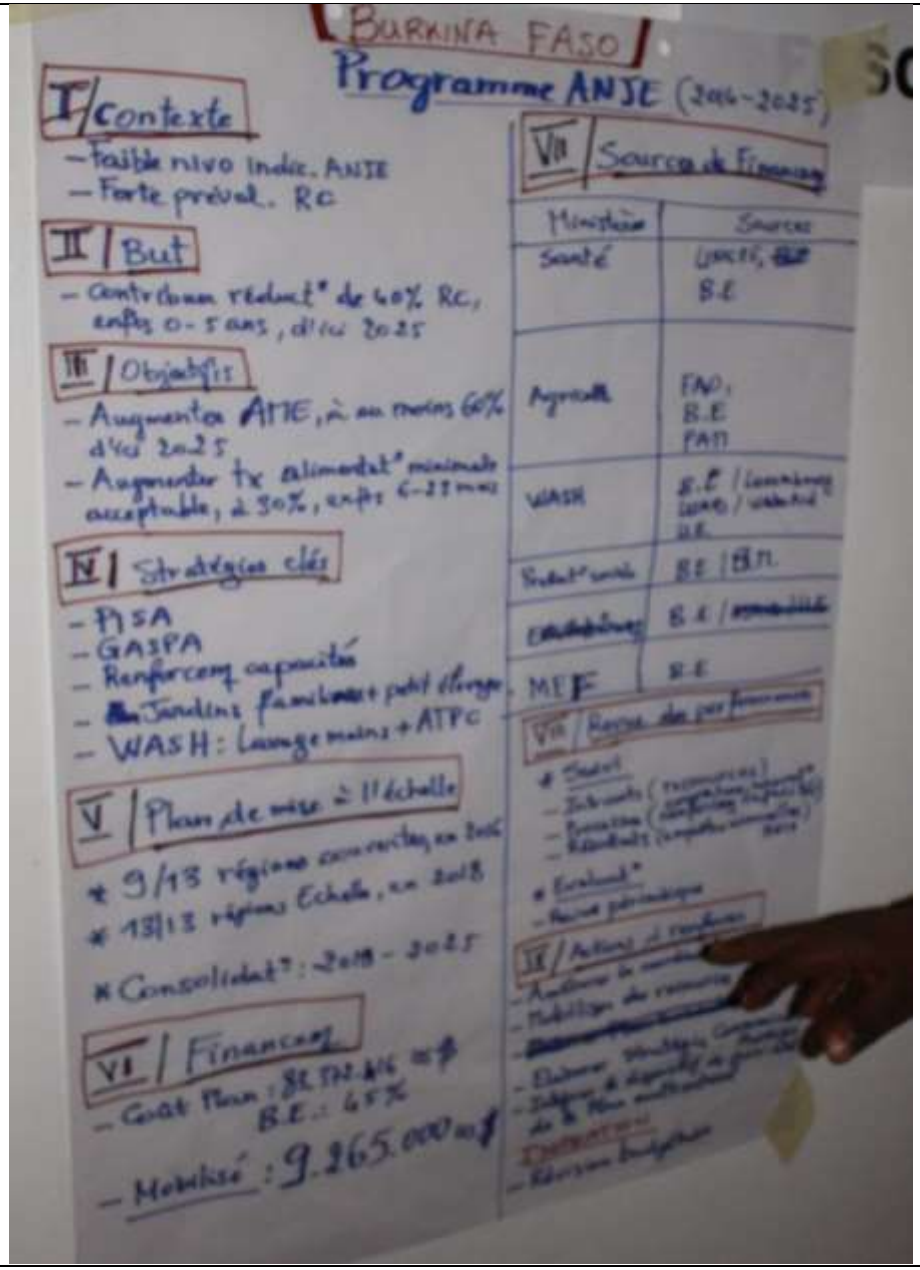
BENIN			

BENIN
2016-2019: 5ans
PMASN: Projet multisectoriel de l'alimentation & de la nutrition
Obj: l'ouverture & utilisation des interventions à base communautaire relatives à la nutrition et à la croissance de enfants dans 40 communes.
Cibles/bénéficiaires: femmes enceintes / allaitantes
enfants de moins de 5ans
filles adolescentes
Coût: 23 millions $: prêt de la Banque mondiale
gouvernement Central & local
Intégré dans le Plan stratégique de développement de l'alimentation et de la nutrition (2009-2015)
Coûté à 146 M° de $ → aune 77 communes.
↳ Plan opérationnel de 5ans
Banque mondiale | Investissement (intervention)
Gouvernement | Fonctionnement
Défis
Solutions

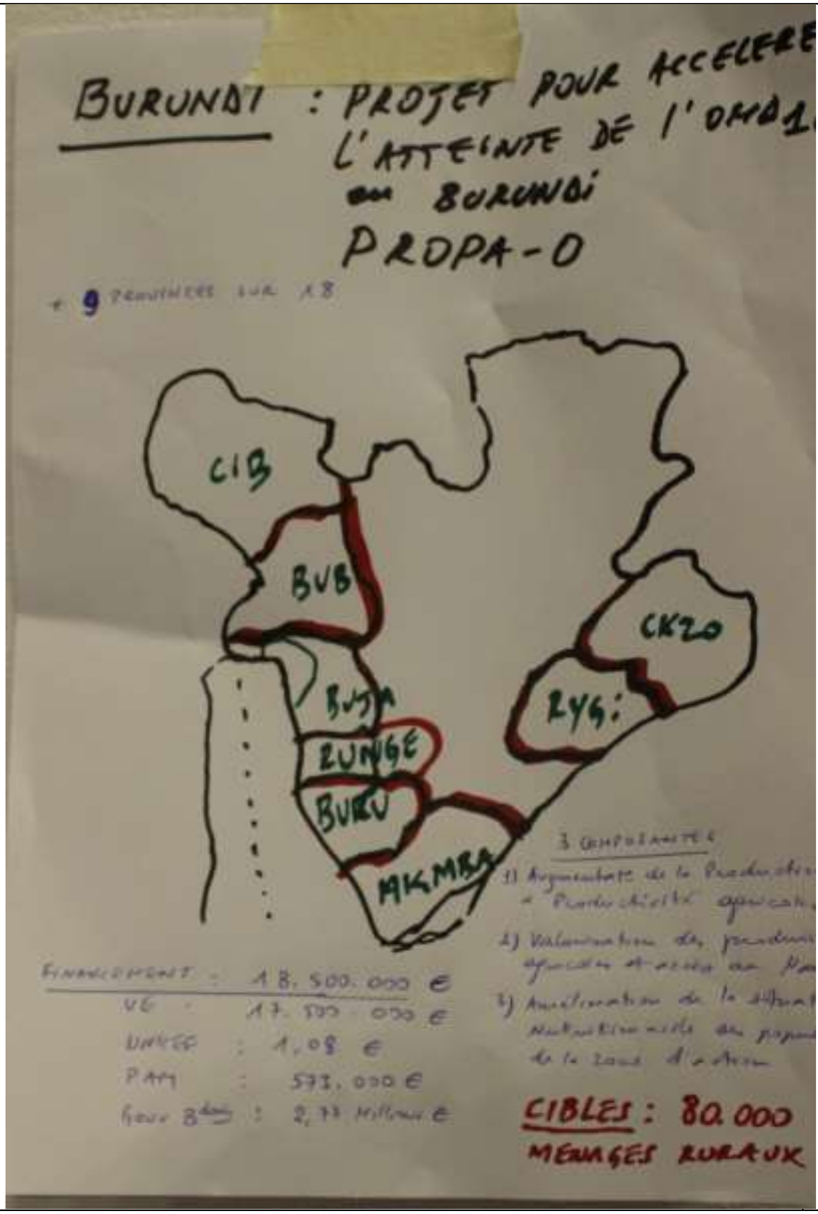
BOTSWANA

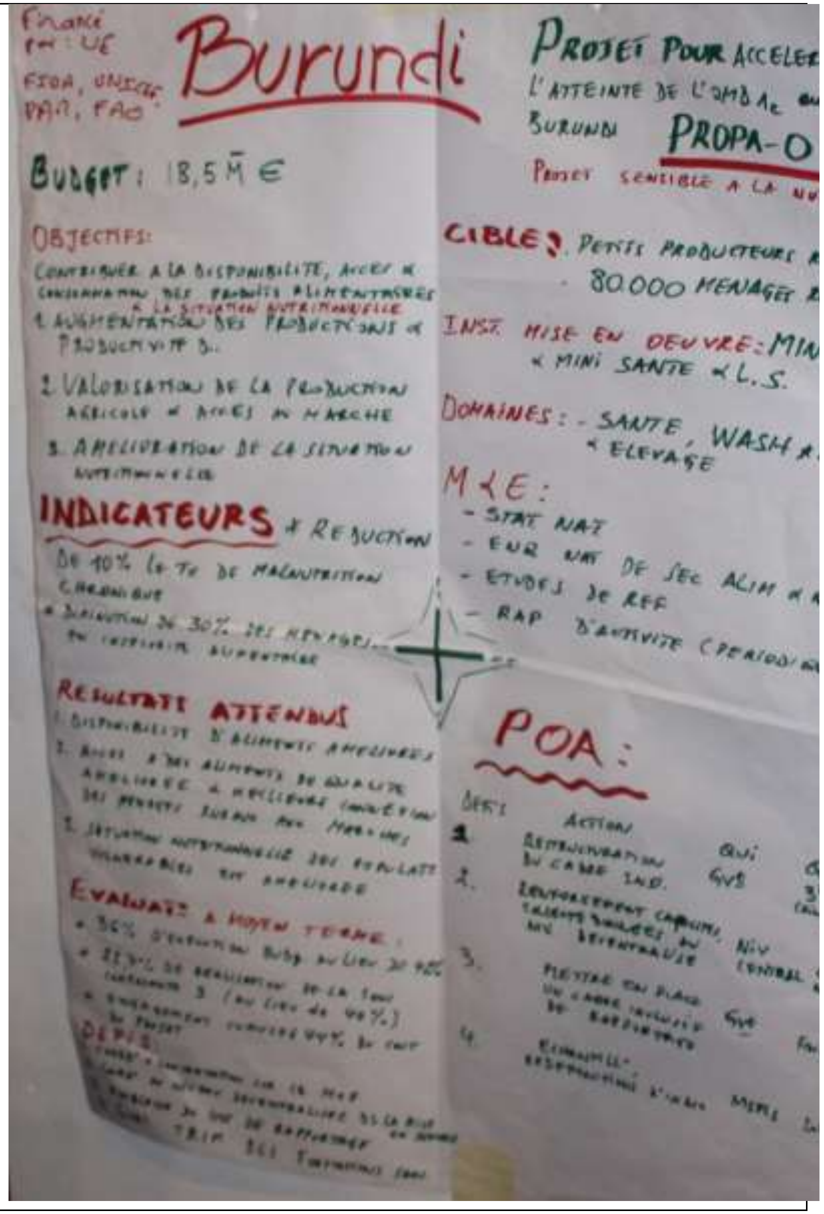

BOTSWANA
Population: 2.3 million
Under 5 pop: 220,000
Malnutrition: Stunting 31.2%
- Wasting 3.6%
- Underweight 11.9%
Indicators
- Ration coverage for under 5's
- Attendance rate
Program: Vulnerable Group Feeding Program (VGFP)
Nutrition sensitive
GoB's Commitment
National Development Plans & Ministry Strategic plans
MLG+RD
MOH
MFDP
MOA
Definition
Universal supplementary feeding for all <5s
Attending child welfare clinics
Preg + lactating women
Funding
100% GOB
2015/16 Budget
$34.9 million
Expenditure tracking
Govt Accounting And Budgeting System (GABS)
Future Actions
→ Mainstream Nutrition in sectors
→ Strengthen Results based Monitoring & Evaluation

BURKINA FASO

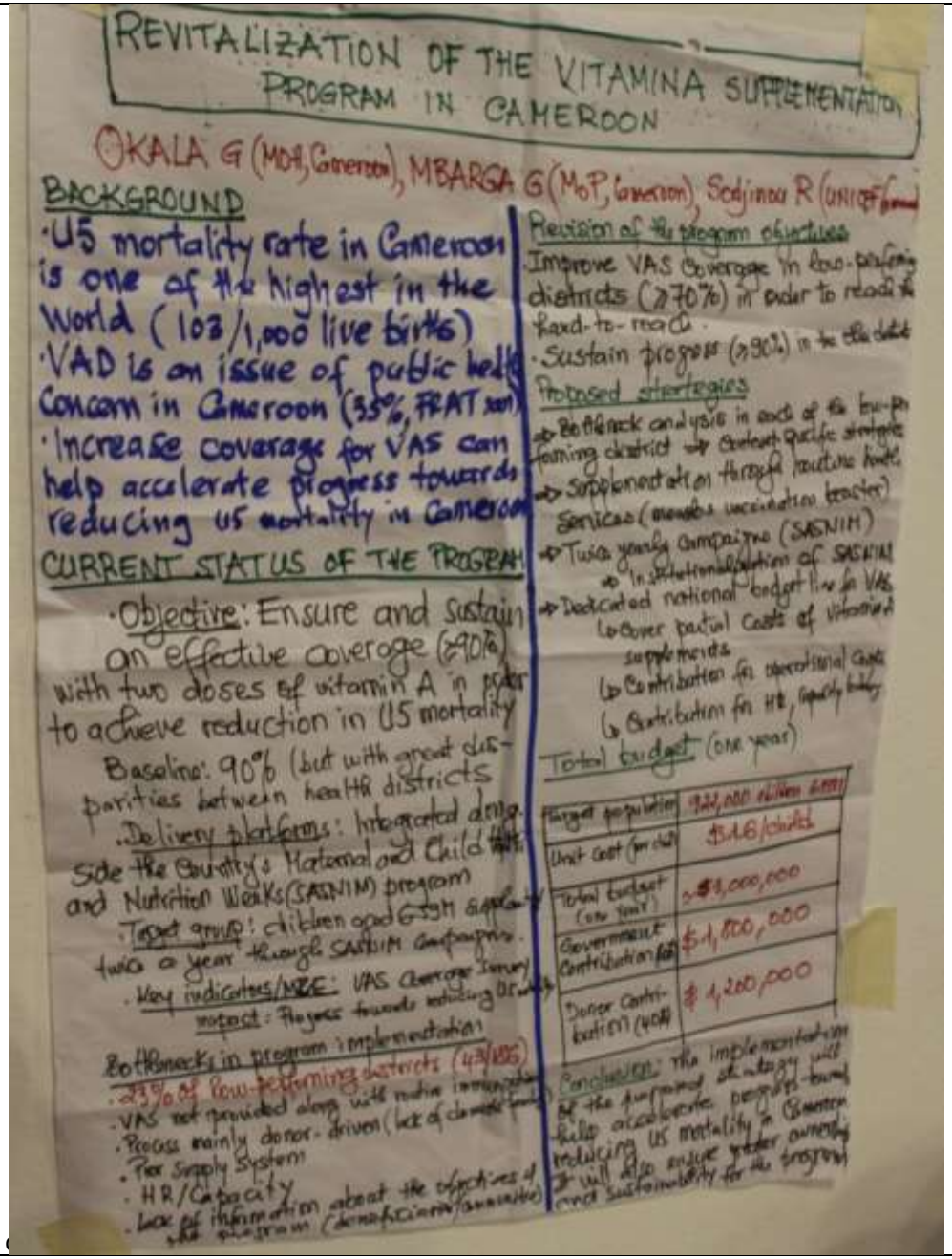


BURUNDI


BURUNDI : PROJET POUR ACCELERE
L'ATTEINTE DE l'OMD1
au BURUNDI
PROPA-O
CIB
BUB
BUJA
BURU
RYG
3 COMPOSANTES
FINANCEMENT : 18.500.000 €
UE : 17.500.000 €
UNICEF : 1,08 €
PAM : 573.000 €
CIBLES : 80.000
MENAGES RURAUX


Financé par : UE
FIDA, UNICEF
PAM, FAO
Burundi
PROJET POUR ACCELER
L'ATTEINTE DE L'OMD
BURUNDI PROPA-O
BUDGET : 18,5 M €
OBJECTIFS:
INDICATEURS
RESULTATS ATTENDUS
CIBLES: PETITS PRODUCTEURS
80.000 MENAGES
DOMAINES : - SANTE, WASH
ELEVAGE
M & E:
- STAT NAT
- ETUDES DE REF
POA:

CAMEROON



REVITALIZATION OF THE VITAMINA SUPPLEMENTATION PROGRAM IN CAMEROON

OKALA G (MOH, Cameroon), MBARGA G (MoP, Cameroon), Sodjinou R (UNICEF)

BACKGROUND

- U5 mortality rate in Cameroon is one of the highest in the World (103/1,000 live births)
- VAD is an issue of public health Concern in Cameroon (35%, FRAT 2011)
- Increase coverage for VAS can help accelerate progress towards reducing U5 mortality in Cameroon

CURRENT STATUS OF THE PROGRAM

- Objective: Ensure and sustain an effective coverage (≥90%) with two doses of vitamin A in order to achieve reduction in U5 mortality
- Baseline: 90% (but with great disparities between health districts
- Delivery platforms: Integrated alongside the Country's National and Child Health and Nutrition Weeks (SASNIM) program
- Target group: children aged 6-59m supplemented twice a year through SASNIM campaigns
- Key indicators/MRE: VAS coverage; Impact; Progress towards reducing U5 mortality

Bottlenecks in program implementation

- 23% of low-performing districts (43/185)
- VAS not provided along with routine immunization
- Process mainly donor-driven (lack of domestic funding)
- Poor supply System
- HR/Capacity
- Lack of information about the objectives of the program (beneficiaries/communities)

Revision of the program objectives

- Improve VAS coverage in low-performing districts (≥70%) in order to reach the hard-to-reach
- Sustain progress (≥90%) in the other districts

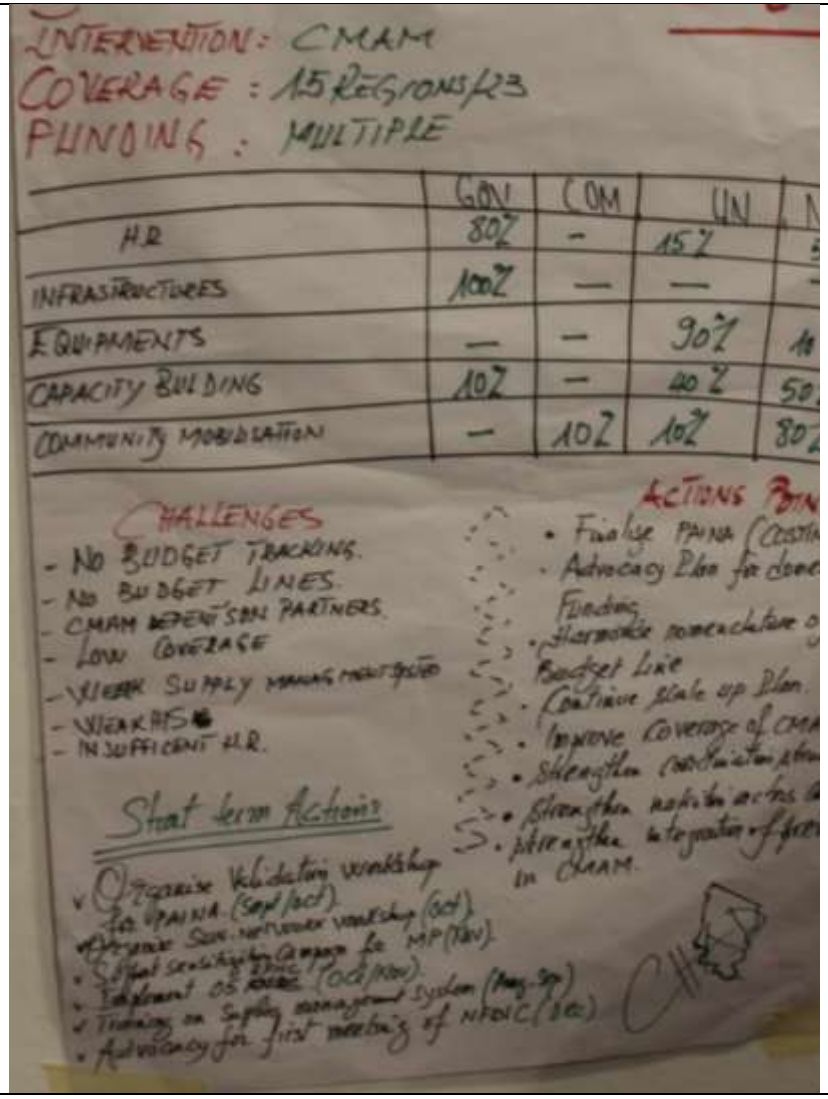
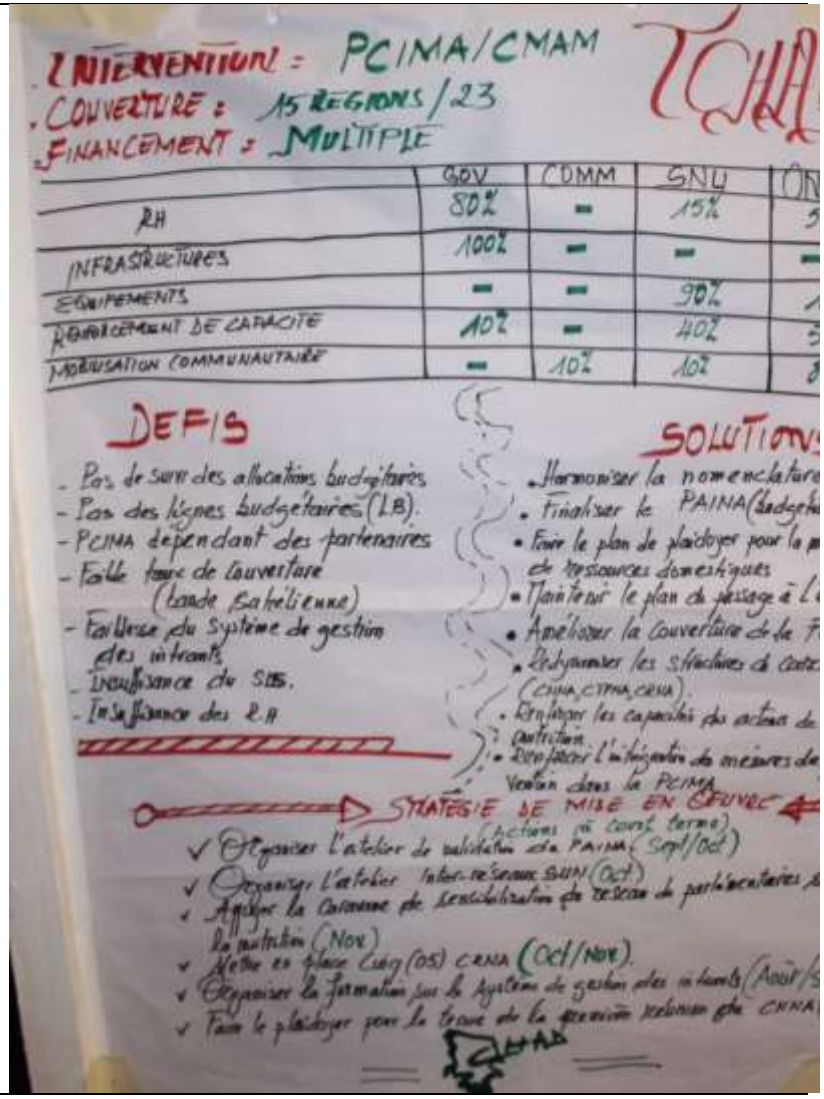
Proposed strategies

- Bottleneck analysis in each of the low-performing district → Context specific strategies
- → Supplementation through routine health Services (monthly vaccination sessions)
- → Twice yearly campaigns (SASNIM)
- → Institutionalization of SASNIM
- → Dedicated national budget line for VAS
  - Cover partial Costs of Vitamin A supplements
  - Contribution for operational Costs
  - Contribution for HR, Capacity building

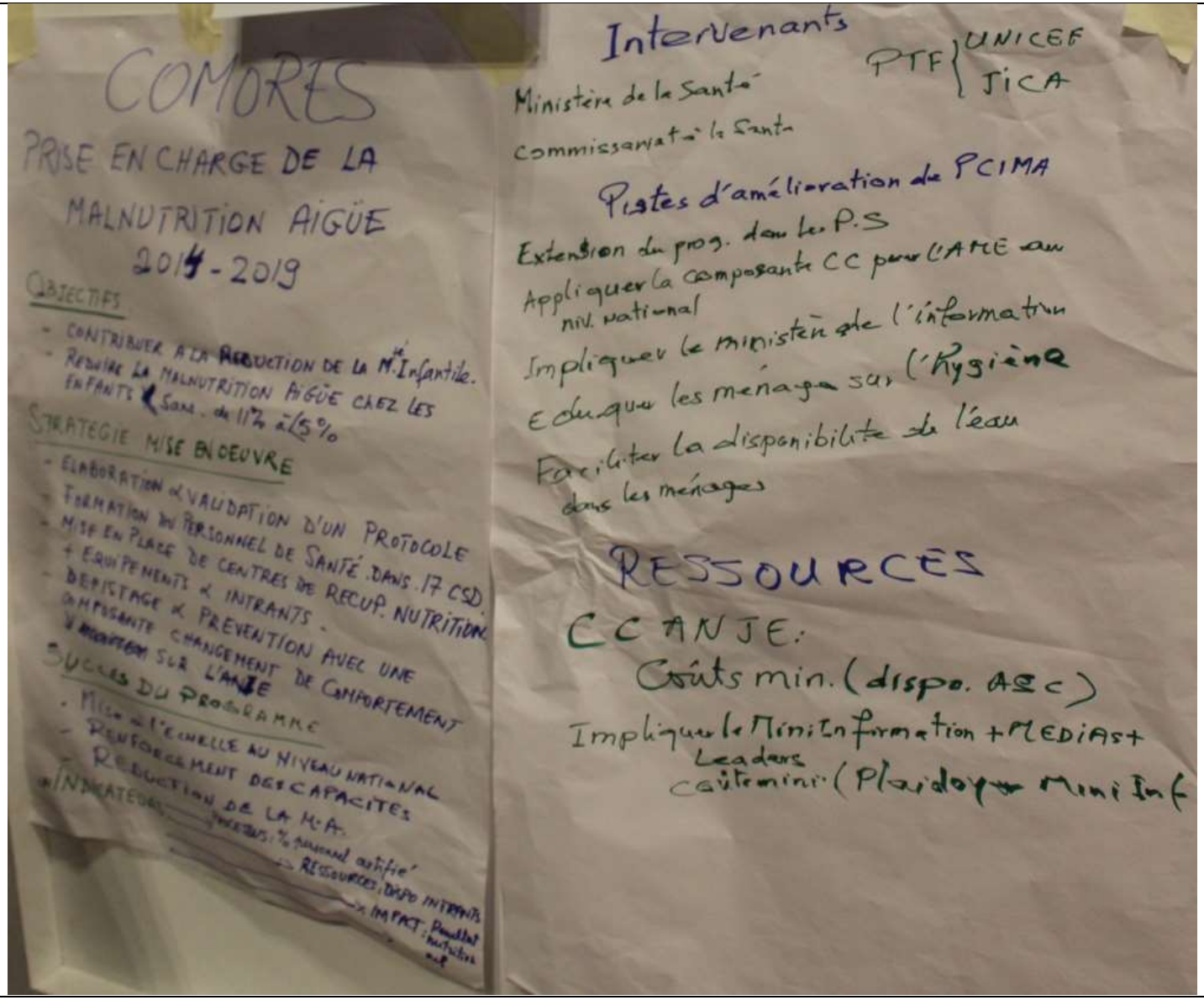
Total budget (one year)

Target population	922,000 children 6-59m
Unit cost (per child)	$1.6/child
Total budget (one year)	~$3,000,000
Government Contribution (40%)	$1,800,000
Donor Contribution (40%)	$1,200,000

Conclusion: The implementation of the program strategy will help accelerate progress towards reducing U5 mortality in Cameroon. It will also ensure greater ownership and sustainability for the program

CHAD		 INTERVENTION: CMAM COVERAGE : 15 REGIONS/23 FUNDING : MULTIPLE GOV COM UN H.R 80% - 15% INFRASTRUCTURES 100% — — EQUIPMENTS — — 90% CAPACITY BUILDING 10% — 40% COMMUNITY MOBILISATION — 10% 10% CHALLENGES - NO BUDGET TRACKING. - NO BUDGET LINES. - CMAM DEPENDS ON PARTNERS. - LOW COVERAGE - WEAK SUPPLY MANAGEMENT SYSTEM - WEAKNESS - INSUFFICIENT H.R. Short term Actions ACTIONS Finalise PAINA Budget Line Improve coverage of CMAM in CMAM.	 INTERVENTION : PCIMA/CMAM COUVERTURE : 15 REGIONS / 23 FINANCEMENT : MULTIPLE GOV COMM SNU RH 80% - 15% INFRASTRUCTURES 100% - - EQUIPEMENTS - - 90% RENFORCEMENT DE CAPACITE 10% - 40% MOBILISATION COMMUNAUTAIRE - 10% 10% DEFIS - Pas de suivi des allocations budgétaires - Pas des lignes budgétaires (LB). - PCIMA dépendant des partenaires - Faible taux de couverture (Grande Bataillonne) - Faiblesse du Système de gestion des intrants - Insuffisance du SIS. - Insuffisance des R.H SOLUTIONS STRATEGIE DE MISE EN OEUVRE (Actions à court terme) ✓ Organiser l'atelier de validation du PAINA (Sept/Oct) ✓ Organiser l'atelier Inter-réseaux SUN (Oct) ✓ Mettre en place Cluster (05) CRNA (Oct/Nov). ✓ Organiser la formation sur le système de gestion des intrants (Août/S ✓ Faire le plaidoyer pour la prise en charge des CRNA

COMORES


COMORES
PRISE EN CHARGE DE LA MALNUTRITION AIGÜE 2014-2019
OBJECTIFS
- CONTRIBUER A LA REDUCTION DE LA M. Infantile.
- REDUIRE LA MALNUTRITION AIGÜE CHEZ LES ENFANTS < 5ans. de 11% à 5%
STRATEGIE MISE EN OEUVRE
- ELABORATION & VALIDATION D'UN PROTOCOLE
- FORMATION DU PERSONNEL DE SANTÉ DANS 17 CSD.
- MISE EN PLACE DE CENTRES DE RECUP. NUTRITION
+ EQUIPEMENTS & INTRANTS.
- DEPISTAGE & PREVENTION AVEC UNE COMPOSANTE CHANGEMENT DE COMPORTEMENT
SUCCES DU PROGRAMME
- MISE A L'ECHELLE AU NIVEAU NATIONAL
- RENFORCEMENT DES CAPACITES
- REDUCTION DE LA M.A.
INDICATEURS
RESSOURCES: DISPO INTRANTS
IMPACT: Prevalence malnutrition aigue
Intervenants
Ministère de la Santé
Commissariat à la Santé
PTF { UNICEF JICA
Pistes d'amélioration de PCIMA
Extension du prog. dans les P.S
Appliquer la composante CC pour l'ANJE au niv. national
Impliquer le ministère de l'information
Eduquer les ménages sur l'Hygiène
Faciliter la disponibilité de l'eau dans les ménages
RESSOURCES
CCANJE:
Coûts min. (dispo. ASC)
Impliquer le Min. Information + MEDIAS + Leaders communautaires (Plaidoyer Min. Inf

CONGO BRAZZAVILLE

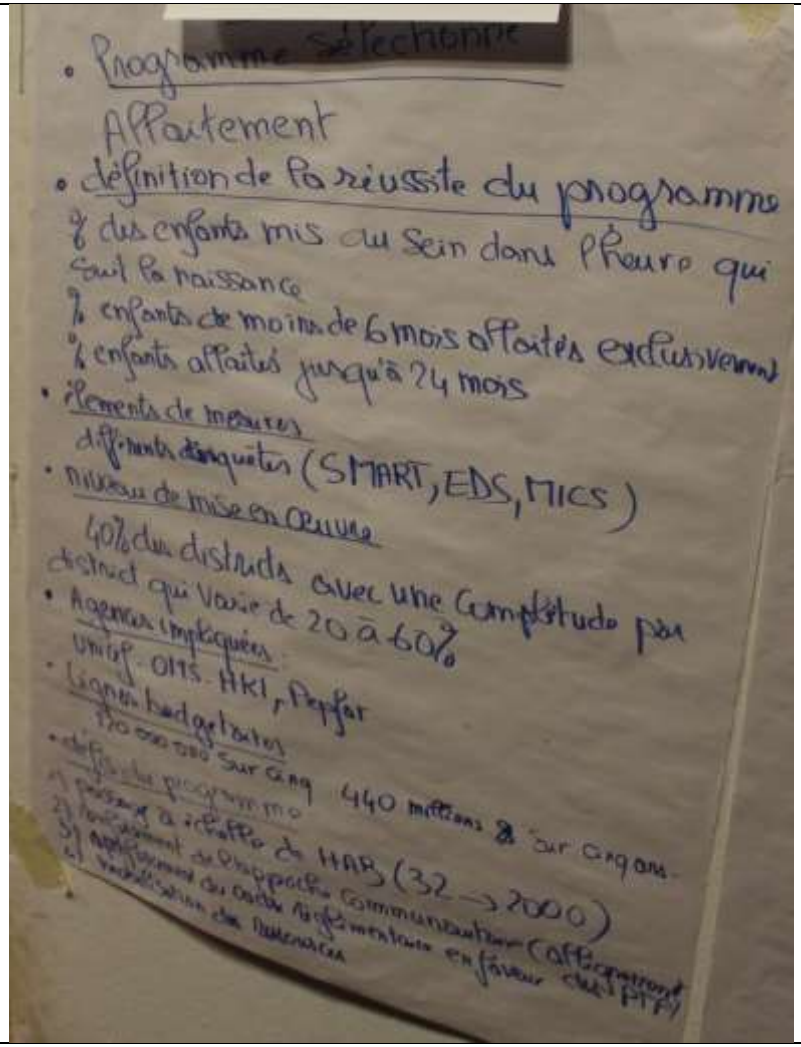
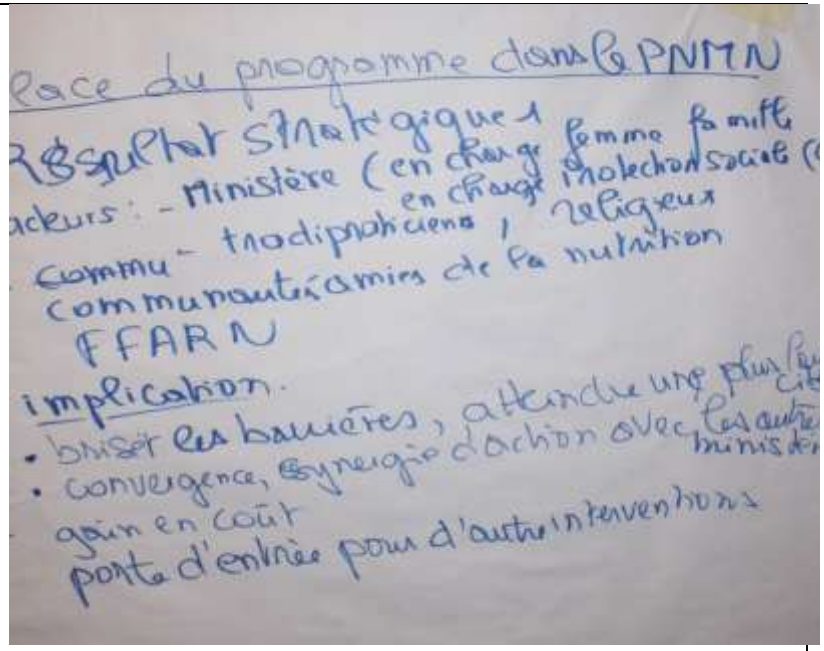
CONGO DRC

REPUBLIQUE DEMOCRATIQUE DU CONGO

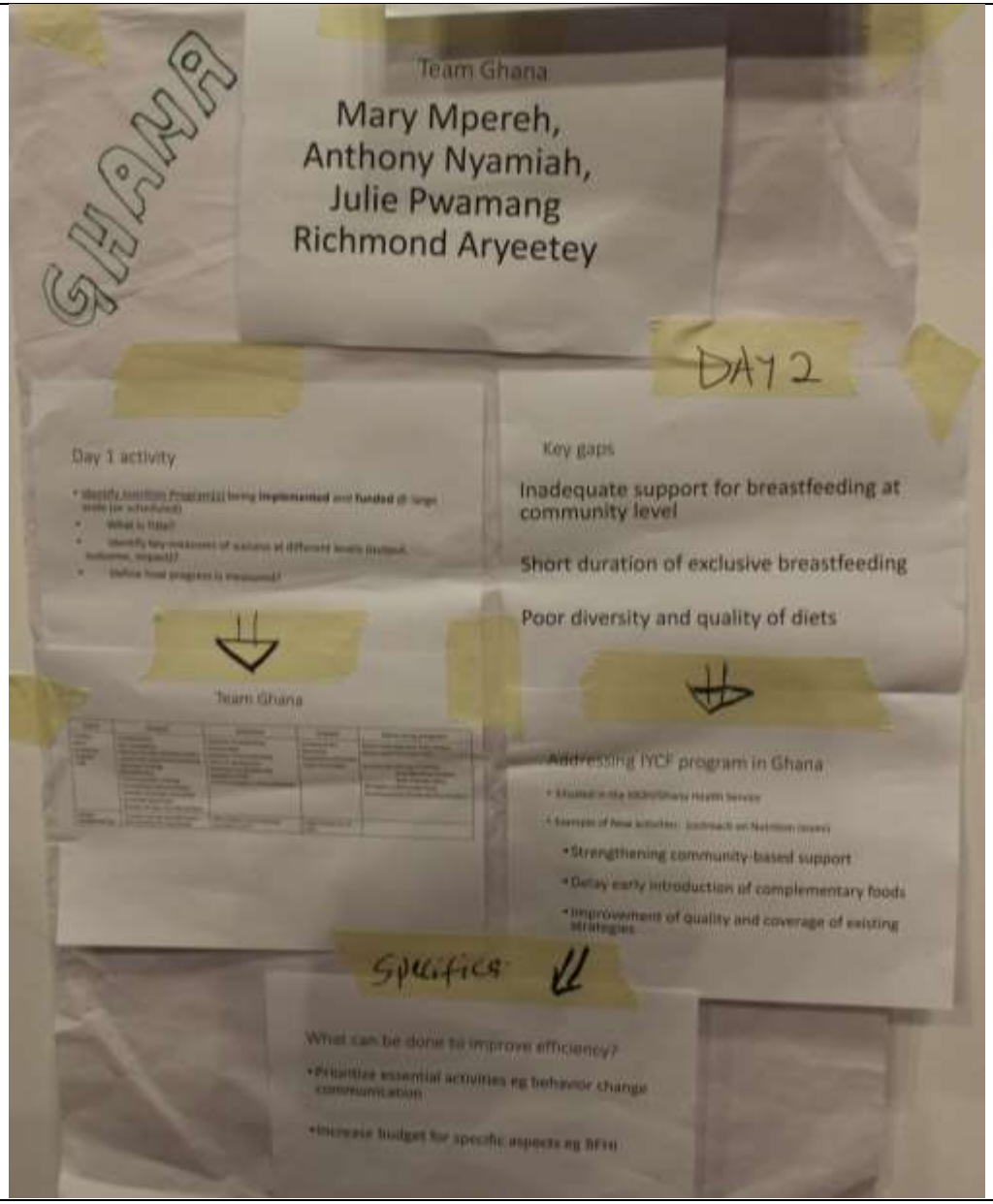
PROGRAMME : Consultation Pré-Scolaire Redynamisée

AXE STRATEGIQUE # 2 :

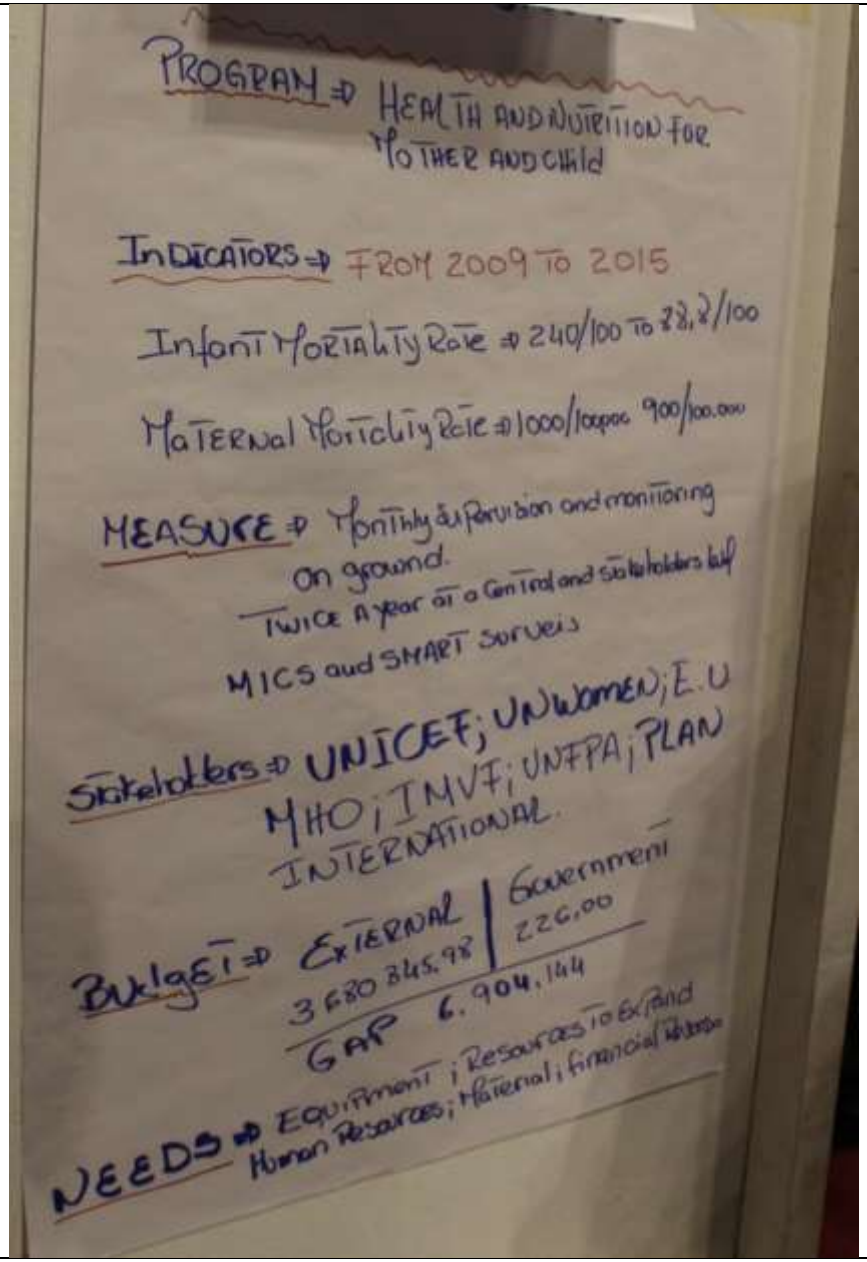
OBJECTIF	CIBLE	Source de $	Couverture GLO	Efficacité	Efficience
Suivre et Promouvoir la Xté des enfants de moins de 5 ans	Enfants de 0-5 ans	Gouvernement UNICEF PAM STC IMA WV	516 ZS 26 DPS Niveau Central	1. Integration au niveau communautaire à travers la MAC.	ⓓ Amélioration de la couverture de la cible ⓓ Integration d'autres activités.
				2. Renforcement de la CPS en routine.	ⓓ Appropriation par la communauté ⓓ Pérennité des activités liées à la CPS.
				3. Integration des aspects multisectoriels	ⓓ Rapportage à travers un seul système (pas de doublon). ⓓ Un seul instrument de collecte des données.
				4. Amélioration de la complétude & promptitude.	

COTE D' IVOIRE			

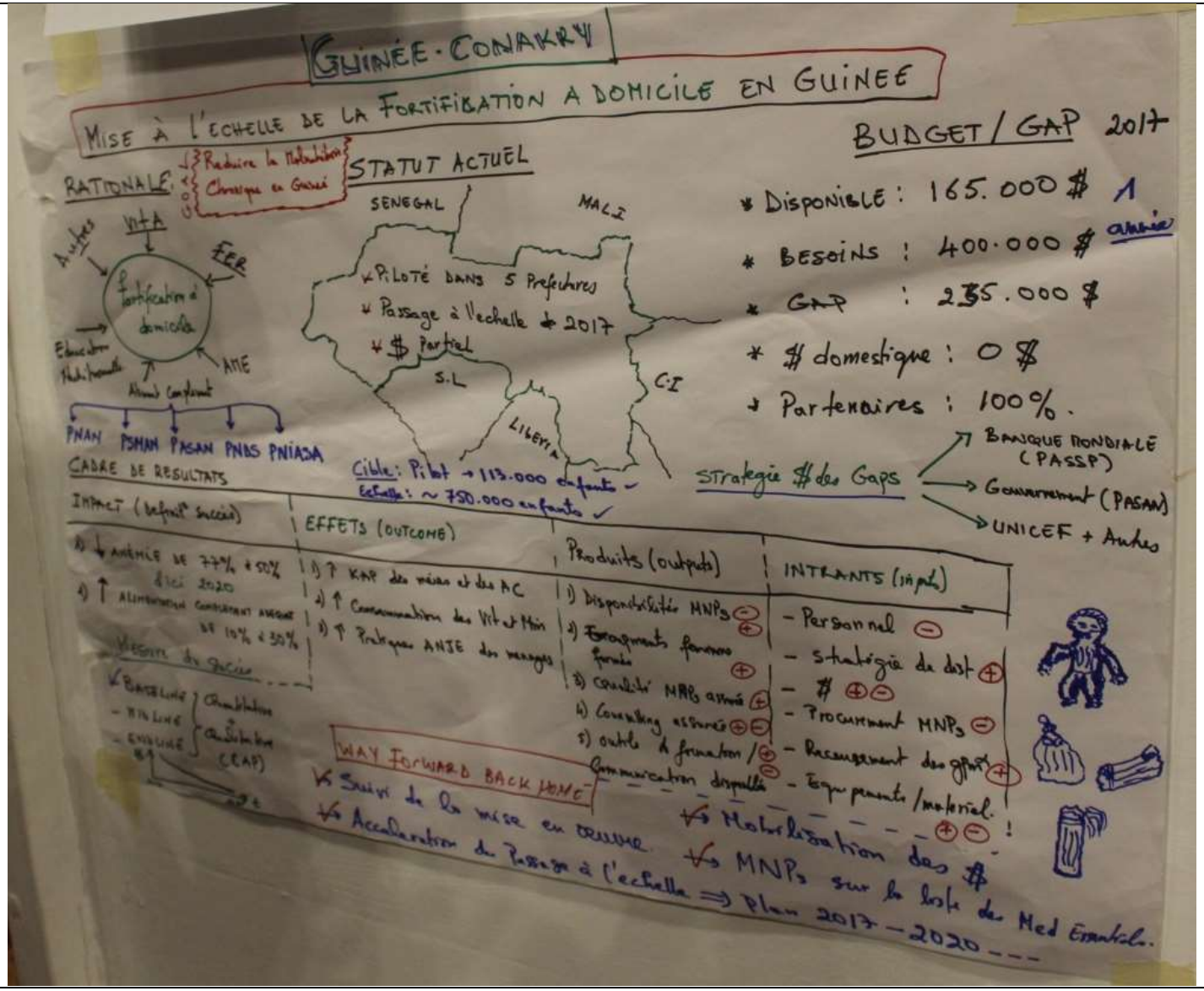
GHANA


GHANA
Team Ghana
Mary Mpereh,
Anthony Nyamiah,
Julie Pwamang
Richmond Aryeetey
DAY 2
Day 1 activity
Key gaps
Inadequate support for breastfeeding at community level
Short duration of exclusive breastfeeding
Poor diversity and quality of diets
Team Ghana
Addressing IYCF program in Ghana
•Strengthening community-based support
•Delay early introduction of complementary foods
•Improvement of quality and coverage of existing strategies
Specifics
What can be done to improve efficiency?
•Prioritize essential activities eg behavior change communication

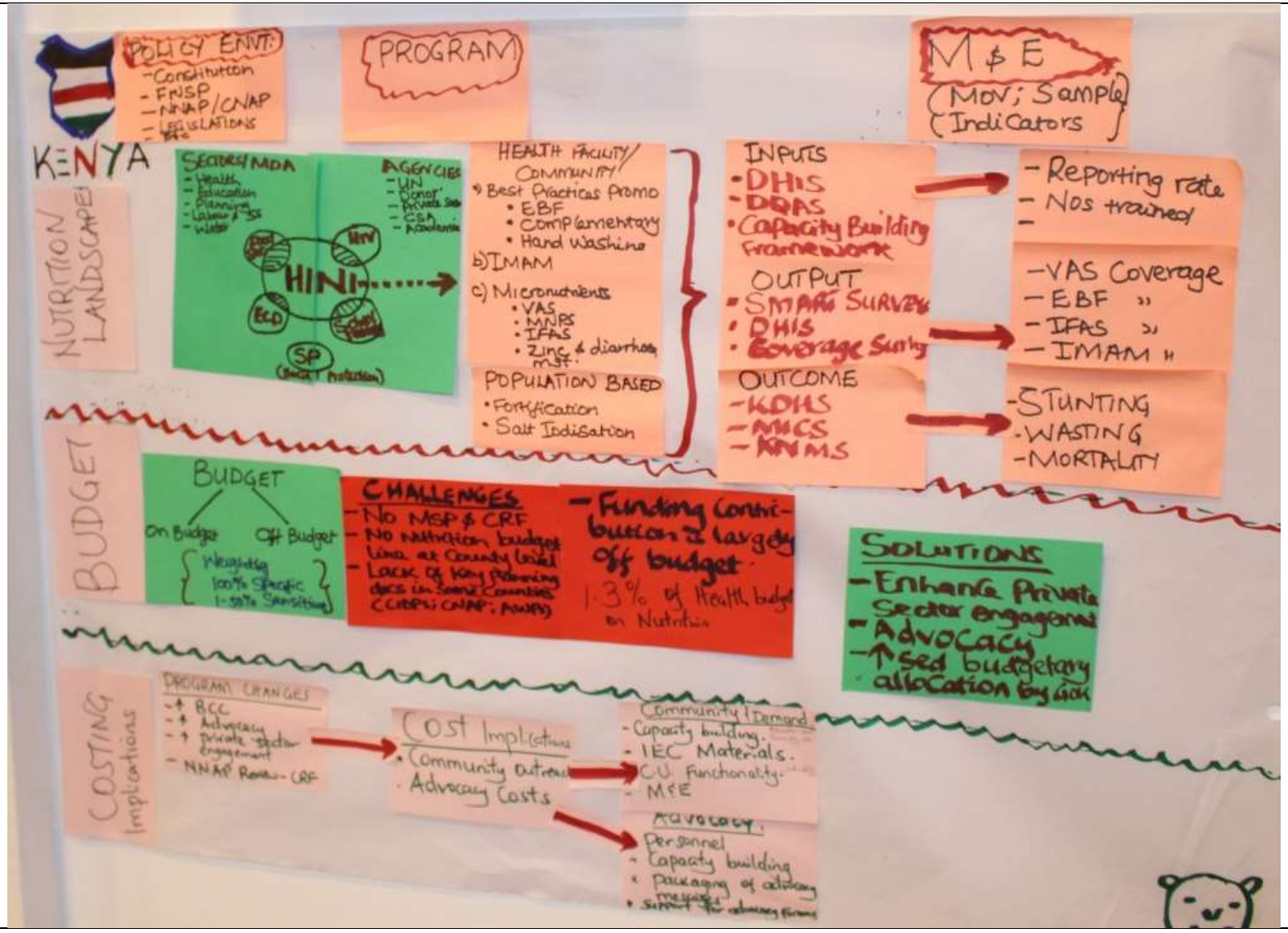
GUINEA BISSAU

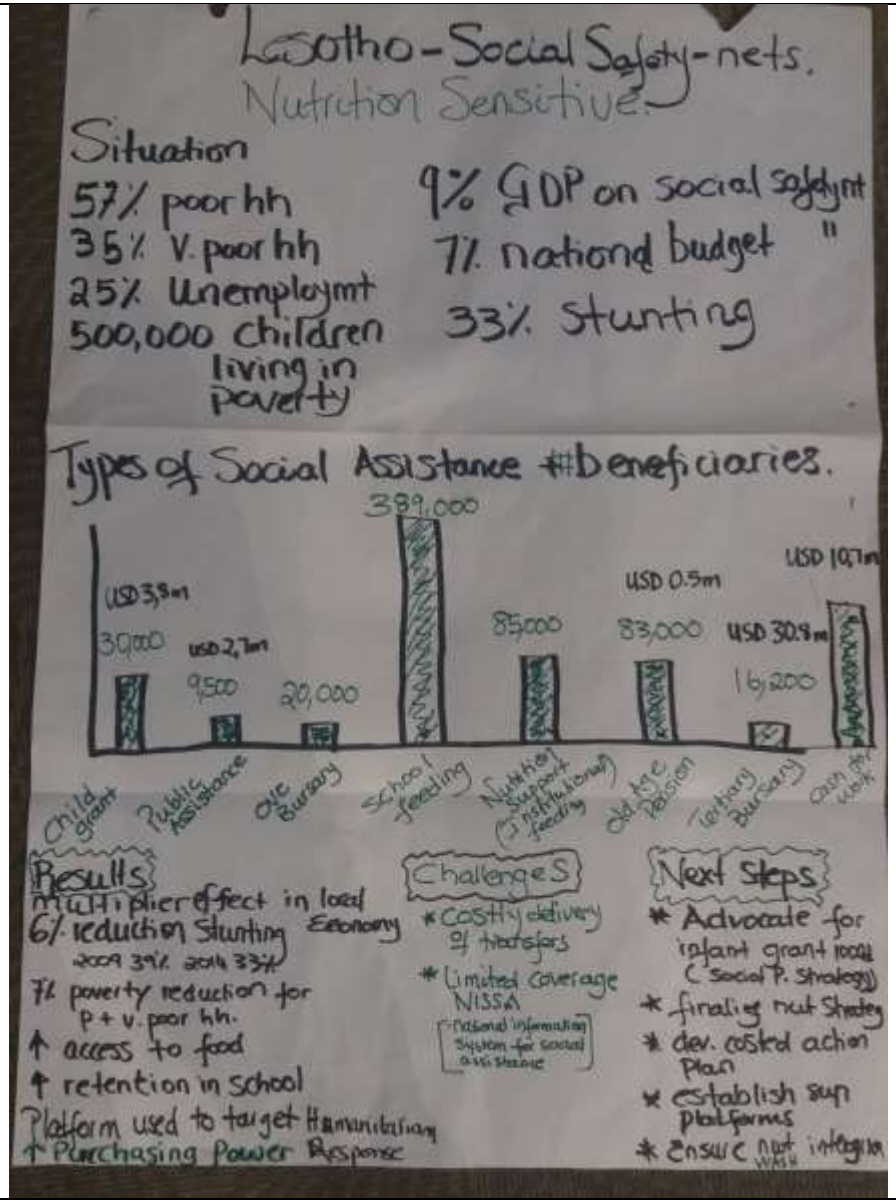


GUINEA CONAKRY



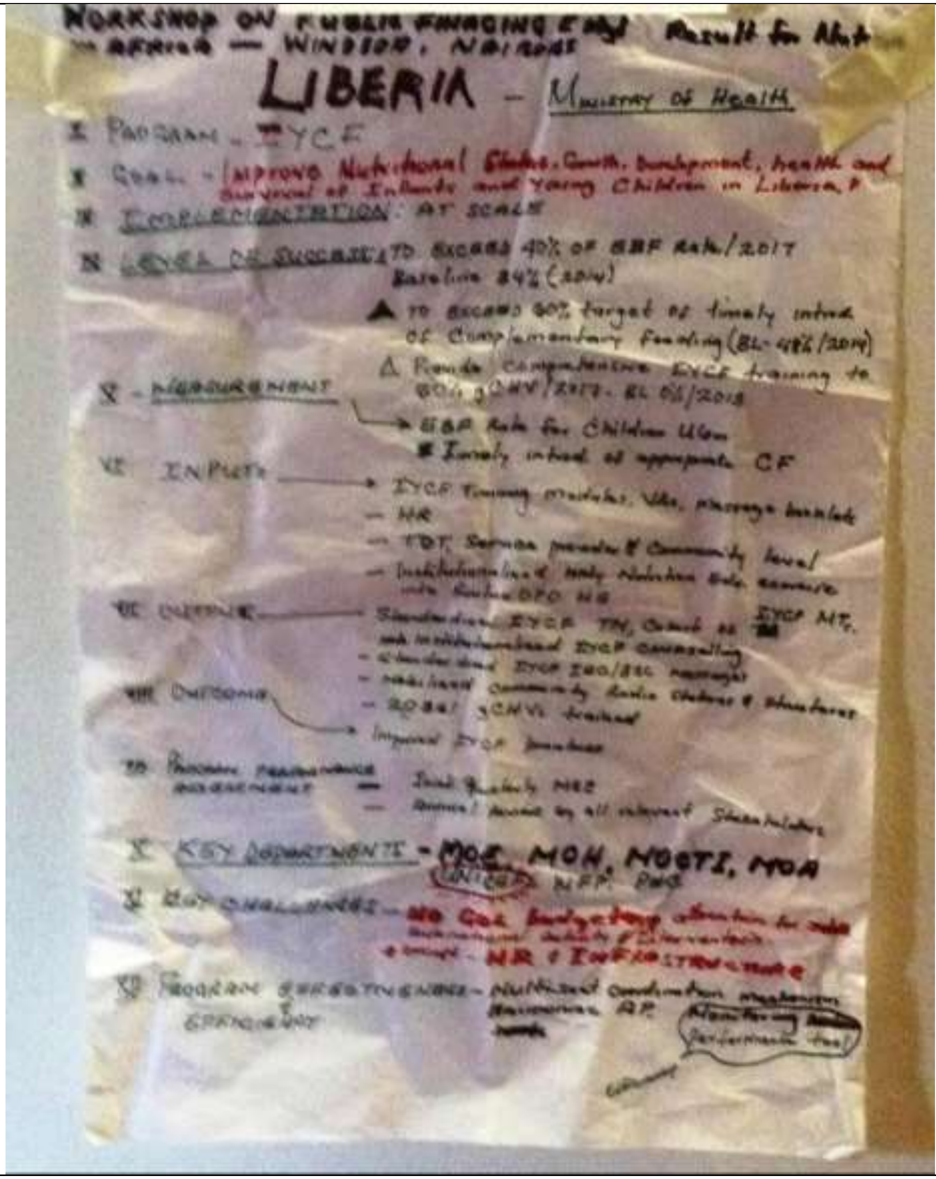
KENYA


POLICY ENVT:
-Constitution
- FNSP
- NNAP/CNAP
PROGRAM
M & E
(MOV; Sample
(Indicators
KENYA
NUTRITION LANDSCAPE
SECTORS/MDA
AGENCIES
HIV
HINI
ECD
SP
HEALTH FACILITY/ COMMUNITY
Best Practices Promo
• EBF
• Complementary
• Hand Washing
b) IMAM
c) Micronutrients
• VAS
• MNPS
• IFAS
• Zinc & diarrhea
POPULATION BASED
• Fortification
• Salt Iodisation
INPUTS
-DHIS
-DQAS
-Capacity Building Framework
OUTPUT
- SMART SURVEY
- DHIS
- Coverage Survey
OUTCOME
-KDHS
-MICS
-KNMS
- Reporting rate
- Nos trained
-VAS Coverage
- EBF »
- IFAS »
- IMAM »
-STUNTING
-WASTING
-MORTALITY
BUDGET
BUDGET
On Budget
Off Budget
CHALLENGES
- No MSP & CRF
- No Nutrition budget line at County level
- Lack of key planning docs in some Counties (CIDPs; CNAP; AWPs)
- Funding Contribution largely off budget
1.3% of Health budget on Nutrition
SOLUTIONS
- Enhance Private Sector engagement
- Advocacy
- ↑ed budgetary allocation by GoK
COSTING Implications
PROGRAM CHANGES
- ↑ BCC
- ↑ Advocacy
- ↑ private sector engagement
- NNAP Review - CRF
Cost Implications
• Community Outreach
• Advocacy Costs
Community Demand
- Capacity building.
- IEC Materials.
- CU Functionality.
- M&E
Advocacy:
Personnel
- Capacity building
- Packaging of advocacy messages

LESOTHO			

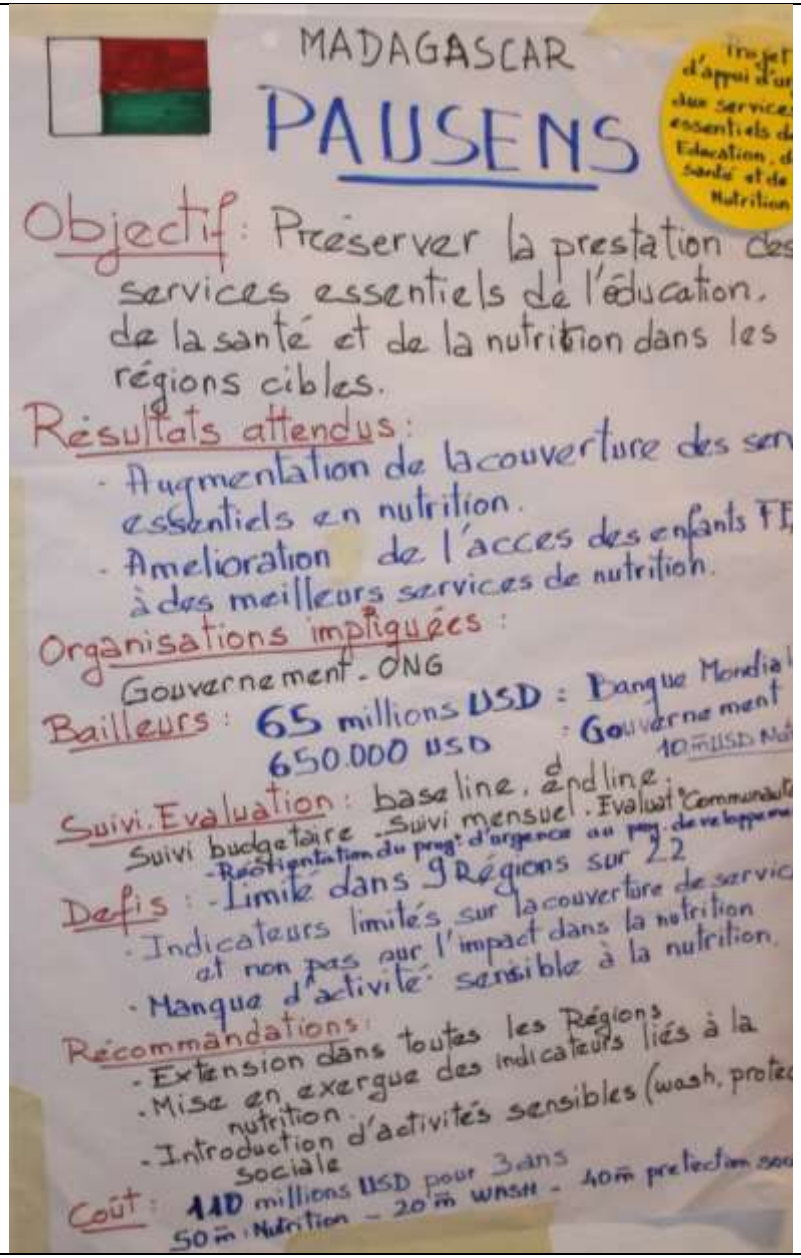
Lesotho - Social Safety-nets.
Nutrition Sensitive
Situation
57% poor hh
35% V. poor hh
25% Unemployment
500,000 children living in poverty
9% GDP on social safetynet
7% national budget "
33% stunting
Types of Social Assistance #beneficiaries.
USD 3.8m
30,000
USD 2.7m
9,500
20,000
389,000
85,000
USD 0.5m
83,000
USD 30.9m
16,200
USD 10.7m
Child grant
Public Assistance
OVC Bursary
School feeding
Nutrition Support (Institutional feeding)
Old age Pension
Tertiary Bursary
Cash for work
Results
Multiplier effect in local Economy
6% reduction Stunting
2009 39% 2014 33%
7% poverty reduction for p + v. poor hh.
↑ access to food
↑ retention in school
Platform used to target Humanitarian
↑ Purchasing Power Response
Challenges
* Costly delivery of transfers
* Limited coverage NISSA
National Information System for Social Assistance
Next Steps
* Advocate for infant grant (Social P. Strategy)
* finaling nut Strategy
* dev. costed action Plan
* establish sup platforms
* Ensure nut integration

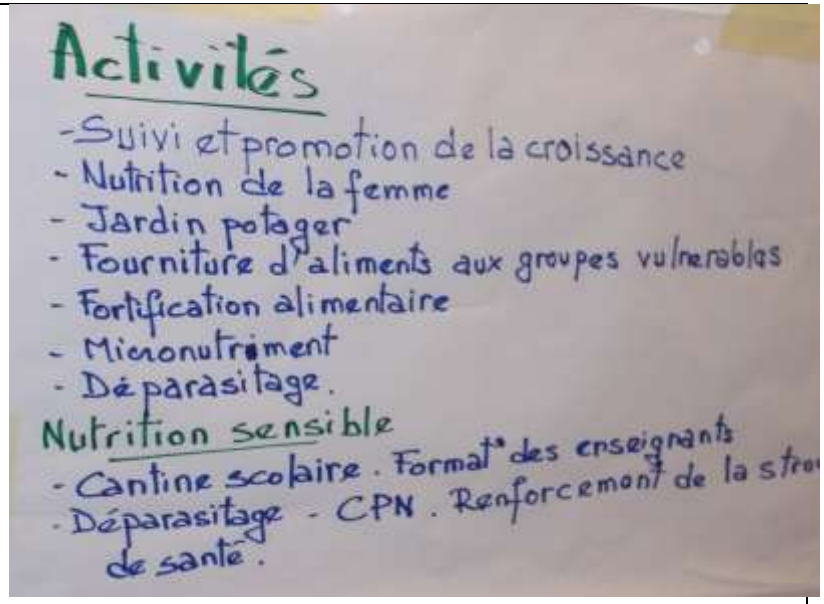
LIBERIA

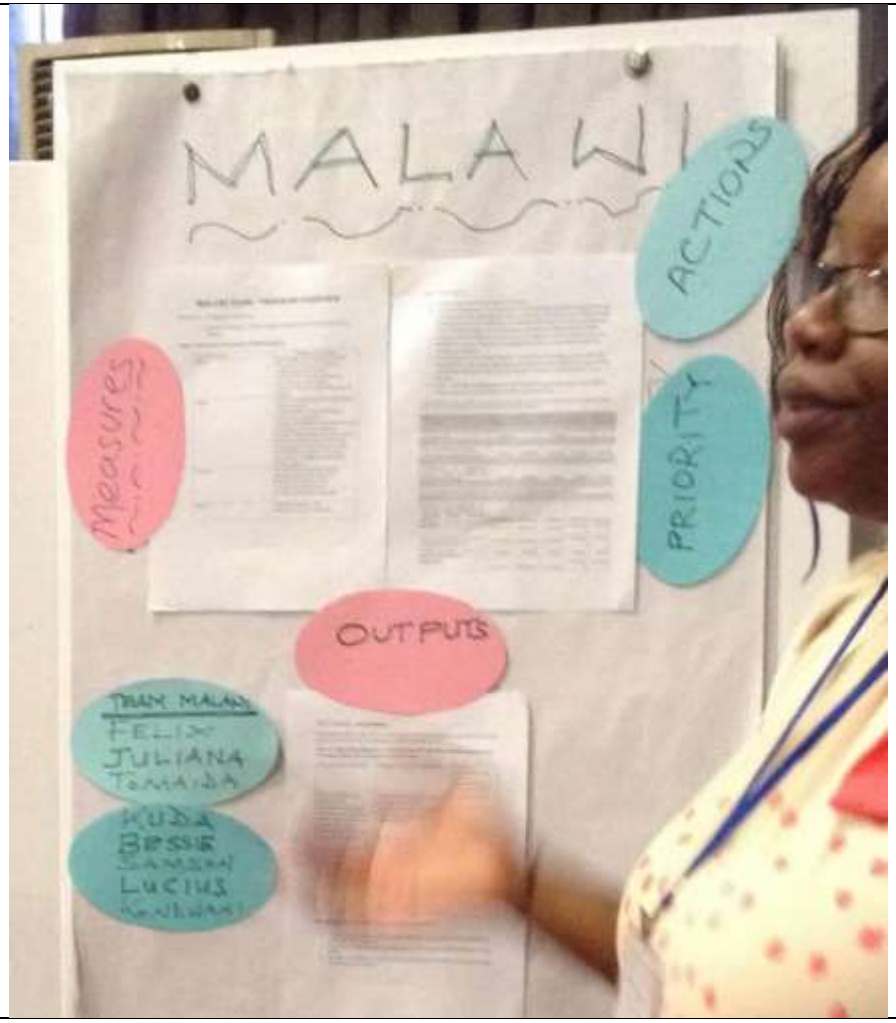


LIBERIA – Ministry of Health
PROGRAM – IYCF
IMPLEMENTATION: AT SCALE
KEY DEPARTMENTS – MOE, MOH, MOCTI, MOA

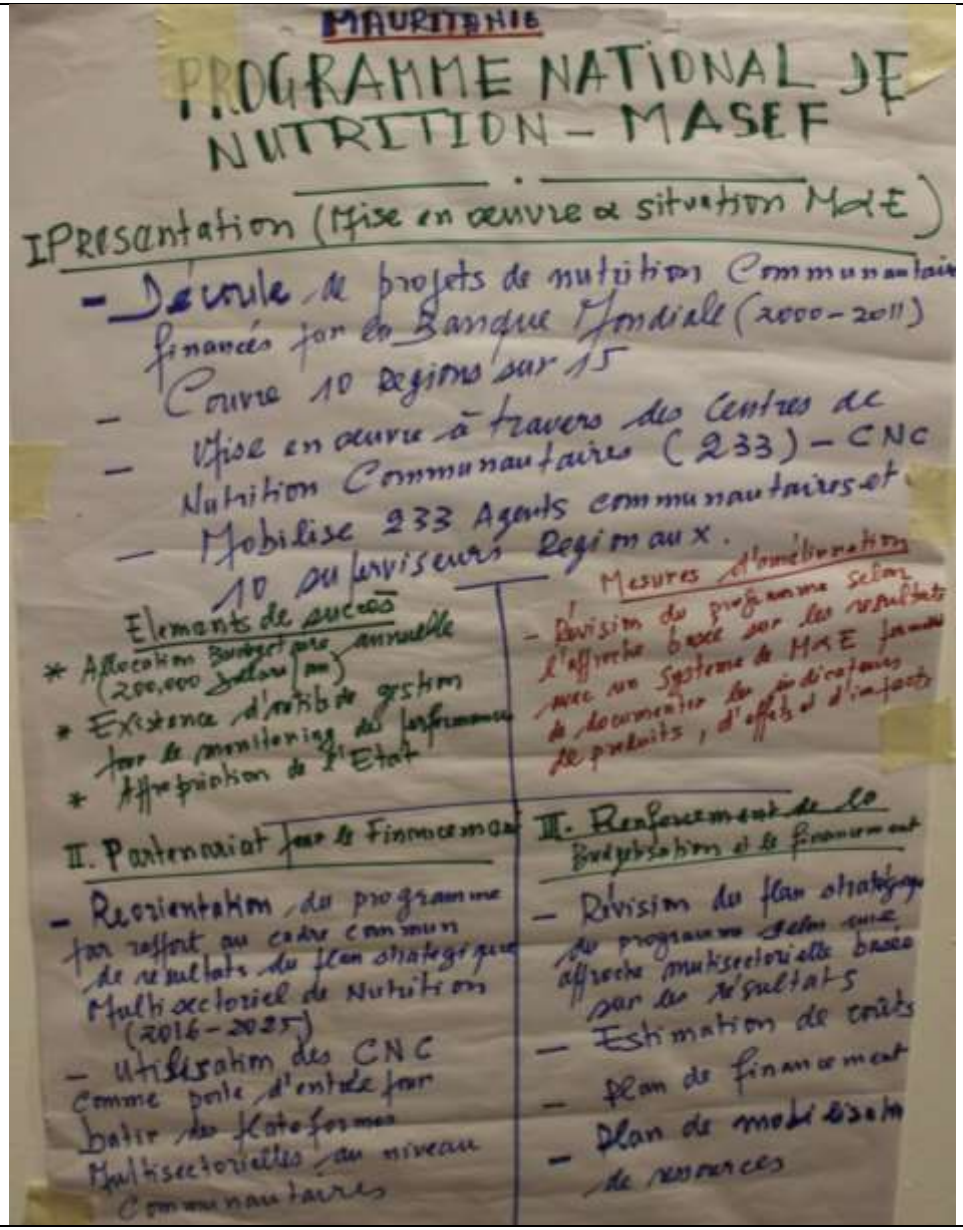
MADAGASCAR


MADAGASCAR
PAUSENS
Objectif : Préserver la prestation des services essentiels de l'éducation, de la santé et de la nutrition dans les régions cibles.
Résultats attendus :
- Augmentation de la couverture des ser essentiels en nutrition.
- Amélioration de l'acces des enfants FE à des meilleurs services de nutrition.
Organisations impliquées :
Gouvernement. ONG
Bailleurs : 65 millions USD : Banque Mondia
650.000 USD : Gouvernement
Suivi. Evaluation : baseline, endline ;
Suivi budgetaire . Suivi mensuel . Evaluat° Communauté
Défis : - Limité dans 9 Régions sur 22
- Indicateurs limités sur la couverture de servic et non pas sur l'impact dans la nutrition
- Manque d'activité sensible à la nutrition.
Récommandations :
- Extension dans toutes les Régions
- Mise en exergue des indicateurs liés à la nutrition.
- Introduction d'activités sensibles (wash, protec sociale
Coût : 110 millions USD pour 3ans
50m : Nutrition - 20m WASH - 40m protection

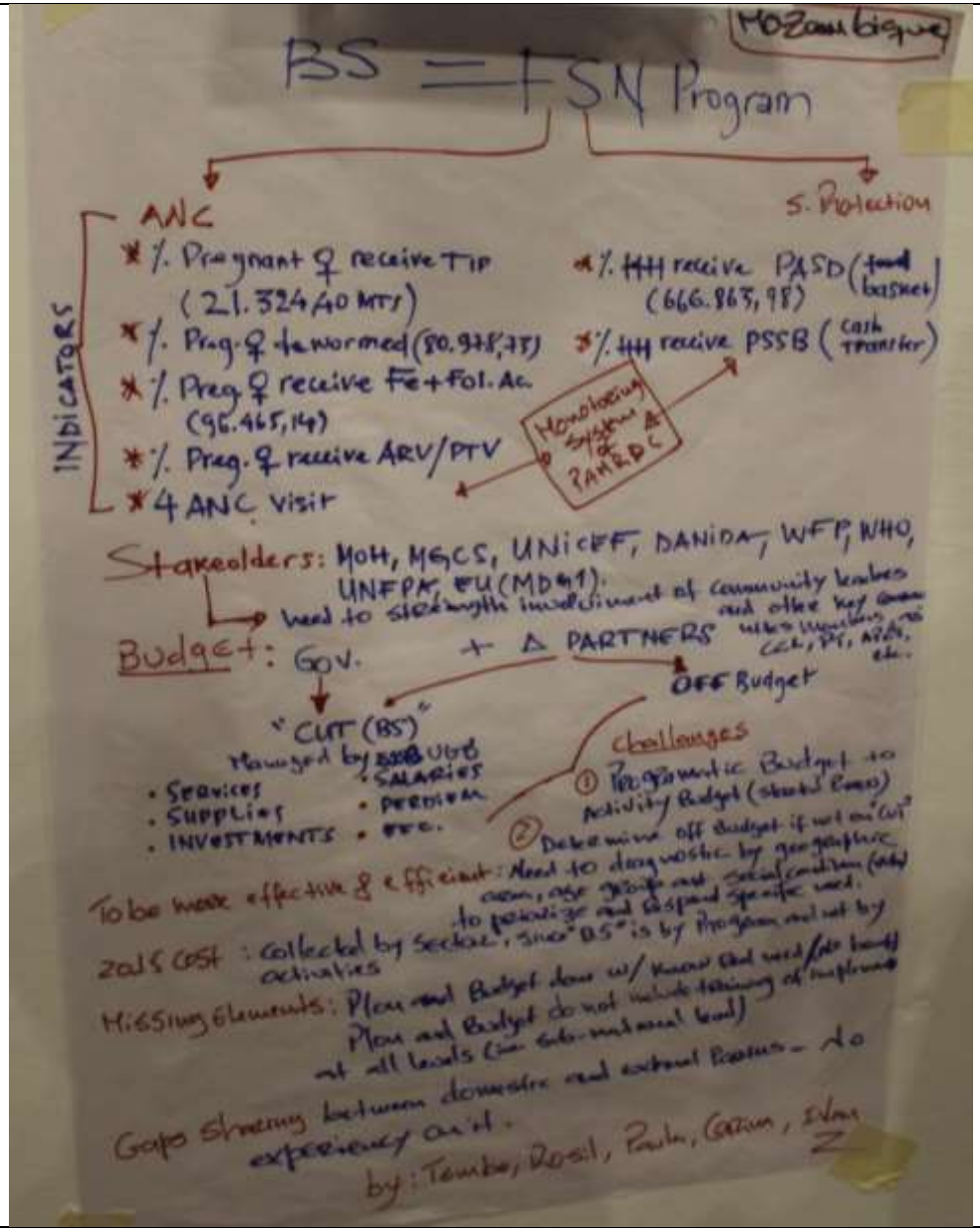

Activités
-Suivi et promotion de la croissance
- Nutrition de la femme
- Jardin potager
- Fourniture d'aliments aux groupes vulnerables
- Fortification alimentaire
- Micronutriment
- Déparasitage.
Nutrition sensible
- Cantine scolaire . Formal° des enseignants
- Déparasitage - CPN . Renforcement de la stra de santé.

MALAWI	 MALAWI ACTIONS Measures PRIORITY OUTPUTS FELIX JULIANA LUCIUS	

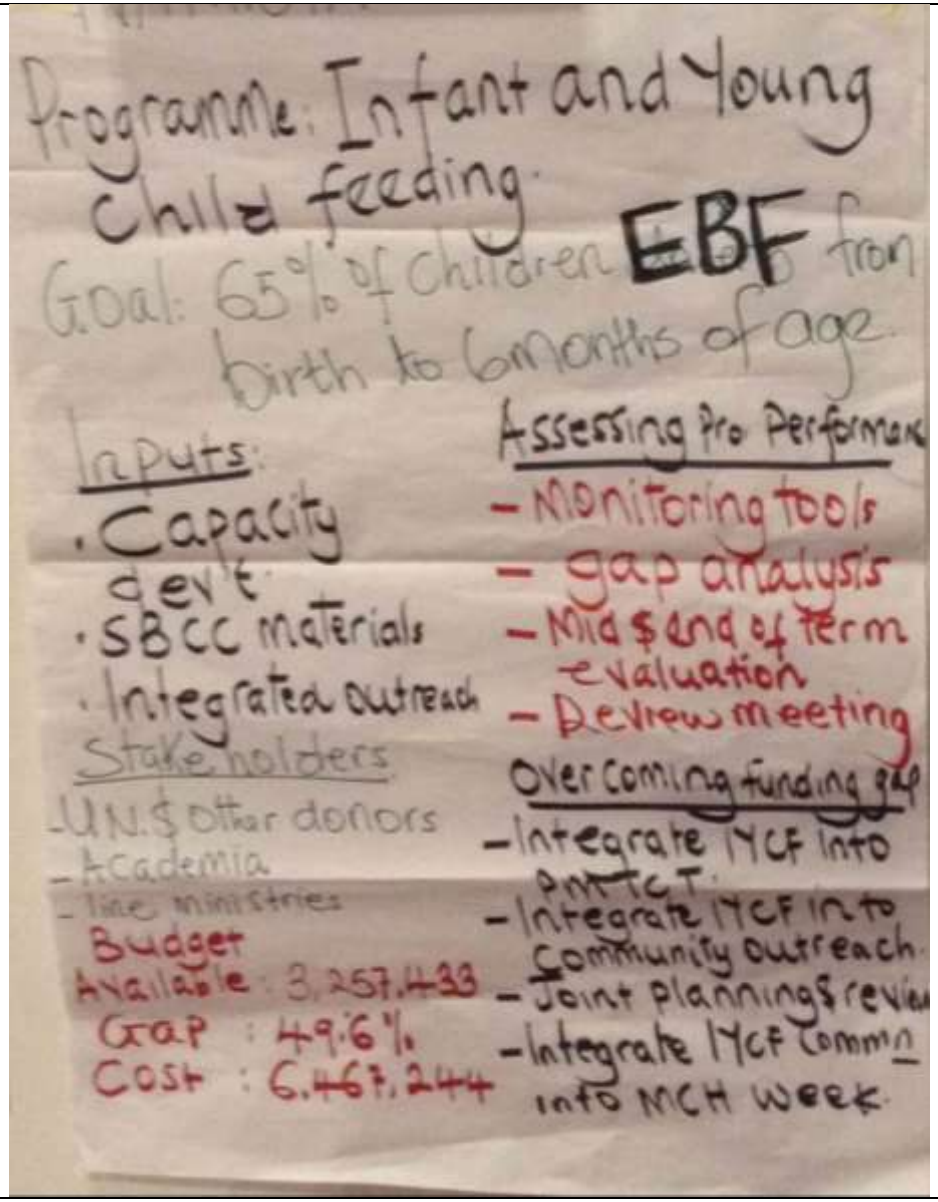
MAURITANIA


MAURITANIE
PROGRAMME NATIONAL DE NUTRITION - MASEF
IPResentation (Mise en oeuvre & situation MdE)
- Leçons de projets de nutrition Communautaire financés par la Banque Mondiale (2000-2011)
- Couvre 10 Regions sur 15
- Mise en oeuvre à travers des Centres de Nutrition Communautaires (233) - CNC
- Mobilise 233 Agents communautaires et 10 Superviseurs Regionaux.
Elements de succès
* Allocation Budgetaire annuelle (200.000 Dollars)
* Existence d'outils de gestion
* Appropriation de l'Etat
Mesures d'amélioration
- Revision du programme selon l'approche basée sur les résultats avec un Système de M&E fonctionnel de documenter les indicateurs de produits, d'effets et d'impacts
II. Partenariat pour le Financement
- Reorientation du programme pour s'assurer au cadre commun de résultats du plan stratégique Multisectoriel de Nutrition (2016-2025)
- Utilisation des CNC comme pole d'entrée pour bâtir des plateformes Multisectorielles au niveau Communautaires
III. Renforcement de la Budgetisation et le financement
- Revision du plan stratégique du programme selon une approche multisectorielle basée par les résultats
- Estimation de coûts
- Plan de financement
- Plan de mobilisation de ressources

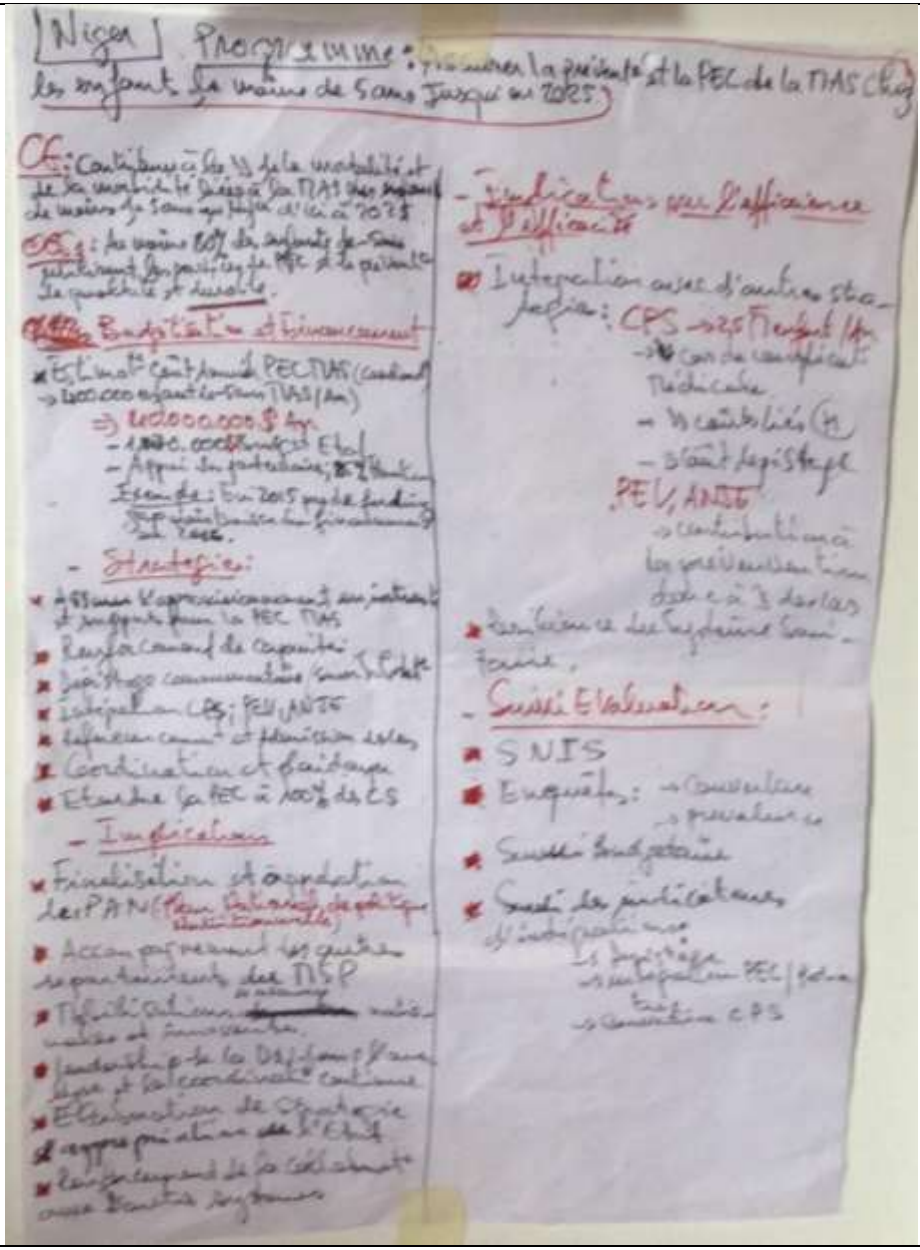
MOZAMBIQUE

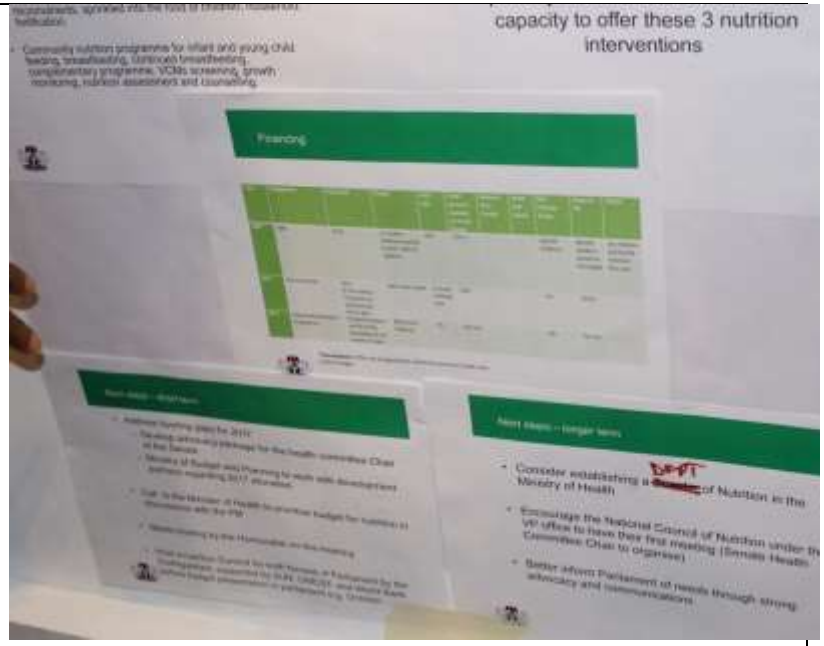

Mozambique
BS = FSN Program
ANC
5. Protection
INDICATORS
* % Pregnant ♀ receive TIP (21.324,40 MTS)
* % Preg. ♀ de-wormed (80.978,75)
* % Preg ♀ receive Fe+Fol. Ac. (96.465,14)
* % Preg. ♀ receive ARV/PTV
* 4 ANC visit
* % HH receive PASD (food basket) (666.863,98)
* % HH receive PSSB (cash transfer)
Monitoring System of PAM&DC
Stakeolders: MOH, MGCS, UNICEF, DANIDA, WFP, WHO, UNFPA, EU (MDG1).
need to strength involvement of community leaders and other key
Budget: Gov. + △ PARTNERS
OFF Budget
"CUT (BS)"
managed by
• Services
• Supplies
• INVESTMENTS
• SALARIES
• PREMIUM
• etc.
challenges
① Programatic Budget to Activity Budget (should Exist)
② Determine off budget if not on "CUT"
To be more effective & efficient: need to disagnostic by geographic area, age group and social condition (sex)
to prioritize and respond specific need.
Tools cost: collected by Sector, since "BS" is by Program and not by activities
Missing Elements: Plan and Budget done w/ known and used
Plan and Budget do not include training of
at all levels (i.e. sub-national level)
Gaps sharing between domestic and external Partners - to experiency exist.
by: Tembe, Rosi, Paula, Carina, Ivan

NAMIBIA

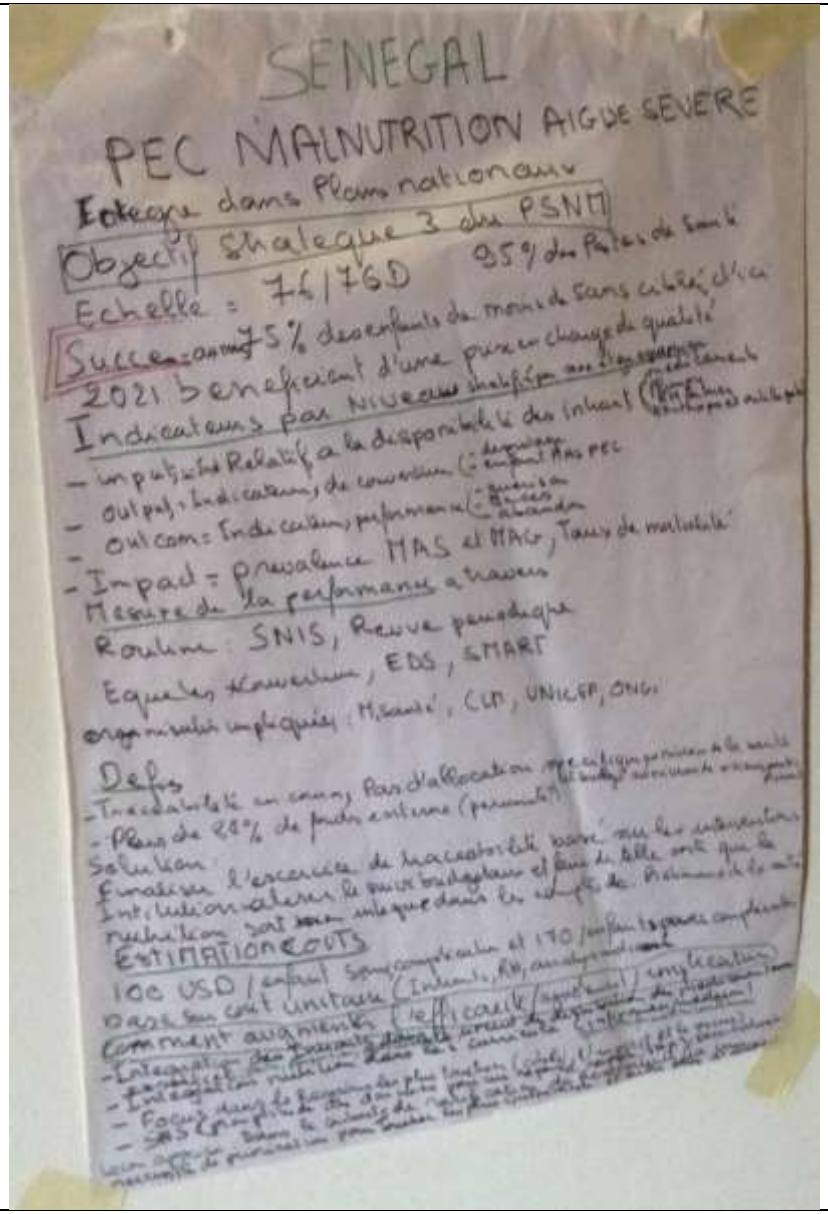

Programme: Infant and Young Child feeding.
Goal: 65% of children EBF from birth to 6 months of age.
Inputs:
• Capacity dev't
• SBCC materials
• Integrated outreach
Stake holders
- UN $ other donors
- Academia
- line ministries
Budget
Available: 3,257,433
Gap: 49.6%
Cost: 6,467,244
Assessing Pro Performance
- Monitoring tools
- gap analysis
- Mid $ end of term evaluation
- Review meeting
Overcoming funding gap
- Integrate IYCF into PMTCT.
- Integrate IYCF into community outreach.
- Joint planning & review
- Integrate IYCF comm into MCH week.

NIGER

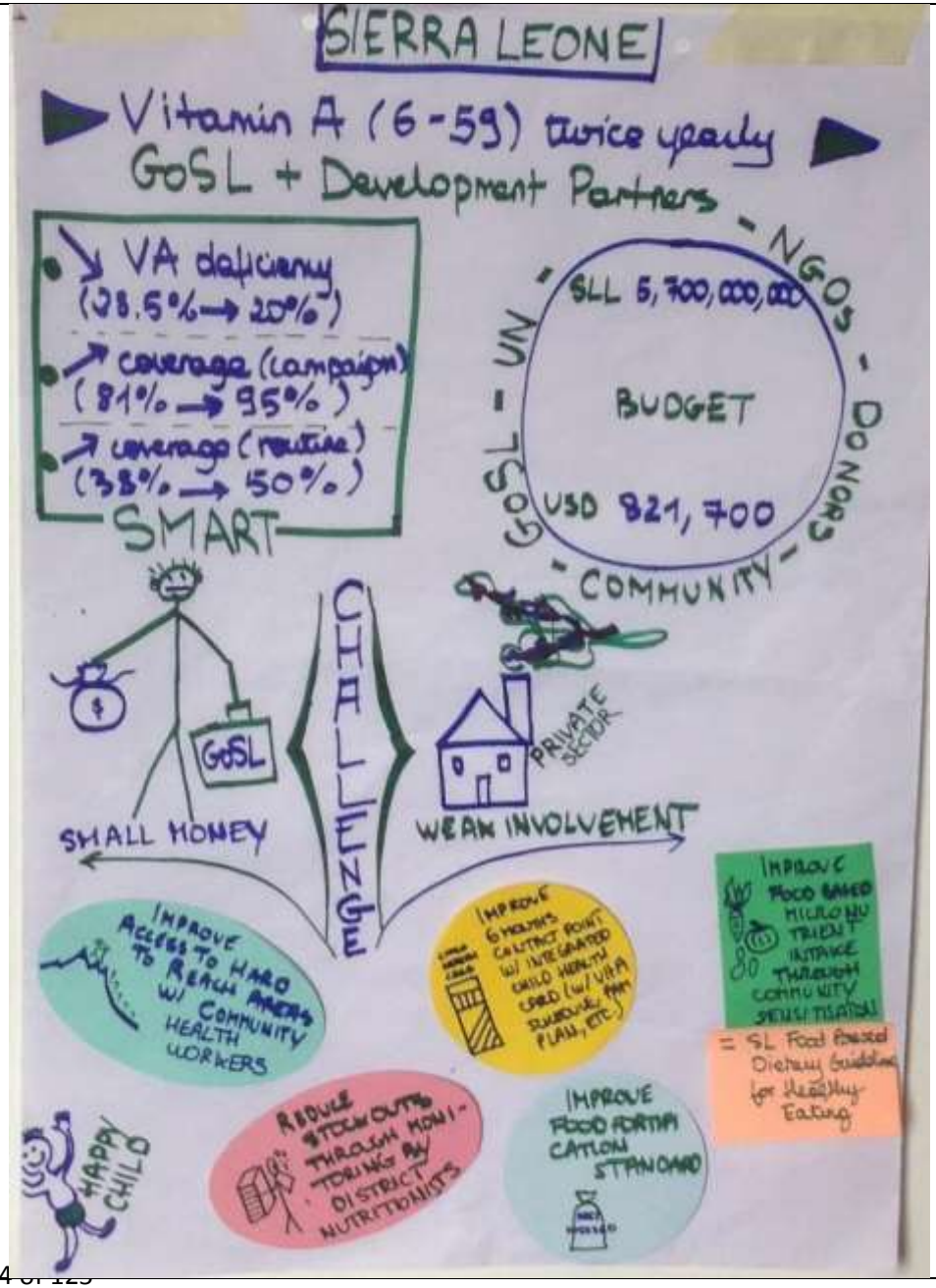


NIGERIA		 Without proper intervention, One in Five children with SAM will die (500,000 annually) Treatment program 2016 covers only about 20% cases Treatment program underfunded, 100% donor funded National targets All primary health care centres have the capacity to offer these 3 nutrition interventions Financing	 capacity to offer these 3 nutrition interventions Financing

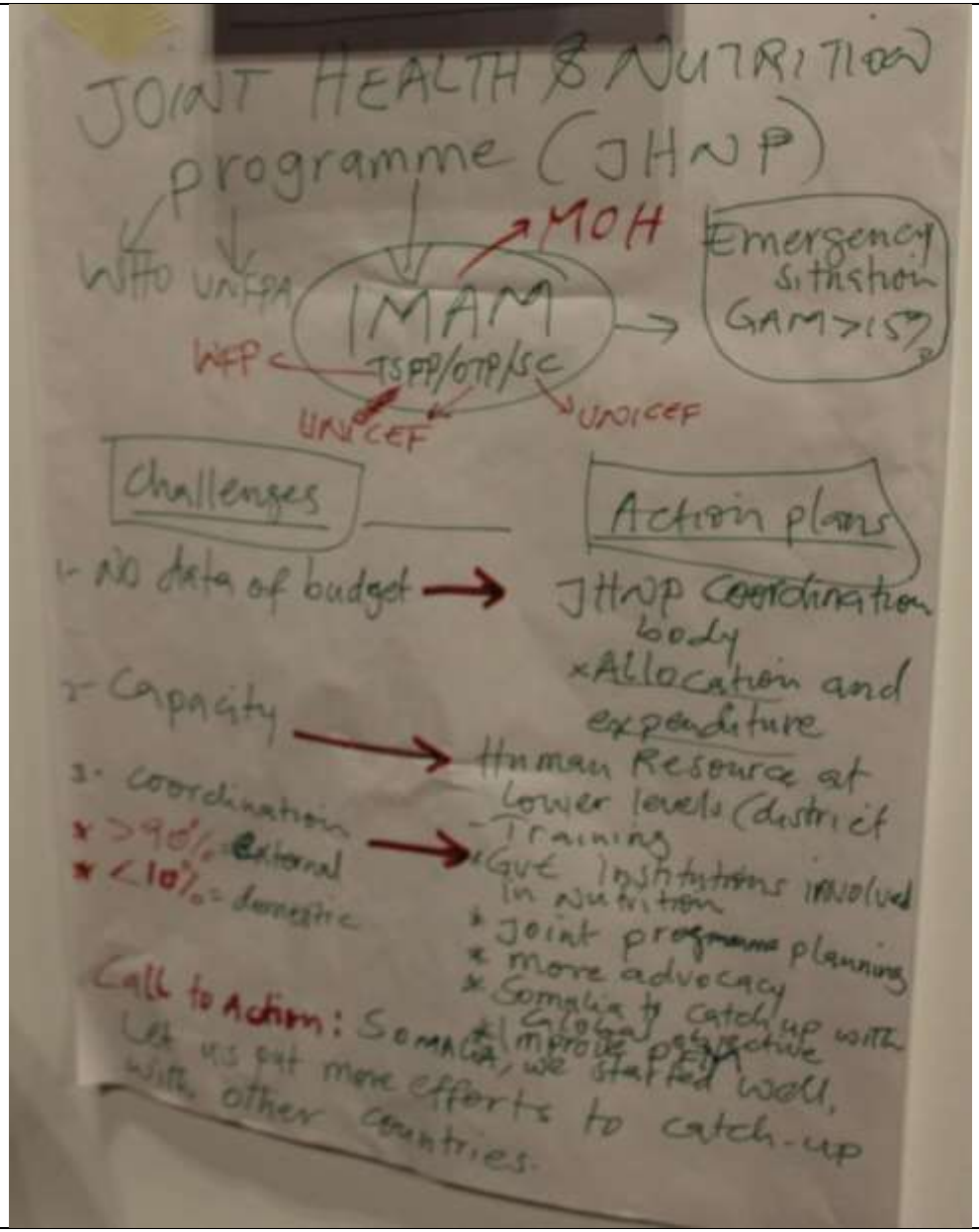
SENEGAL


SENEGAL
PEC MALNUTRITION AIGUE SEVERE
Echelle = 76/76D
95% des
Indicateurs par Niveaux
Mesure de la performance à travers
Routine : SNIS, Revue pendagogique
Defis
Solution
ESTIMATION COUTS
100 USD / enfant

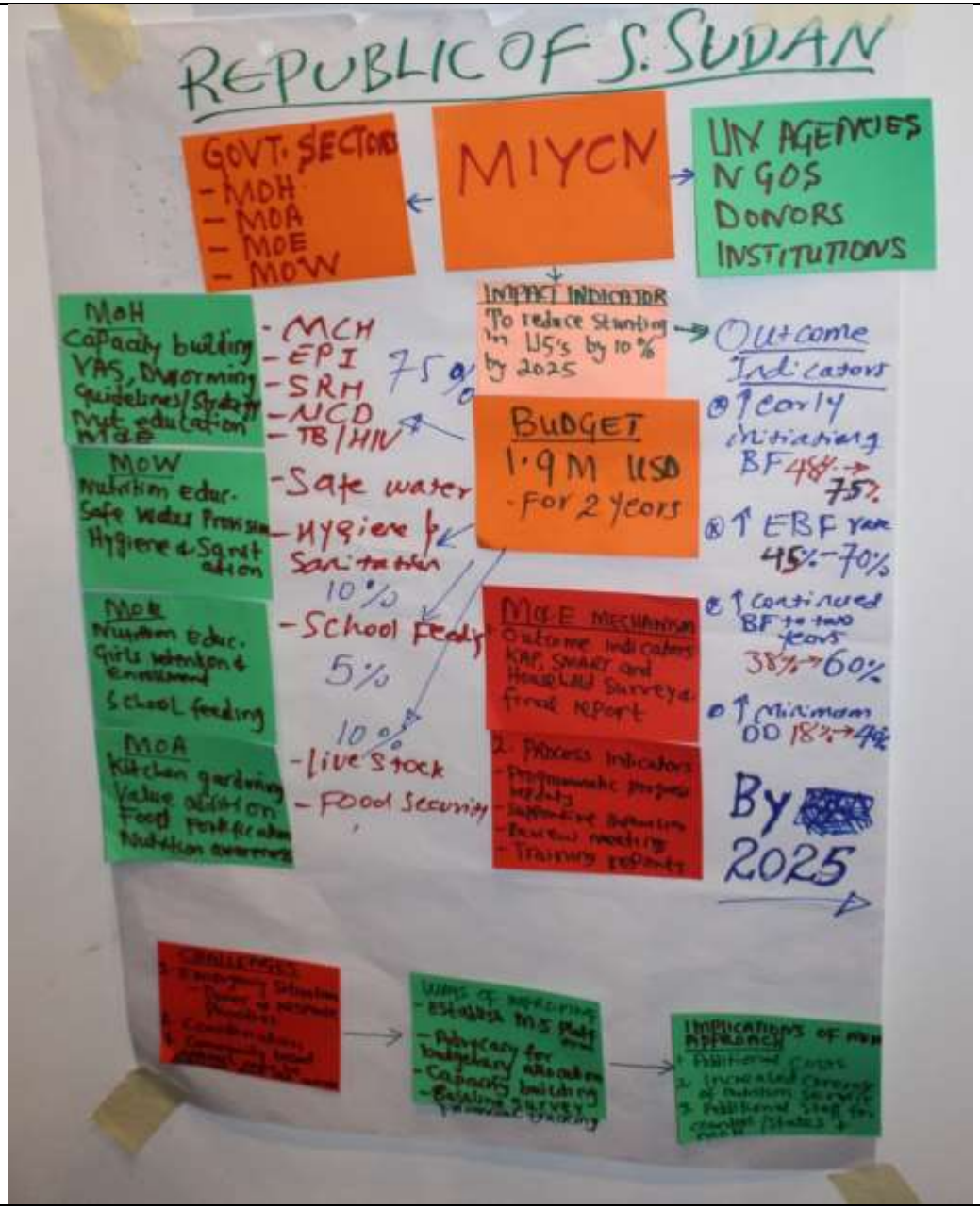
SIERRA LEONE



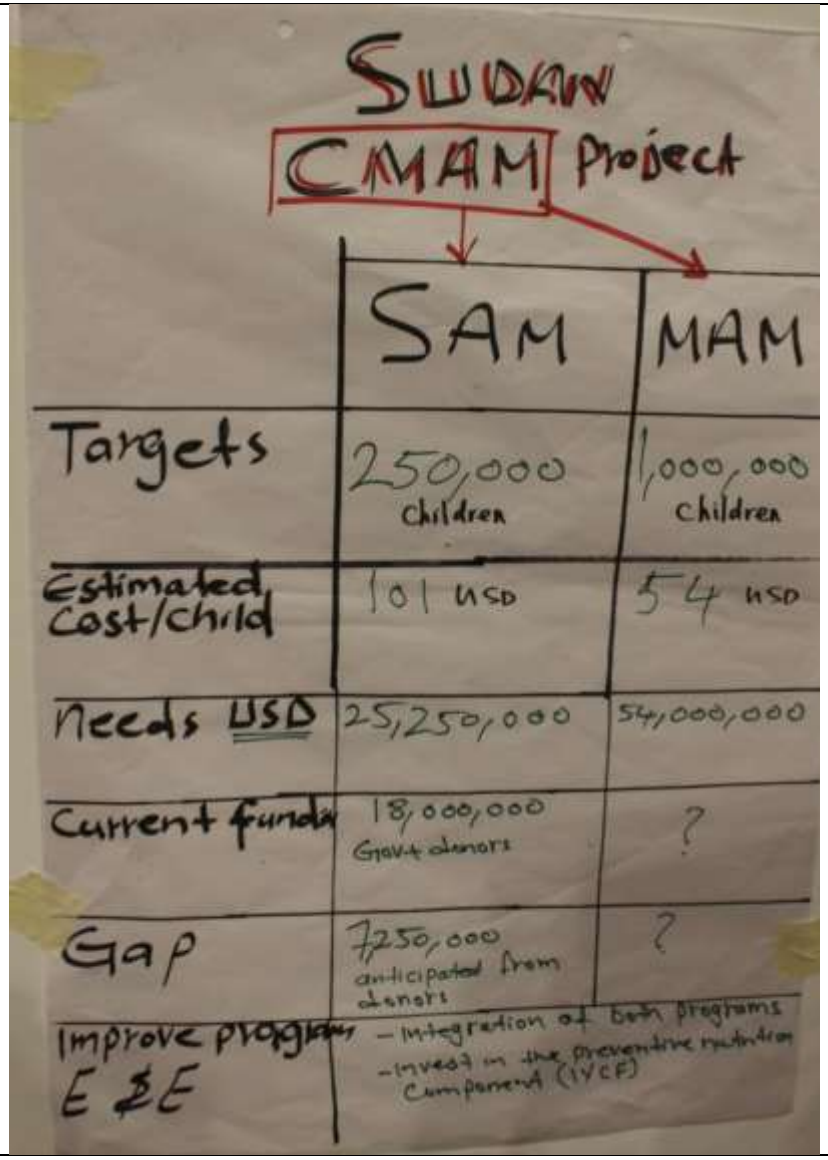
SOMALIA

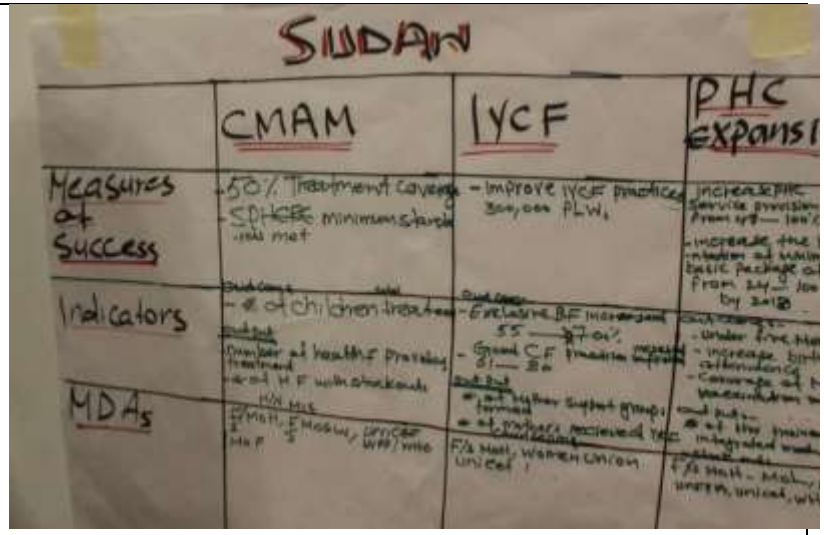

JOINT HEALTH & NUTRITION programme (JHNP)
MOH
WHO UNICEF
IMAM
Emergency situation GAM>15%
WFP
TSFP/OTP/SC
UNICEF
UNICEF
Challenges
Action plans
- NO data of budget
JHNP Coordination body
*Allocation and expenditure
- Capacity
Human Resource at lower levels (district
-Training
1. Coordination
* >90% External
* <10% domestic
*Gov't Institutions involved in nutrition
* Joint programme planning
* more advocacy
* Somalia to catch up with Global perspective
* Improve PEN
Call to Action: Somalia, we started well, Let us put more efforts to catch-up with other countries.

SOUTH SUDAN

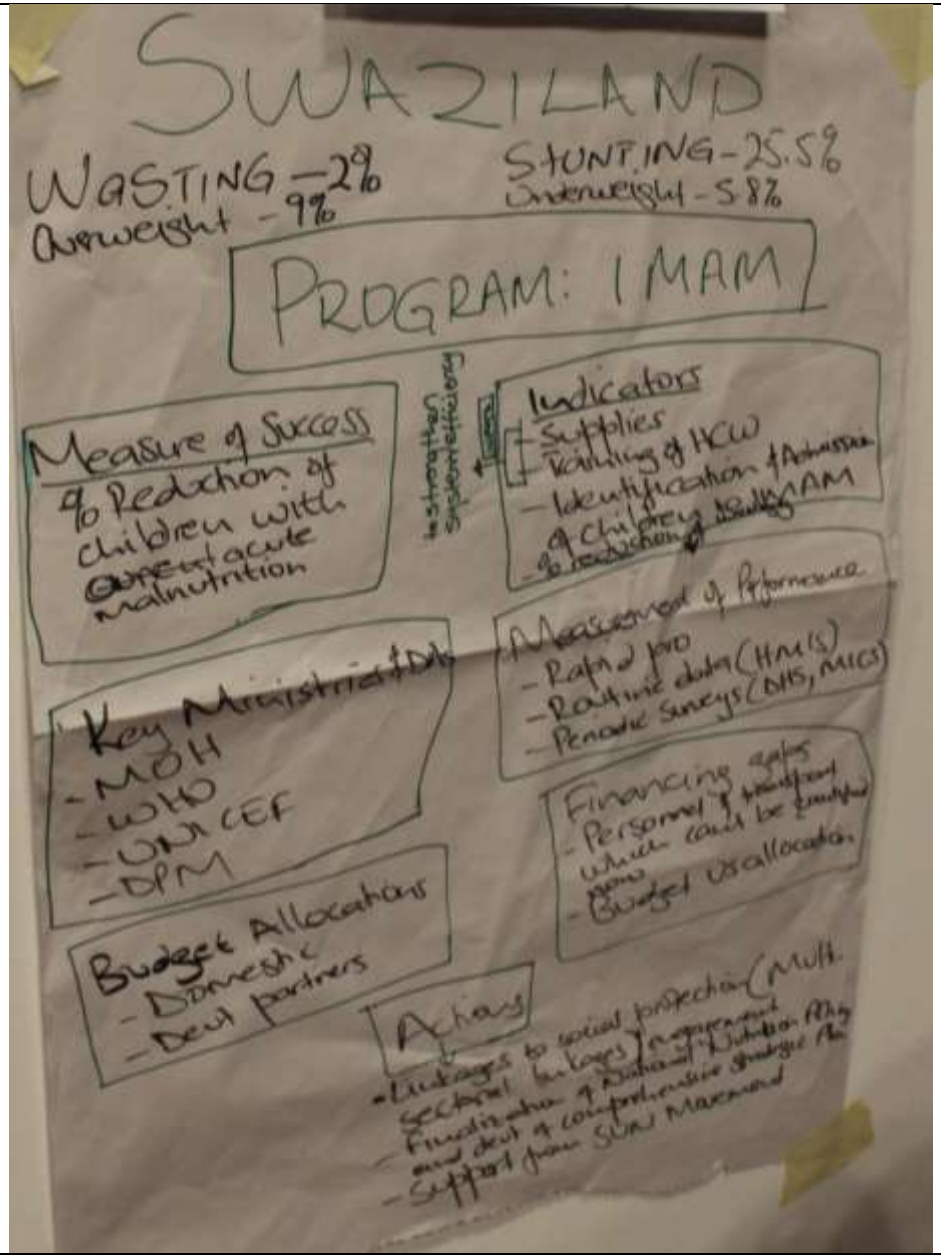

REPUBLIC OF S. SUDAN
GOVT. SECTORS
- MOH
- MOA
- MOE
- MOW
MIYCN
UN AGENCIES
NGOS
DONORS
INSTITUTIONS
IMPACT INDICATOR
To reduce Stunting in U5's by 10% by 2025
Outcome Indicators
MOH
Capacity building
- MCH
- EPI
- SRH
- NCD
- TB/HIV
75%
BUDGET
1.9M USD
- For 2 years
MOW
- Safe water
- Hygiene & Sanitation
10%
MOE
- School Feeding
5%
MOA
- Live Stock
- Food Security
10%
MOE MECHANISM
Outcome indicators
KAP, SMART and Household Surveys
Final report
2. Process Indicators
- Performance progress reports
- Supervision activities
- Review meetings
- Training reports
By 2025

SUDAN

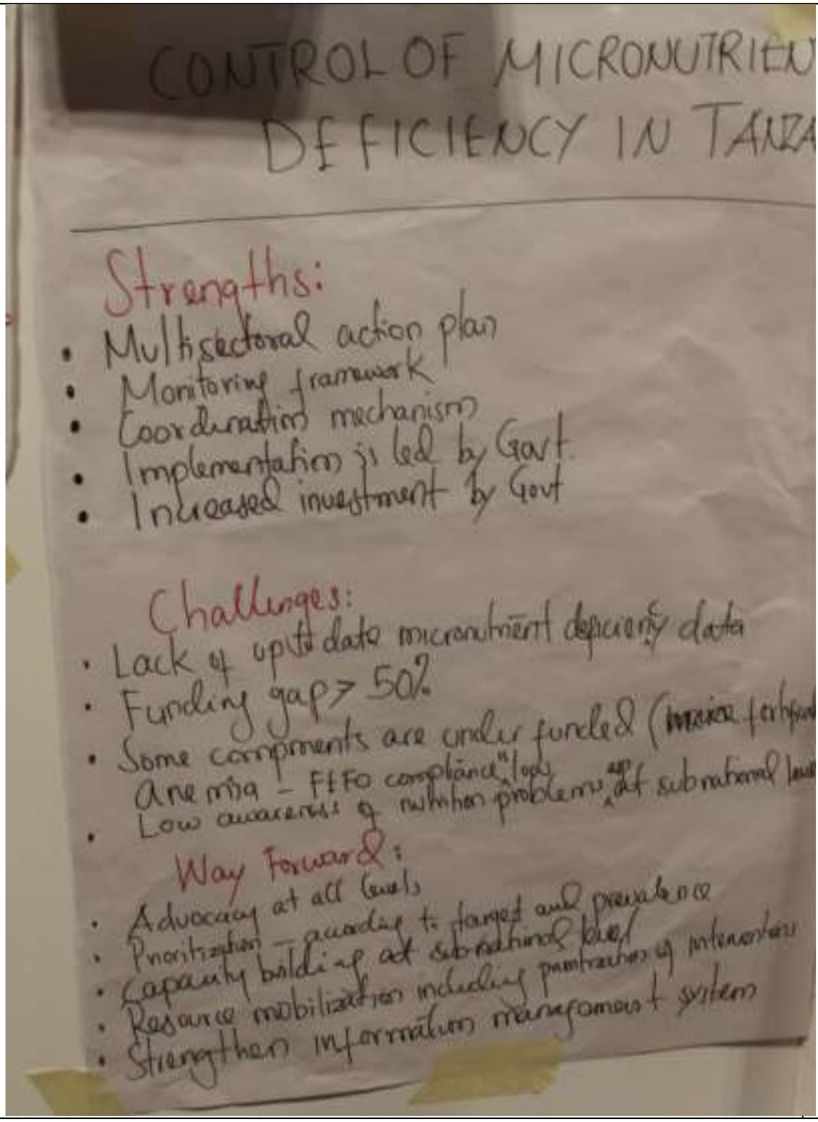

SUDAN
CMAM Project
SAM
MAM
Targets
250,000 Children
1,000,000 Children
Estimated Cost/child
101 USD
54 USD
Needs USD
25,250,000
54,000,000
Current funds
18,000,000 Govt + donors
?
Gap
7,250,000 anticipated from donors
?
Improve program E & E
- Integration of both programs
- Invest in the preventive nutrition component (IYCF)

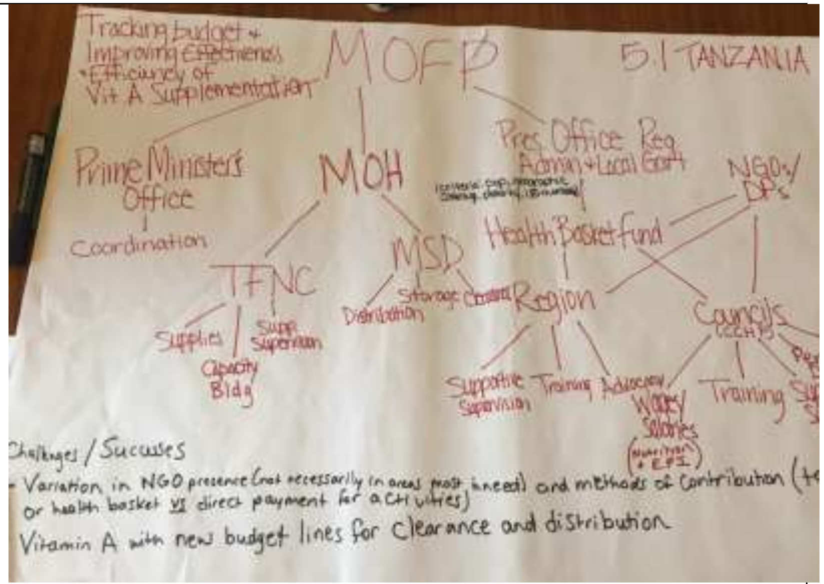

SUDAN
CMAM
IYCF
PHC
Measures of success
Indicators
MDAs

SWAZILAND

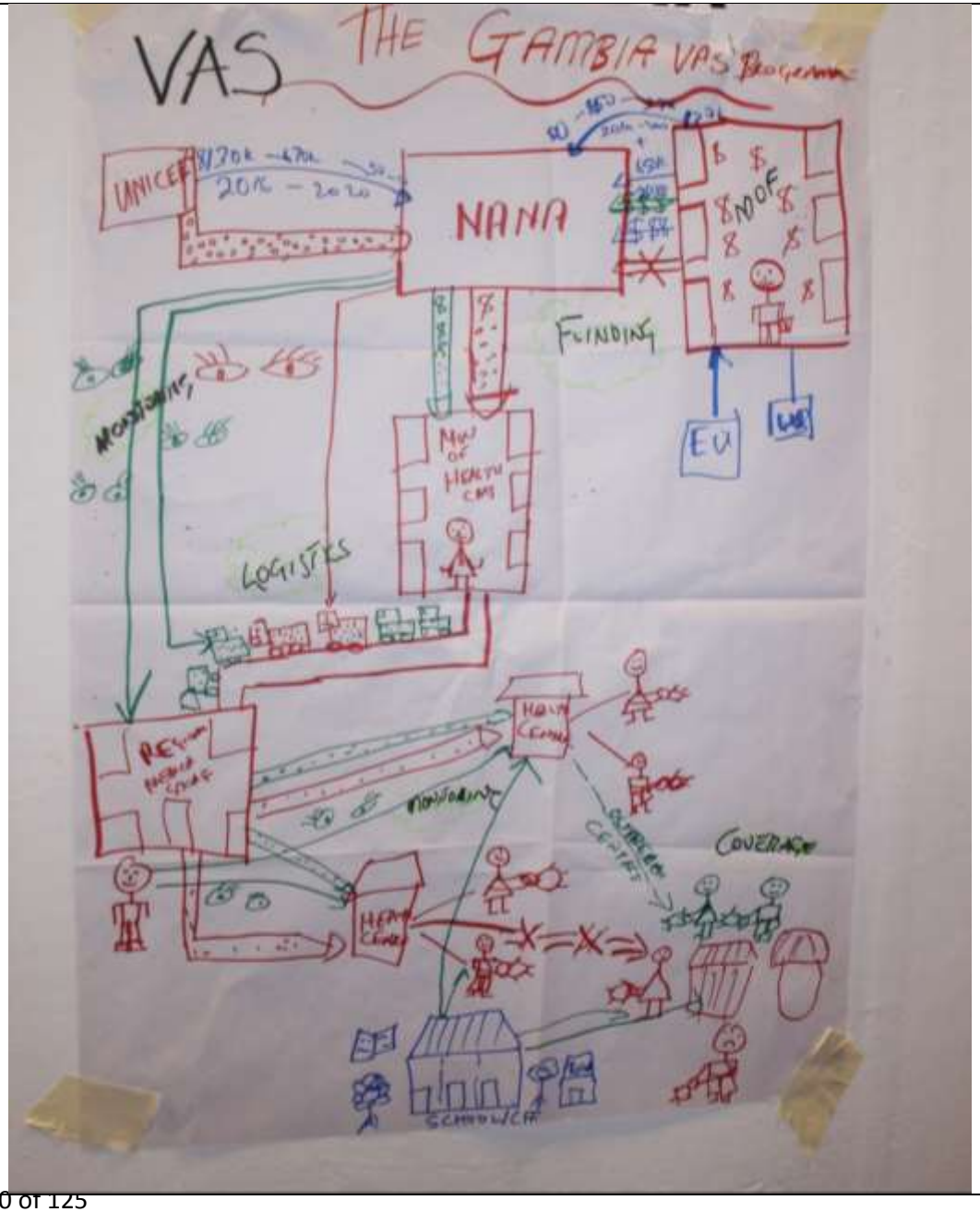

SWAZILAND
WASTING – 2%
Overweight – 9%
STUNTING – 25.5%
Underweight – 5.8%
PROGRAM: IMAM
Measure of Success
% Reduction of children with severe acute malnutrition
Indicators
Supplies
Key Ministries/Depts
- MOH
- WHO
- UNICEF
- DPM
Budget Allocations
- Domestic
- Dev Partners
Financing gaps
Budget allocation
Actions

TANZANIA

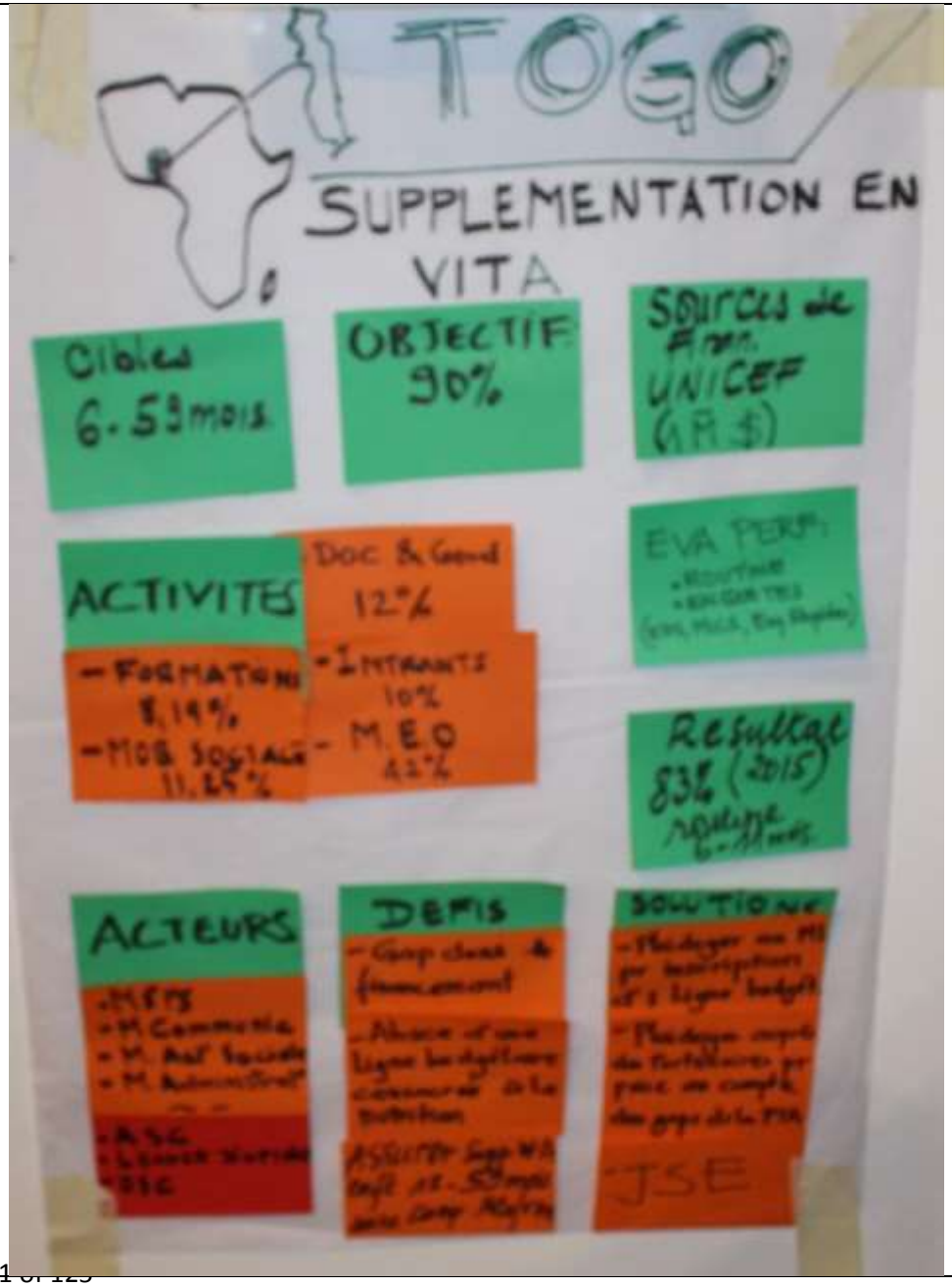

CONTROL OF MICRONUTRIEN
DEFICIENCY IN TANZA
Strengths:
Multisectoral action plan
Monitoring framework
Coordination mechanism
Implementation is led by Govt.
Increased investment by Govt
Challenges:
Lack of uptodate micronutrient deficiency data
Funding gap > 50%
Some components are under funded
Low awareness of nutrition problems at subnational level
Way Forward:
Advocacy at all levels
Prioritization – according to target and prevalence
Capacity building at subnational level
Resource mobilization including prioritization of interventions
Strengthen information management system


Tracking budget + Improving Effectiveness + Efficiency of Vit A Supplementation
MOFP
5.1 TANZANIA
Prime Minister's Office
Coordination
MOH
Pres. Office Reg. Admin + Local Govt
NGOs/ DPs
Health Basket Fund
TFNC
MSD
Region
Councils
Supplies
Supp. Supervision
Capacity Bldg
Distribution
Storage
Supportive Supervision
Training
Advocacy
Training
Challenges / Successes
- Variation in NGO presence (not necessarily in areas most in need) and methods of contribution
or health basket vs direct payment for activities)
Vitamin A with new budget lines for clearance and distribution

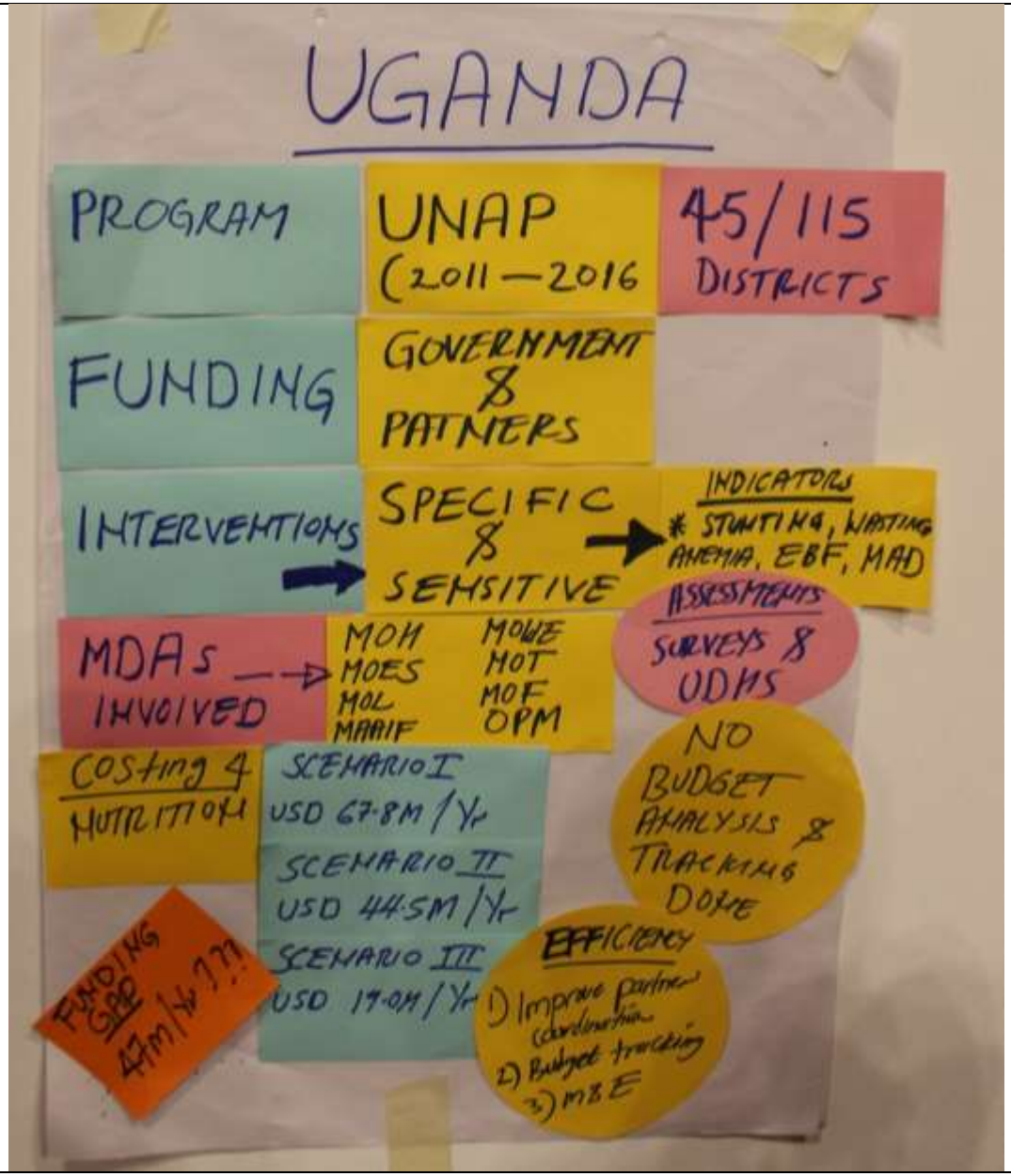
THE GAMBIA


VAS
THE GAMBIA VAS
UNICEF
20K - 2020
NANA
FUNDING
EU
LOGISTICS
COVERAGE

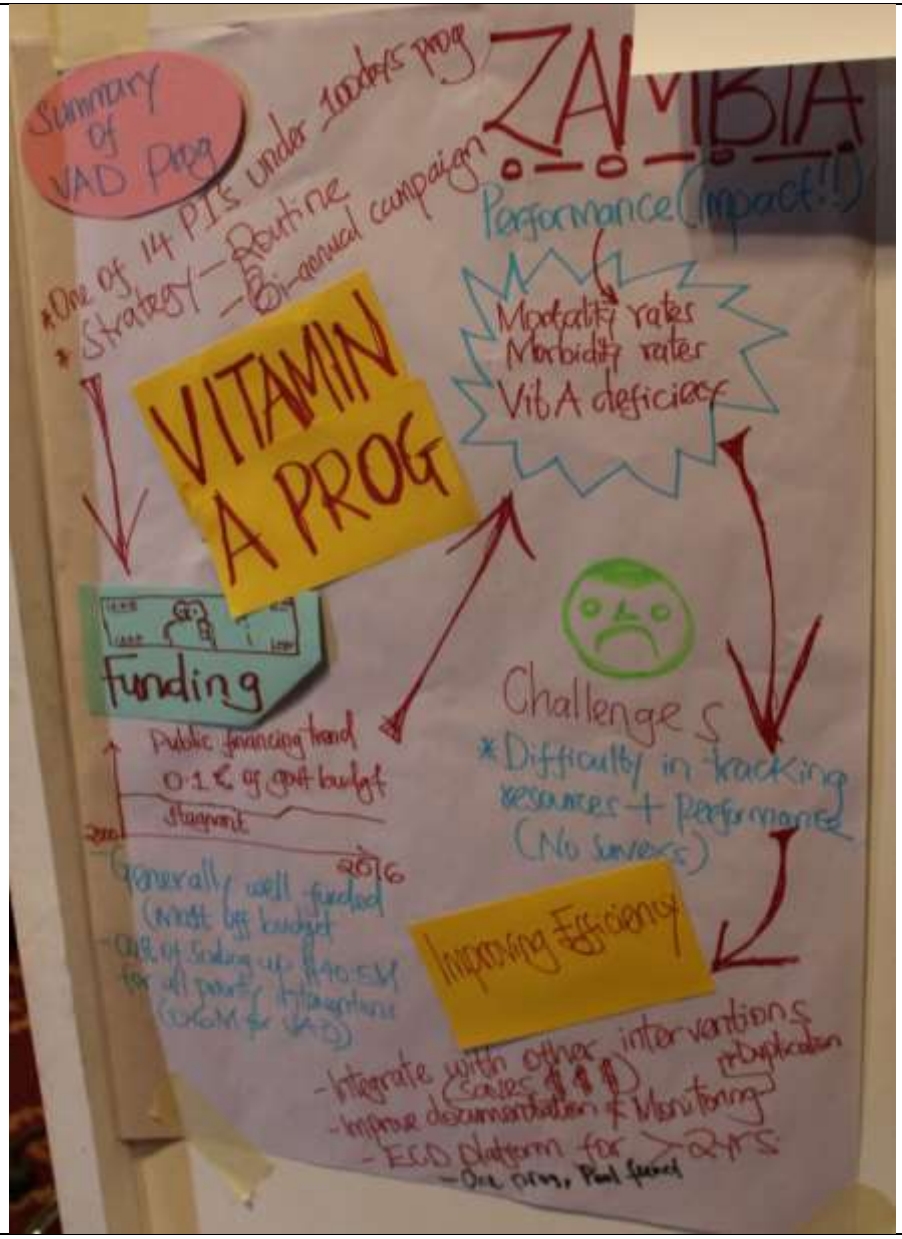
TOGO


TOGO
SUPPLEMENTATION EN VITA
Cibles
6-59 mois
OBJECTIF
90%
Sources de fin.
UNICEF
(AR $)
ACTIVITES
- FORMATION
8,14%
- MOB SOCIALE
11,25%
Doc & Guond
12%
- INTRANTS
10%
- M.E.O
42%
EVA PERF:
Resultat
83% (2015)
ACTEURS
DEFIS
SOLUTIONS
JSE

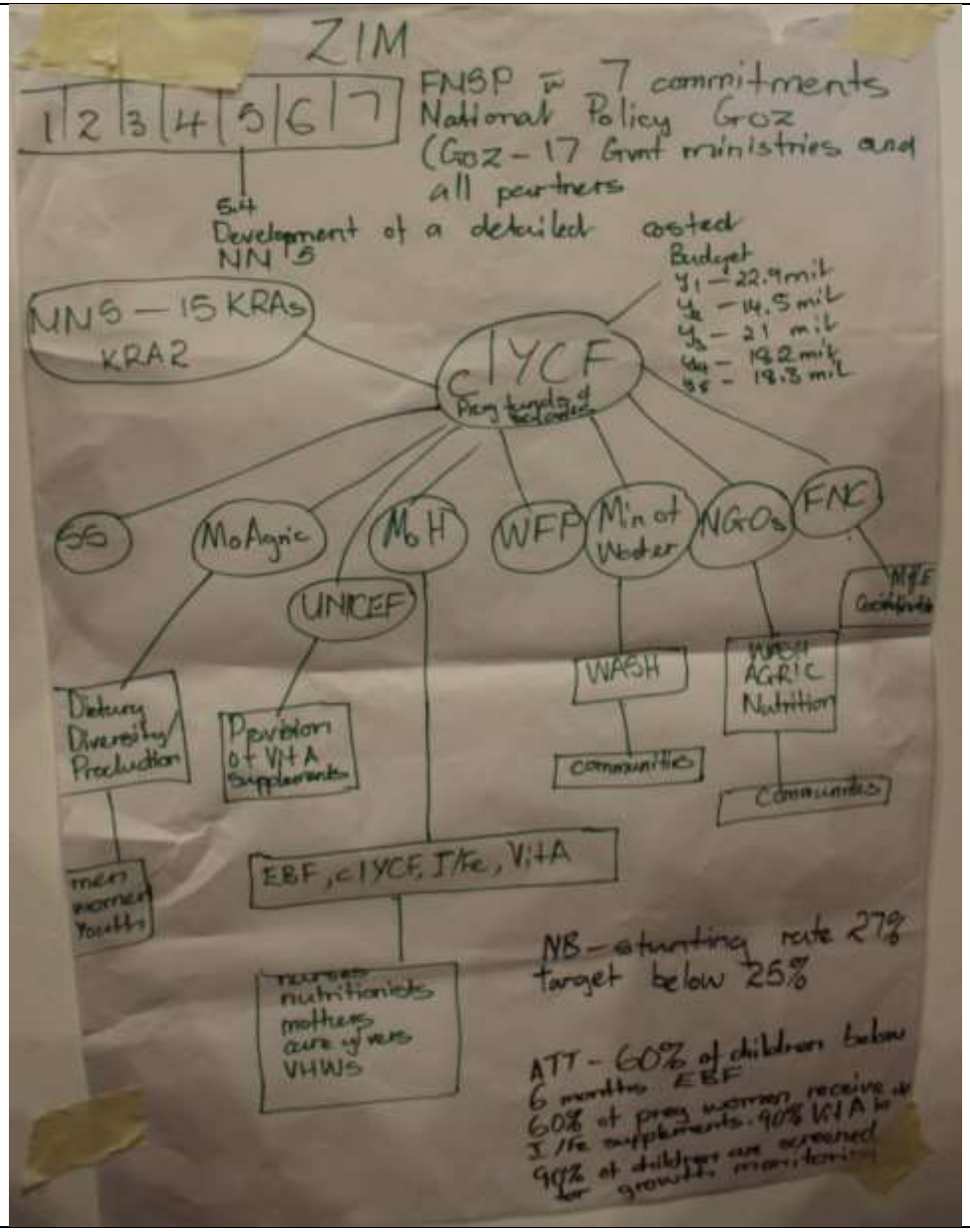
UGANDA


UGANDA
PROGRAM
UNAP (2011–2016
45/115 DISTRICTS
FUNDING
GOVERNMENT & PATNERS
INTERVENTIONS
SPECIFIC & SENSITIVE
INDICATORS
* STUNTING, WASTING ANEMIA, EBF, MAD
MDAs INVOLVED
MOH MOWE
MOES MOT
MOL MOF
MAAIF OPM
ASSESSMENTS
SURVEYS & UDHS
Costing of NUTRITION
SCENARIO I
USD 67.8M/Yr
SCENARIO II
USD 44.5M/Yr
SCENARIO III
USD 19.0M/Yr
NO BUDGET ANALYSIS & TRACKING DONE
FUNDING GAP 47M/Yr ???
EFFICIENCY
1) Improve partner coordination
2) Budget tracking
3) M&E

ZAMBIA


Summary of VAD Prog
ZAMBIA
Performance (Impact!)
Mortality rates
Morbidity rates
Vit A deficiency
VITAMIN A PROG
Funding
Challenges
Improving Efficiency

ZIMBABWE


ZIM
1 2 3 4 5 6 7
FNSP – 7 commitments
National Policy GoZ
(GoZ – 17 Govt ministries and
all partners
5.4
Development of a detailed costed
NNS
Budget
Y1 – 22.9 mil
Y2 – 14.5 mil
Y3 – 21 mil
Y4 – 18.2 mil
Y5 – 19.3 mil
NNS – 15 KRAs
KRA2
cIYCF
MoAgric
MoH
WFP
Min of Water
NGOs
FNC
UNICEF
WASH
communities
Dietary Diversity/ Production
Provision of Vit A supplements
EBF, cIYCF, I/fe, Vit A
NB – stunting rate 27%
target below 25%
ATT – 60% of children below
6 months EBF
60% of preg women receive Fe
I/fe supplements. 90% VIA for
90% of children are screened
for growth monitoring