

EAST AND SOUTHERN AFRICA (ESA) NATIONAL BUDGET COMMITMENT TO NUTRITION

A report of National
Budget allocation
to Nutrition,
An analysis of nine
countries



“ A thriving Africa should provide sufficient nutritious food to all women and children to enable each generation to grow to its full potential ”

Graça Machel



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LIST OF ACRONYMS

CAADP	Comprehensive Africa Agriculture Development Programme
CHW	Community Health Workers
CSA SUN	Civil Society Alliance on Scaling Up Nutrition
CSO	Civil Society Organisation
CSO SUN	Civil Society Organisation Scaling Up Nutrition
DHS	Demographic Healthy Survey
ESA	East and Southern Africa
ESA CSN	East and Southern Africa Civil Society Nutrition Network
FANRPAN	Food, Agriculture and Natural Resources Policy Analysis Network
FAOSTAT	Food and Agricultural Organization of the United Nations (Statistical database)
FY	Financial Year
GDP	Gross Domestic Product
GMT	Graca Machel Trust
GNR	Global Nutrition Report
IMF	International Monetary Fund
MDGs	Millennium Development Goals
N4G	Nutrition for Growth
NGOs	Non-governmental Organisations

LIST OF ACRONYMS

OECD	The Organisation for Economic Co-operation and Development
OECD CRS	The Organisation for Economic Co-operation and Development Common Reporting Standard
RCT	Randomised Control Trial
ReSAKSS	Regional Strategic Analysis and Knowledge Support System
SDGs	Sustainable Development Goals
SETSAN	Technical Secretariat for Food and Nutritional Security
SP	Social Protection
SSHS	South Sudan Household Survey
SUN	Scaling UP Nutrition
UN	United Nations
UNICEF	United Nations Children's Emergency Fund
WASH	Water and Sanitation / Water and Sanitation Health
WHA	World Health Assembly
WHO	World Health Organisation

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FOREWORD

Science has more recently helped us underscore the importance of nutrition to social and economic development of households and countries. In order to achieve positive nutrition outcomes, governments have developed policies and made particular commitments to address malnutrition but the measurement of the implementation frequently lacks baseline information. This report is a result of the analysis by CARE and the Graça Machel Trust (GMT) to provide baseline information of the implementation of nutrition commitments.

Despite the evidence on the importance of nutrition to national development, the report has found out that most governments are not meeting the levels of investment recommended to achieve the nutrition targets in the Sustainable Development Goals, to which all the countries have committed. The underinvestment in per child spending compromises the fight against stunting which is prevalent in the region, by as much as 41% in some countries.

The report recommends the need for national governments to prioritize spending on nutrition from national sources for sustainability of nutrition outcomes. Currently, donors dominate nutrition spending in all countries except Kenya. Governments should own the nutrition agenda by developing relevant policies and resourcing the instruments for implementation. Nutrition being a multi-sectoral issue, the report further recommends that governments adopt nutrition sensitive programming, the areas of main focus being transformation of agricultural systems, water, sanitation and hygiene (WASH) and women's empowerment.

Despite the evidence on the importance of nutrition to national development, the report has found out that most governments are not meeting the levels of investment recommended to achieve the nutrition targets in the Sustainable Development Goals, to which all the countries have committed.

We are very hopeful that this report will be useful to a wide range of actors. CARE and the Graça Machel Trust strongly recommend the report to governments to support them in exploring mechanisms to increase investments in nutrition through national budgets. One such mechanism is to improve dietary diversity at household level through the transformation of agricultural systems. We further recommend the report to non-governmental organizations (NGOs) and other Non-State Actors (NSA) to align their nutrition programming in accordance with government commitments, both through the SUN movement and their domesticated policies. Beyond governments and NGOs, we hope that this report will -in some ways - benefit women, men and children - so that together we can see meaningful improvements in the well-being and future of the African continent.

The collaboration between CARE and GMT in supporting the development of this report is a demonstration of our long-standing commitment to support governments in improving nutrition outcomes in Southern Africa.

Michelle Carter
Managing Deputy Regional Director
CARE International, Southern Africa

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Chief Executive Officer
Graça Machel Trust

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EXECUTIVE SUMMARY

CARE International and the Graça Machel Trust (GMT) through the Civil Society Organisations Scaling Up Nutrition (CSO SUN) Alliance in East and Southern Africa (ESA) jointly commissioned a study to establish baseline national budget nutrition commitments and expenditures. The study was conducted in Kenya, Madagascar, Malawi, Mozambique, Rwanda, South Sudan, Tanzania, Zambia and Zimbabwe. The findings are aimed at supporting the East and Southern Africa CSA SUN (Civil Society Alliance Scaling Up Nutrition) members to engage with their respective governments to increase their investment in nutrition. The report will further help non-state actors on how to leverage on such government investment. It is hoped that increased access to the statistics and recommendations contained in the report will enhance members' implementation of the SUN commitments and lead to increased budgetary allocations.

Although there were some notable reductions in stunting rates in some countries between 2015 and 2018, the numbers remain worryingly high. Across the nine countries, a total of 14.8 million children under-five are stunted.

The report reveals that governments are not adequately prioritising nutrition spending despite abundant evidence of its importance to individuals, households, and the national economy. Findings across the nine countries show that malnutrition is a major problem with far-reaching consequences on households and national development. For instance, according to SUN Movement, of the nine countries in the study, Madagascar has the highest rate of malnutrition: 47.3% of children under-five are stunted. Kenya has the lowest stunting rates at 26%. The median for the nine countries is 37.6%. Although there were some notable

reductions in stunting rates in some countries between 2015 and 2018, the numbers remain worryingly high. Across the nine countries, a total of 14.8 million children under-five are stunted. Governments have developed national policies, action plans and signed up to various global commitments in response to their respective nutrition challenges. However, the study found that governments have challenges translating policies and commitments into implementable actions to effectively address the problem of malnutrition.

A key indicator of a government's commitment to nutrition is the amount of resources it allocates and spends through the national budget from its own resources. The study found that the highest allocation to nutrition of the nine countries was in Malawi in 2015: 0.58% of its national budget. Including donor budgets increases this figure to 1.15%. The lowest national budget allocation to nutrition excluding on-budget donor support is in South Sudan at 0.09% (although the overall budget allocation to nutrition stands at 0.5% of the national budget).

The average allocation to nutrition as a share of the national budget across the nine countries was 0.45%. Donors are providing a significant proportion of on-budget funding for nutrition associated programmes in countries such as Mozambique (67%), South Sudan (82.8%) and Zambia (67%). The governments of South Sudan, Zambia and Mozambique allocate the least share of their national budgets to nutrition activities from their own resources at 0.09%, 0.25% and 0.33%, respectively. Rwanda allocates the most at 0.80%, followed by Malawi (0.58%) and Madagascar (0.57%).

The study found that the highest allocation to nutrition of the nine countries was Malawi in 2015:
0.58%
of its national budget

The average allocation to nutrition as a share of the national budget across the nine countries was
0.45%

While governments have recorded progress on reducing stunting and undernutrition, these gains are not sustainable given that the majority of investment is through donor support either through national on-budget or off-budget programmes. The report therefore urges governments to aim at spending at least 3% of their national budgets on nutrition by 2021, beginning in 2018/9 and progressing each year until this target is reached. This will guarantee more fiscal resources for nutrition from internal resources for the full implementation of the nutrition policies and commitments.

Governments and development partners in the nutrition sector should ensure nutrition is integrated into the national development planning and budgeting processes. There is need to strengthen sectors' capacity to integrate nutrition in the planning and implementation of the respective programmes. Most importantly, the report recommends that nutrition planning and implementation takes a multi-sectoral approach informed by evidence. The recommendations contained in the report are aimed at supporting governments and other stakeholders in the nutrition sector, to be able respond to fiscal challenges that hinder investment in nutrition at national level in a coordinated manner.





1

INTRODUCTION

During 2008 and 2009, a spike in global food prices and the global financial crisis sparked concerns for the world's poorest populations and shed light on the cost of hunger and malnutrition. The High-Level Task Force on Food and Nutrition Security was established by the UN (United Nations) Secretary-General in 2008. In the same year, the LANCET SERIES on maternal and child nutrition¹ provided a new evidence base for action on nutrition. It highlighted the high personal and economic costs of stunting and criticised the failure of a 'fragmented and dysfunctional' international architecture to deal with it². This led to the establishment of a movement comprising governments, the private sector, civil society and UN agencies in a collective effort to address the global problem of malnutrition.

Since 2010, from the onset of the Scaling Up Nutrition (SUN) movement, governments, civil society, private sector and UN agencies have realised the importance of nutrition. As of 2018, 60 governments have committed to the principles and ideals of the SUN Movement that seek to address undernutrition in their countries.

Further, governments have signed up to several global commitments on nutrition. Most of the global anti-poverty efforts such as the Millennium Development Goals (MDGs) (2000-2015), Sustainable Development Goals (SDGs), World Health Assembly (WHA), Nutrition for Growth (N4G), the Rome Declaration on Nutrition, Malabo Declaration and Africa Union Agenda 2063, among others, have included nutrition considerations, underscoring its importance to national and global development. Governments have demonstrated their commitment by inclusion of nutrition in national development plans, policies and strategies. While governments have taken these steps on the policy front, they have not matched these steps with requisite resourcing for adequate and effective implementation.

1 <https://www.thelancet.com/pb/assets/raw/Lancet/stories/series/nutrition-eng.pdf>

2 <http://scalingupnutrition.org/about-sun/the-history-of-the-sun-movement/>

During 2008 and 2009, a spike in global food prices and the global financial crisis sparked concerns for the world's poorest populations and shed light on the cost of hunger and malnutrition

Part of the reason for the under-prioritisation of nutrition is its 'invisible' nature compared to more visible development outcomes such as physical infrastructure in roads, etc. Such thinking ignores abundant evidence of the significance of nutrition (status) on human welfare and social and economic growth and development. The Global Nutrition Report (2016) notes: "the costs of neglecting nutrition are high, causing economic losses of (as much as) 10% of gross domestic product (GDP)³ ." Governments are custodians of their peoples' welfare and they need to harness all the resources that can contribute positively to outcomes such as good nutrition. Different governments recognise this responsibility by including it in their national constitutions and other national regulatory frameworks.

It is therefore important to review and track the implementation of the various commitments to ensure governments continue to prioritise investment and support ongoing improvement to their national and global commitments to nutrition. While the report compares investment between countries, individual performances of governments are more important considering the differences in the economies and the social and political undertaking. The report has used 2015 a base year data from OECD (Organisation for Economic Cooperation and Development) and where possible established the variance in performance between then and now. Further computations have been done using policy and national budget information provided by the East and Southern Africa Civil Society Nutrition Network (ESA CSN) focal points, where sources are not included for tables and graphs, these are based on the consultants' own computations.

The Global Nutrition Report (2016) notes: "the costs of neglecting nutrition are high, causing economic losses of (as much as) 10% of gross domestic product (GDP)." Governments are custodians of their peoples' welfare and they need to harness all the resources that can contribute positively to outcomes such as good nutrition.

³ The report is cited in CARE (2017: 17).



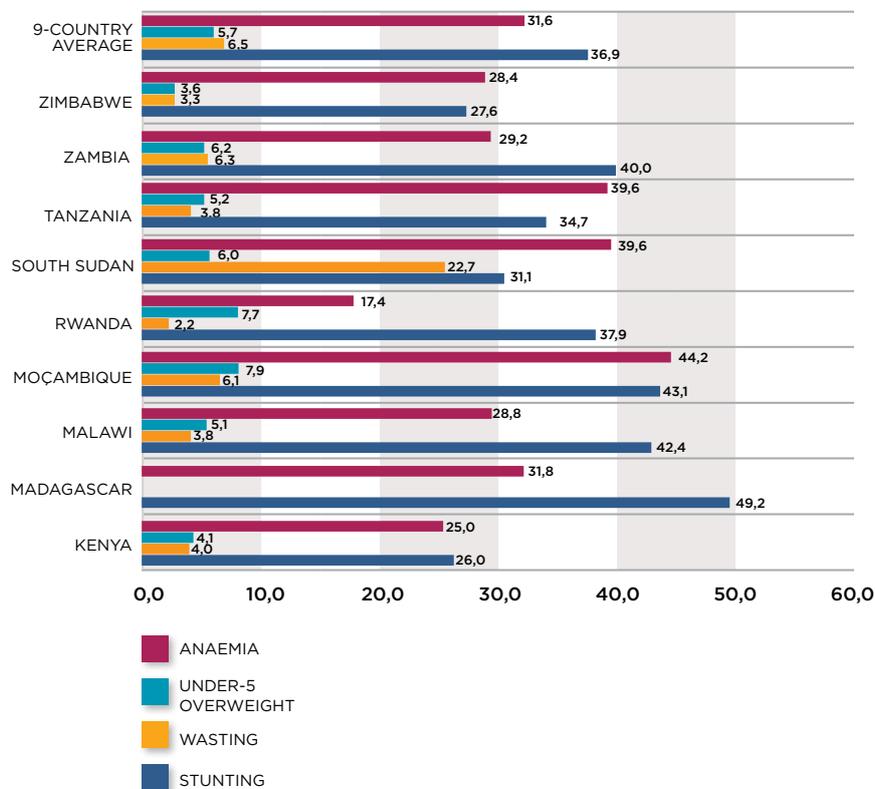
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NUTRITION STATUS, POLICIES, STRATEGIES AND CHALLENGES

OVERVIEW AND STATUS OF UNDERNUTRITION AND POVERTY STATUS IN THE COUNTRIES

Interventions to improve nutrition status are monitored through a variety of related indicators; which is why nutrition interventions can also involve multiple approaches. Figure 1 shows the performance of the nine countries in the East and Southern Africa countries for four indicators. The average stunting score for the nine countries was 37.6%, ranging from Kenya's 26% score to Madagascar's 49.2% score. The nine-country average wasting (6.5%) and overweight (5.7%) scores were comparable (6.5% vs. 5.7%), which was also the general picture across the individual countries, except for the outlying South Sudan with a wasting rate of 22.7%. On these indicators alone, the greatest absolute variation was in stunting, with a range of about 20 percentage points.

FIGURE 1
SELECTED NUTRITION INDICATORS FOR 9 ESA COUNTRIES

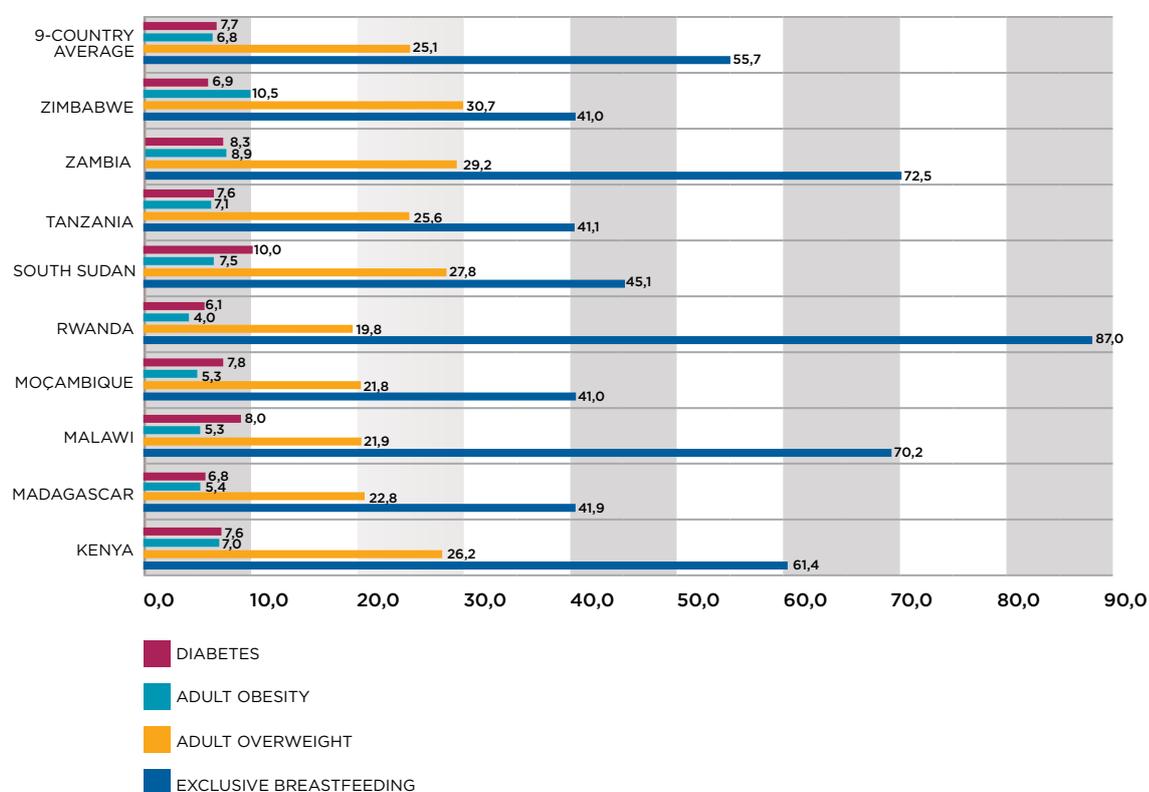


SOURCE: GLOBAL NUTRITION REPORT, 2016

Child Stunting	Child Wasting
Low Height for age	Low weight for height

Figure 1 above also shows the rate of anaemia in women of the reproductive age of 15 to 49. This has implications for expectant and lactating mothers' health, and therefore the health of expected and breastfeeding babies, as well as those who have been weaned off. The nine-country anaemia average stood at 31.6%, while the individual countries ranged between Rwanda's 17.4% and Mozambique's rather high 44.2%, a variance of 27 percentage points. Figures on Madagascar's wasting statistics not available.

FIGURE 1.2
SELECTED NUTRITION INDICATORS FOR NINE EASTERN AND SOUTHERN AFRICA COUNTRIES



SOURCE: GLOBAL NUTRITION REPORT, 2016

Exclusive breastfeeding to six months is arguably both a child and mother status indicator: the benefits of the approach to the development of children are well known. The average exclusive breastfeeding rate among the nine countries is 55.7%, as seen in Figure 1.2 below, ranging from Zimbabwe's 41% to Rwanda's 87%. Among the other indicators, adult overweight averages 25.1% ranging from Rwanda's 19.8% to Zimbabwe's 30.7%. However, the rates of adult obesity and diabetes had the least variance around the nine-country average of 6.8% and 7.7% respectively, the largest variance being Zimbabwe's 3.6 percentage points range.



The average exclusive
breastfeeding rate among
the nine countries is
55.7%

OVERVIEW OF CURRENT POLICY COMMITMENTS AND TARGETS TO ADDRESS UNDER-NUTRITION

Global concerns over poverty and deprivation date back to the Human Development Report of 1990, which pioneered the concept and measurement of human development. This led to the Copenhagen World Summit for Social Development of 1995, a pioneering anti-poverty initiative involving global leaders from governments, NGOs (non-governmental organisations) and the UN (United Nations).

Arguably, the Copenhagen Consensus pioneered the idea of ring-fencing portions of national budgets for poverty reduction initiatives. The poverty agenda was furthered by the Millennium Summit of 2000, which spawned the Millennium Development Goals (MDGs), succeeded by the Sustainable Development Goals (SDGs) in 2015. These frameworks’ multi-sectoral goals are the basis of contemporary poverty reduction approaches acceded to by all UN member states; and attention to poverty and the related phenomena of hunger and malnutrition feature prominently.

TABLE 2.1
GLOBAL AND REGIONAL FOOD AND NUTRITION SECURITY COMMITMENTS

GLOBAL AND REGIONAL FOOD AND NUTRITION SECURITY COMMITMENTS				
WORLD HEALTH ASSEMBLY COMMITMENTS (2012)	NUTRITION FOR GROWTH COMMITMENTS (2013)	ROME DECLARATION ON NUTRITION (2014)	SUSTAINABLE DEVELOPMENT GOALS (2015)	MALABO DECLARATION (2014)
Stunting TARGET: 40% reduction in the number of children under-5 who are stunted.	Ensure that effective nutrition interventions reach at least 500 million pregnant women and children under 2.	Eradicate hunger and all forms of malnutrition, particularly to eliminate stunting, wasting and overweight in children under 5 and anemia in women; eliminating undernourishment and reversing rising trends in obesity;	GOAL 1: End poverty in all its forms everywhere.	Recommitment to the Principles and Values of the CAADP Process
Anaemia TARGET: 50% reduction of anaemia in women of reproductive age	Reduce the number of stunted children under 5 by at least 20 million by 2020.	Reshape food systems through coherent implementation of public policies and investment plans throughout food value chains to serve the health and nutrition needs of the growing world population by providing access to safe, nutritious and healthy foods in a sustainable and resilient way;	GOAL 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture.	Commitment to Enhancing Investment Finance in Agriculture

SOURCE: NTOMBA (2017: 7)

Each of the foregoing frameworks has goals and targets to which signatories aspire. Table 2.2 below illustrates the malnutrition targets for the WHA resolutions of 2012. These targets broadly coincide with those of the other frameworks. For example, these nutrition aspirations reflect MDGs 1 (hunger), 4 (child survival) and 5 (maternal survival), SDGs 1 (poverty) and 2 (hunger). Further, they were reiterated by the Malabo Declaration’s ‘commitment to end hunger by 2025.’

The nine countries in the study all have long-term national development plans with specific targets on nutrition. These homegrown development blueprints relate closely to global development strategies, such as the WHA, N4G, SDGs and others as listed in Table 2.1. Long-term development plans aligned with the global development strategies create an enabling environment for conducive international development cooperation.

TABLE 2.2
GLOBAL NUTRITION TARGETS 2025

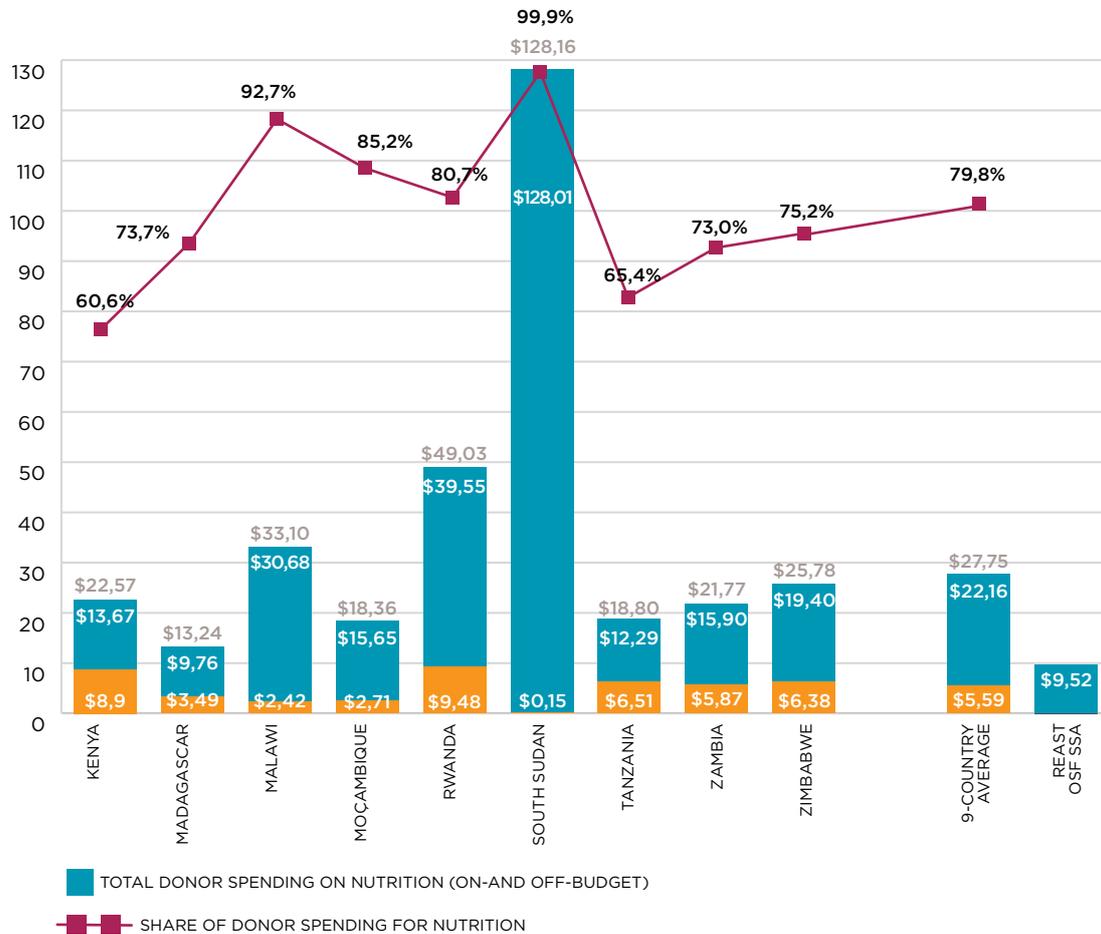
Target	Baseline 2012	Target 2025
40% reduction in the number of children who are stunted	162 million	100 million
50% reduction of anaemia in women of reproductive age	29%	15%
30% reduction in low birth weight	15%	10%
No increase in childhood overweight	7%	Not more than 7%
Increase in the rate of exclusive breastfeeding in the first 6 months up to at least 50%	38%	At least 50%
Reduce and maintain childhood wasting to less than 5%	8%	<5%

SOURCE: WORLD HEALTH ORGANISATION (WHO, 2012)

PROGRESS AND KEY CHALLENGES

Across the nine countries, governments have developed national nutrition policies and integrated nutrition in other development planning mechanisms such as long-term development, sectoral policies, national budgets and education curricula at various levels, among others. Further, governments have worked towards domestication of global and continental commitments such as the SUN, World Health Assembly, Nutrition for Growth, Malabo Declaration and the African Union Agenda 2063. However, governments need to improve coherence and coordination of the various policies that seek to address nutrition. Overall, governments are making strides to implement their commitments as demonstrated by fiscal resources allocated through their national budgets.

FIGURE 2.3



In 2013, parties to the Nutrition for Growth (N4G) Summit agreed to spend US\$30 per child as one of the commitments to tackling undernutrition. The report found that only Malawi and Rwanda met the N4G target on spending per child. However, these two governments also fail to meet the same target without donor support. Malawi and Rwanda spend US\$2.42 and US\$9.48 per child, respectively, from their own resources. The other seven countries failed to meet the target even with combined donor and national budget support. The N4G commitment on spending per child was premised on the importance of addressing stunting and undernutrition which have long term negative cognitive impacts on populations and socio-economic development.

CHALLENGES

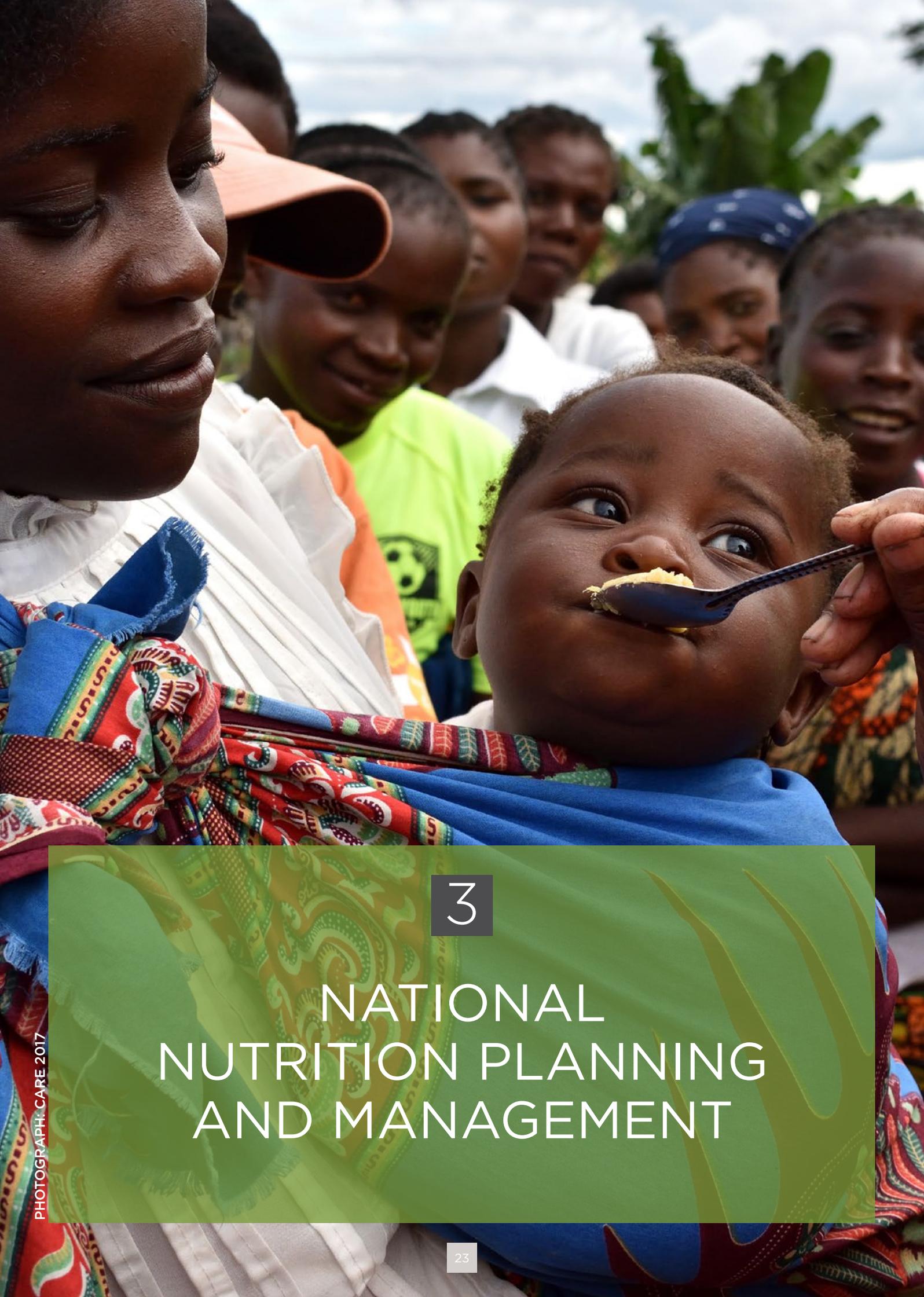
Implementation of the nutrition agenda in each of the nine countries is undermined by inadequate human resources. The country analyses show that the scarcity of human resources – including high staff turnover, some departing for ‘greener pastures’⁴, is a major constraint to the effective delivery of the nutrition agenda. At community level, nutrition programming is driven by government staff supported by a cadre of community volunteers. Yet, governments have dithered in several countries over years, on whether community health workers (CHW) should be volunteers or on the government payroll⁵.

Political will also affects decisions on the optimal structure of nutrition delivery and whether the pre-requisite resources are available on time and in adequate quantities⁶. For example, Tanzania under President Jakaya Kikwete, made significant progress on nutrition through his personal dedication and commitment. This resulted in nutrition being a high profile issue on the national development agenda. However, stakeholders in the nutrition sector failed to capitalise on the immense political goodwill to institutionalise the nutrition agenda for sustainability of action.

4 ‘Staff turnover’ refers to the loss of staff by an institution (facility; department; etc.), leading to the loss of institutional memory. It may or may not result in ‘brain drain’: some staff may simply move (horizontally) within the same institution, sector or employer, such as a nutrition nurse transferring to a general hospital; but others may follow the various brain drain channels, from the public health sector to the private health sector, back to education (brain gain), abroad, or into non-health employment.

5 See Cherrington et al. (2010). Also see Chacha (2017).

6 Michaud-Letourneau (2017) provides a four-perspective framework for reviewing such political commitment, including the implementation, advocacy, structuralist and people-centered perspectives, which will feature in Section 4’s discussions.



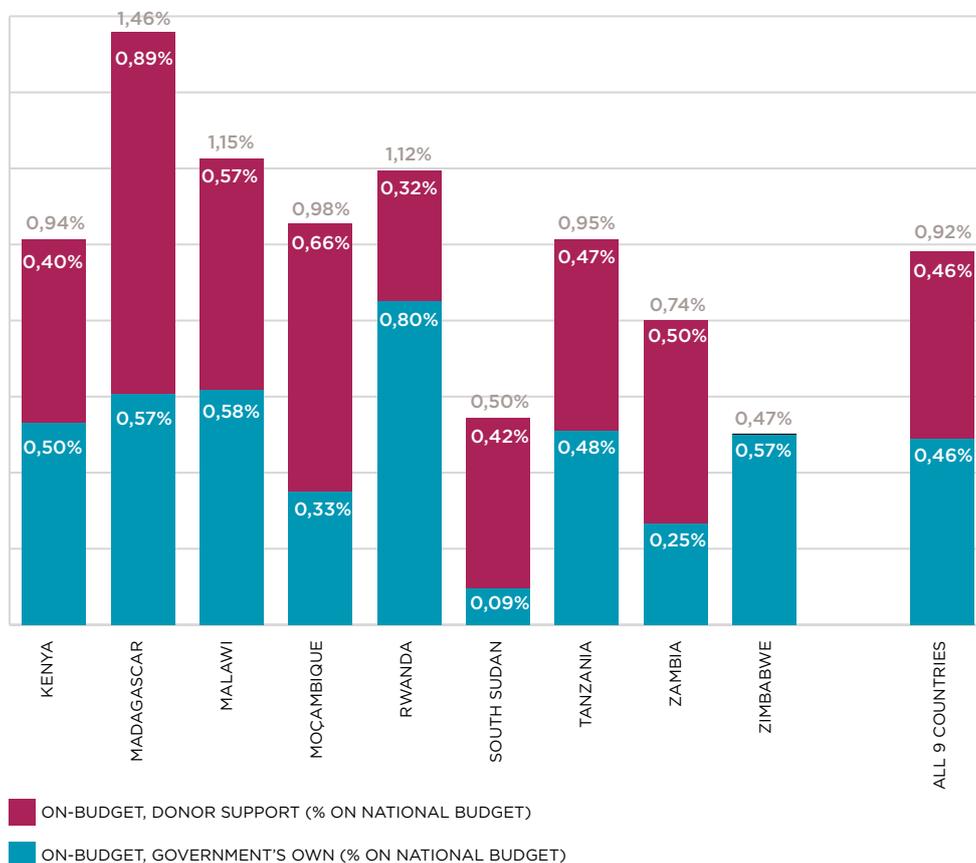
3

NATIONAL
NUTRITION PLANNING
AND MANAGEMENT

In analysing the national financing of nutrition, the report considered spending on both nutrition specific and nutrition sensitive interventions. Nutrition specific interventions address the direct and immediate causes of malnutrition. Nutrition sensitive interventions address the underlying causes of malnutrition. The allocation for nutrition in national budgets comprises both governments internal resources and external support. However, donors contribute nearly half of the nutrition investment in most countries except Zimbabwe and Rwanda where governments provide a larger share of the funding through their national budgets.

NUTRITION SPECIFIC INTERVENTION	NUTRITION SENSITIVE INTERVENTIONS
Address the immediate causes of undernutrition, like inadequate dietary intake and some of the underlying causes like feeding practices and access to food.	Address some of the underlying and basic causes of malnutrition by incorporating nutrition goals and actions from a wide range of sectors. They can also serve as delivery platforms for nutrition-specific interventions.

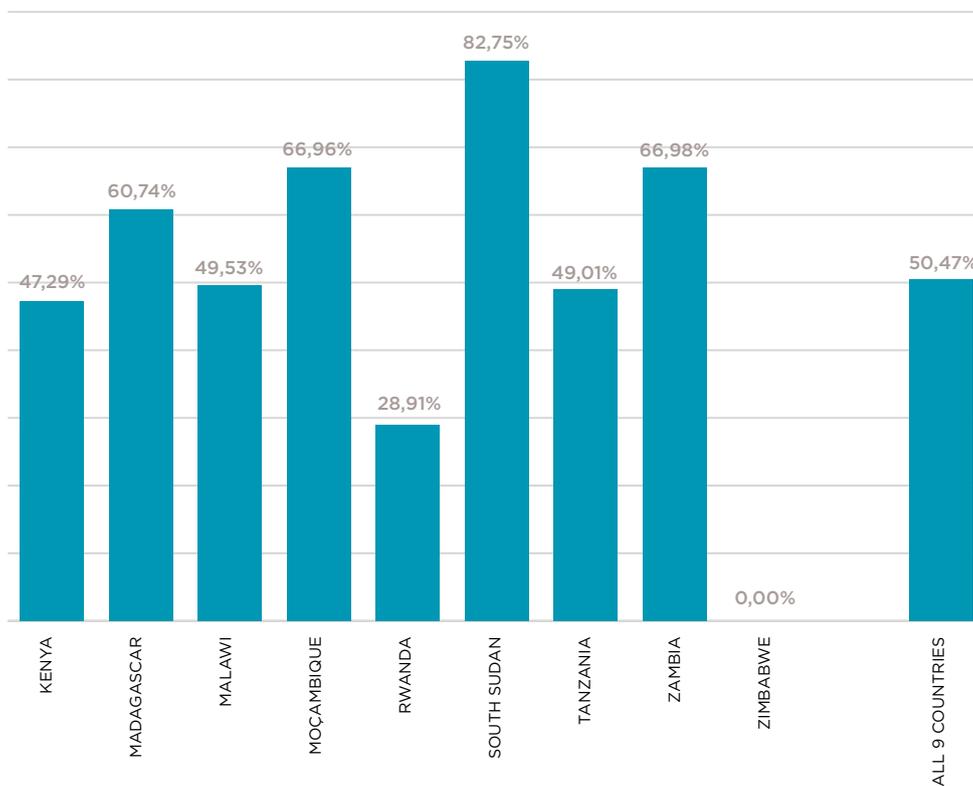
FIGURE 3.1
SHARE OF ON-BUDGET NUTRITION SPENDING IN THE
TOTAL NATIONAL BUDGET



Of the nine countries, Rwanda had the highest allocation from own resources at 0.8% of the national budget, while South Sudan had the lowest at 0.09%. Including donor support, the two countries spent only 1.12% and 0.5% of their national budget on nutrition, respectively. The average on-budget allocation for the nine countries was 0.46%.

Ironically, although South Sudan had the lowest allocation from on-budget resources (see Figure 3.1 above), it had the highest allocation to nutrition as a percentage of GDP at 8.43%, with Malawi at 1.5%, while Kenya, which has the largest GDP of all the nine countries, spent the lowest at 0.20%. Overall, the nine countries spent an average of 0.49% of their GDP on nutrition. Anecdotal evidence shows that this is in stark contrast to allocations to other sectors such as education, health and infrastructure.

FIGURE 3.2
SHARE OF DONOR FUNDING TO NUTRITION



The existence of a variety of inputs that contribute to nutrition status leads to the distinction between nutrition specific and nutrition sensitive interventions. That countries have historically not given much attention to nutrition issues is likely because of the perception, that nutrition (seen as food) is a private- or at the least, a household-affair guided by cultural values within a budget constraint⁷, suggesting a modest government role. Yet, as the definitions above show, nutrition specific and nutrition sensitive interventions involve very much more than feeding interventions, which individuals, households and even communities have no influence over, hence the need for governments to play more critical roles.

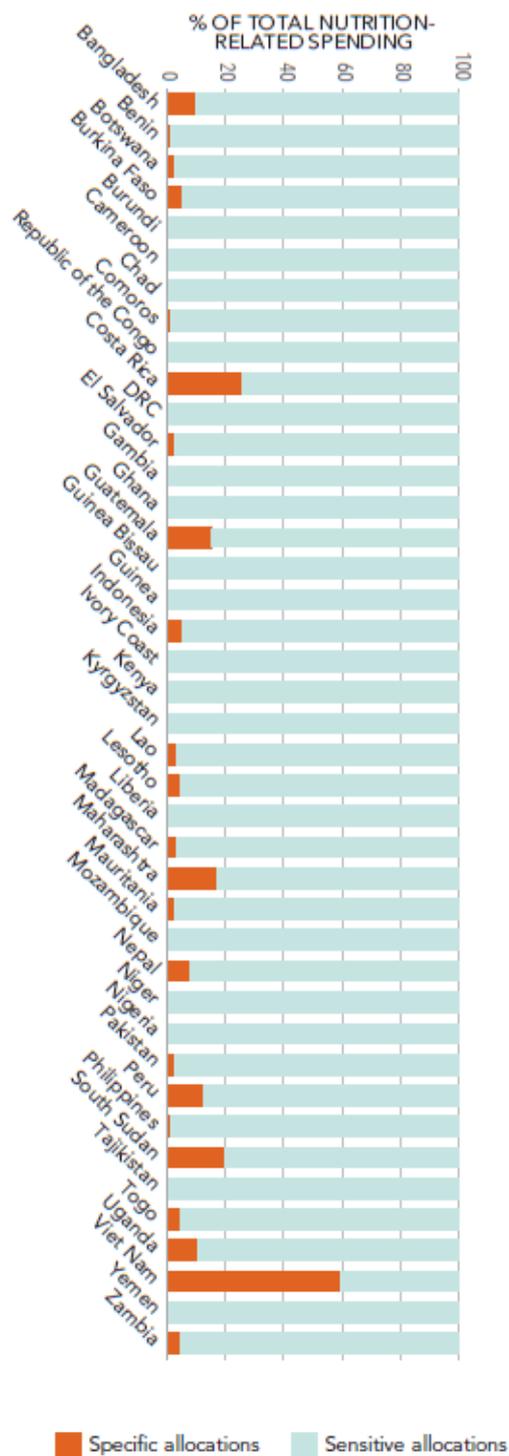
The nine countries under the study pay very little specific budgetary attention to the nutrition sector. How individual governments prioritise specific versus sensitive interventions should depend on how the political will to address nutrition interacts with the emerging nutrition status picture and its determinants. However, the priority interventions each country has already identified provide guidance to the technical interventions which must then be weighted by the comparative populations in need.

Figure 3.3 shows data for 41 countries globally including Kenya, Zambia, Mozambique, Madagascar and South Sudan. Data for the remaining four countries under the study was not available. The Global Nutrition Report (2017) reveals that the five countries investing more in nutrition sensitive programming are Zambia (95%), South Sudan (80%), Mozambique (100%), Madagascar (84%) and Kenya (100%). The focus on nutrition sensitive investment is commendable as it demonstrates the desire to integrate nutrition across development sectors.

The nine countries under the study pay very little specific budgetary attention to the nutrition sector. How individual governments prioritise specific versus sensitive interventions should depend on how the political will to address nutrition interacts with the emerging nutrition status picture and its determinants.

⁷ This budget constraint can also be interpreted for self-provisioning households in terms of the comparative distribution of hours of work on food provision compared to those on other needs.

FIGURE 3.3
RELATIVE SHARES OF NUTRITION SPECIFIC AND NUTRITION SENSITIVE SPENDING, GNR2016





4

NATIONAL BUDGET ALLOCATIONS, INCLUDING DONOR AID FLOWS



This section presents analysis of the budget allocation to nutrition including donor support for each of the nine countries. The analysis is followed by recommendations on how each government can mobilise, allocate and spend to achieve their respective nutrition targets. The data used in this section of the report comprises the consultant's own computations, analysis of OECD 2015 reports and where possible most recent data on nutrition spending.

KENYA

Of the nine countries, Kenya has the largest GDP of U\$80.8 billion (2015) but allocated only 0.20% of its GDP to nutrition. As of 2015 Kenya spent 0.94% of its national budget to nutrition, of which 60.6% was from donors. The government of Kenya spends U\$13.67 per child against U\$30 as per child, which is the Nutrition for Growth commitment, while donors spend U\$8.43 on the same. Even the total investment between government and donors does not reach the U\$30 per child (Nutrition for Growth Commitment).

Based on the findings of the study, the report recommends that government of Kenya should:

1. Increase share of nutrition investment in the national budget commensurate with the size of the economy.
2. Increase spending per child on nutrition to meet the Nutrition for Growth (N4G) commitment of US\$30 per child.
3. Take more ownership on nutrition investment in the country by adopting pathways of increasing national fiscal commitment to nutrition from the current scenario where donors are responsible for 60.6% of the nutrition spending.
4. Increase investment on gender and women empowerment as studies have shown that this has great potential not only to improve the status of women, but also other development outcomes including nutrition.

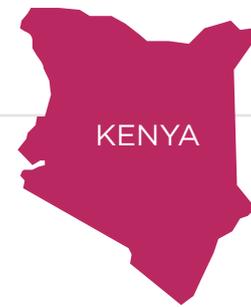
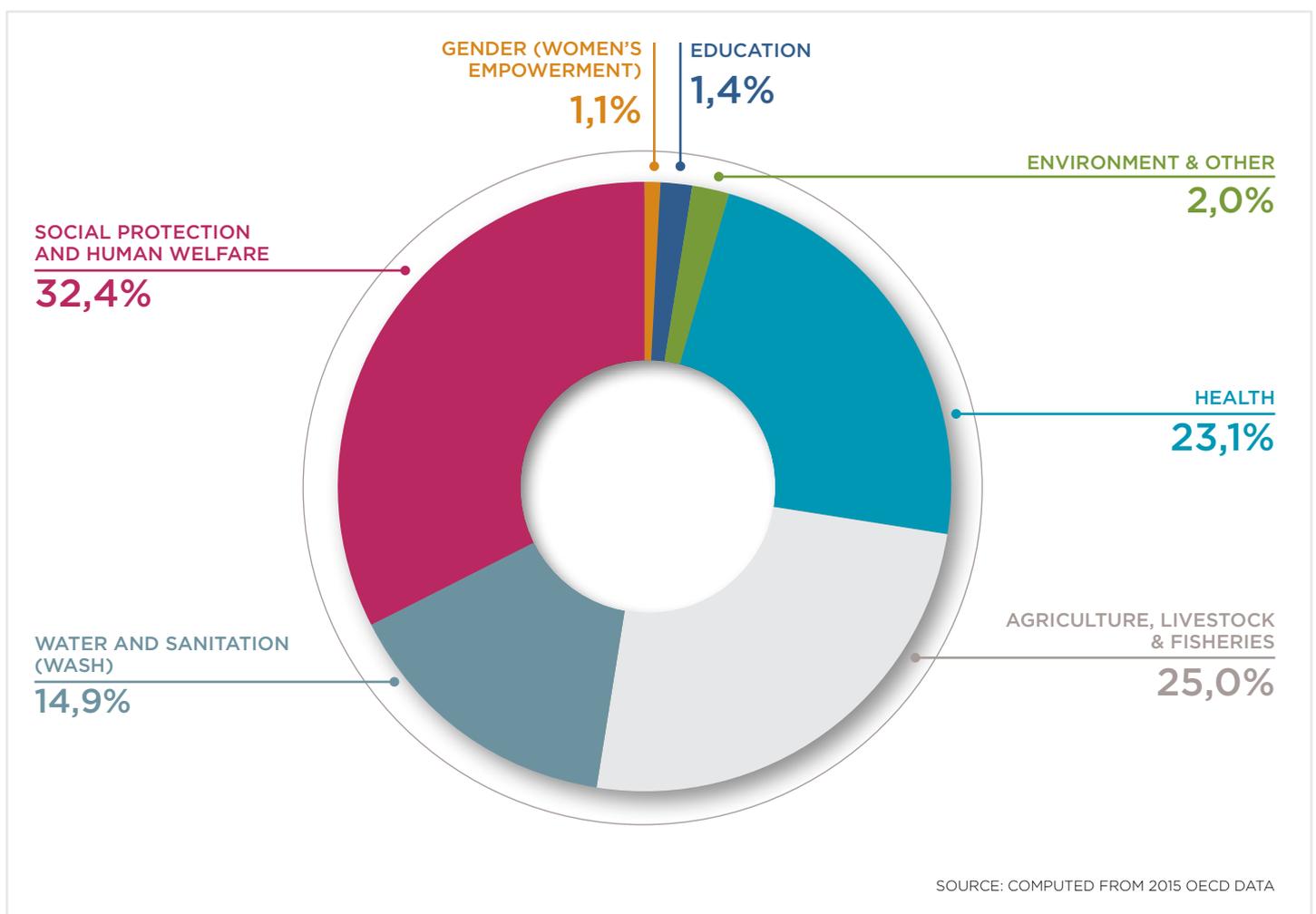


FIGURE 4.1
ALLOCATION OF ALL NUTRITION SPENDING ACROSS SECTORS
(ON- AND OFF-BUDGET PROGRAMMES)



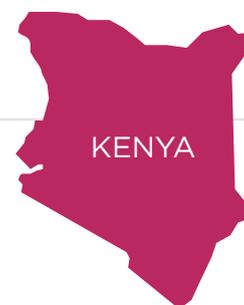


TABLE 4.1.2
CONSOLIDATION OF BUDGET ANALYSIS FOR NUTRITION WITH OECD (2015) DONOR AID FLOWS

BASIC STATISTICS	VALUE	UNITS
Incidence of malnutrition (stunting) among children under-five	31.0%	Percent
Number of children under-five stunted	2.24	Million
Value of Gross Domestic Product (GDP)	\$80,781	million constant 2015 USD
Total National Budget	\$12,933	million constant 2015 USD
Total on-budget spending for nutrition	\$121.7	million constant 2015 USD
Total off-budget spending for nutrition	\$41.1	million constant 2015 USD
Grand total spending for nutrition in the country	\$162.8	million constant 2015 USD
SHARES OF NUTRITION TO GDP		
What is the ratio of all nutrition spending to GDP in the country?	0.20%	Percent
What is the ratio of nutrition spending by government to GDP?	0.15%	Percent
Shares of nutrition in the national budget		
What proportion of the national budget goes to nutrition?	0.94%	Percent
What is the proportion if on-budget donor resources are excluded?	0.50%	Percent
SHARES OF NUTRITION SPECIFIC ALLOCATIONS		
How much of total nutrition spending is nutrition specific?	19.7%	Percent
How much of the government's own resources are nutrition specific?	16.3%	Percent
And among donors allocating to government programmes (on-budget)?	20.5%	Percent
And among donor programmes outside government (off-budget)?	23.9%	Percent
Spending per stunted child in the country		
Spending per child in the country, current versus required	\$8.90	constant 2015 USD
What is the government spending per child?	\$13.67	constant 2015 USD
What are donors spending per child?	\$8.43	constant 2015 USD
How much weight are donors carrying in total?	60.6%	Percent

MADAGASCAR

Madagascar has made some positive strides on stunting. The rate of stunting has reduced from 56% recorded in 2015 to 47.3% in 2018. The stunting rate of 47.3% is still the highest amongst the nine countries and government and stakeholders need to invest more to continue to make a dent on malnutrition and sustain the positive strides made. According to 2015 data, Madagascar's GDP stood at US\$10.87 billion, of which 0.47% was spent on nutrition. The government spent only 1.46% of its national budget on nutrition, of which 73.7% was a contribution from donor support. The investment per child from government's own resources was US\$3.49, compared to US\$9.76 from donors.

The report therefore recommends that the government of Madagascar should:

1. Raise the level of investment in the nutrition sector considering the high levels of malnutrition e.g. stunting currently at 47.3%.
2. Develop mechanisms to increase the share of national resources spent on nutrition for more ownership and sustainability of the national nutrition agenda.
3. Prioritise meeting the Nutrition for Growth commitment of US\$30 per child spending on nutrition from the current US\$13.24, which is very low to address acute challenges of malnutrition in the country.
4. Considerably increase investment in (Water and Sanitation because of its inherent impact on nutrition outcomes.



FIGURE 4.2
ALLOCATION OF ALL NUTRITION SPENDING ACROSS SECTORS
(ON- AND OFF-BUDGET PROGRAMMES)

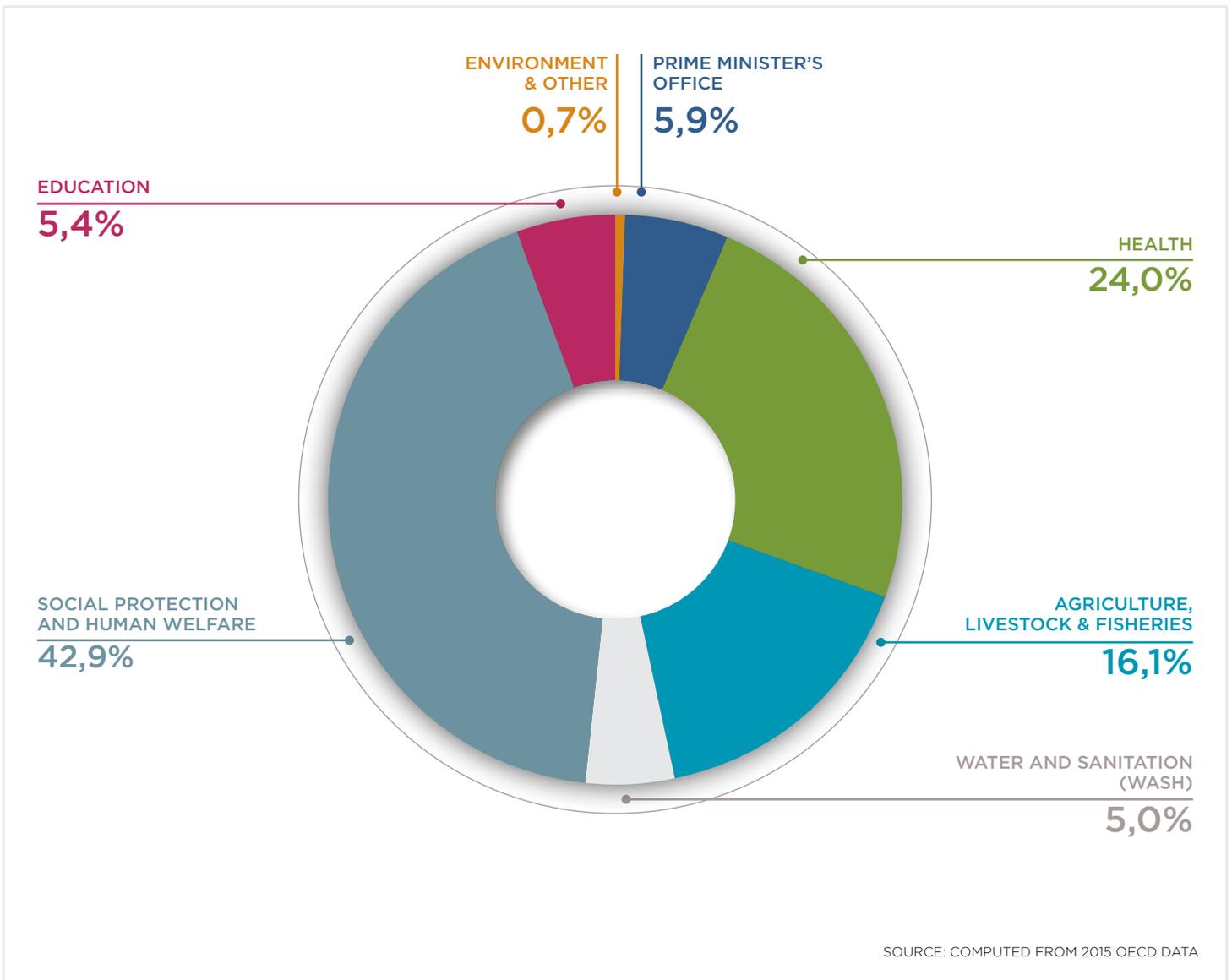
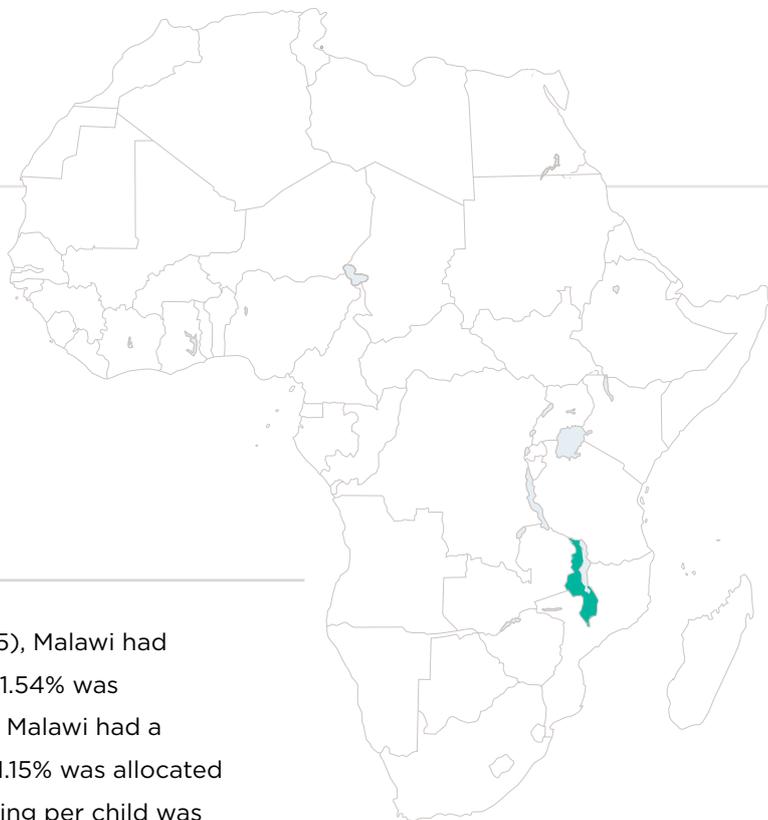




TABLE 4.2.1
CONSOLIDATION OF BUDGET ANALYSIS FOR NUTRITION WITH ORGANIZATION FOR ECONOMIC
COOPERATION AND DEVELOPMENT OECD (2015) DONOR AID FLOWS

BASIC STATISTICS	VALUE	UNITS
Incidence of malnutrition (stunting) among children under-five	56%	percent
Number of children under-five stunted	2.16	million
Value of Gross Domestic Product (GDP)	\$10,878	million constant 2015 USD
Total National Budget	\$2,343	million constant 2015 USD
Total on-budget spending for nutrition	\$34.3	million constant 2015 USD
Total off-budget spending for nutrition	\$16.9	million constant 2015 USD
Grand total spending for nutrition in the country	\$51.2	million constant 2015 USD
SHARES OF NUTRITION TO GDP		
What is the ratio of all nutrition spending to GDP in the country?	0.47%	percent
What is the ratio of nutrition spending by government to GDP?	0.32%	percent
Shares of nutrition in the national budget		
What proportion of the national budget goes to nutrition?	1.46%	percent
What is the proportion if on-budget donor resources are excluded?	0.57%	percent
SHARES OF NUTRITION SPECIFIC ALLOCATIONS		
How much of total nutrition spending is nutrition specific?	13.8%	percent
How much of the government's own resources are nutrition specific?	11.8%	percent
And among donors allocating to government programmes (on-budget)?	23.4%	percent
And among donor programmes outside government (off-budget)?	3.4%	percent
Spending per child in the country, current versus required		
What is the government spending per child?	\$3.49	constant 2015 USD
What are donors spending per child?	\$9.76	constant 2015 USD
What is the gap required to eradicate malnutrition? **	\$42.76	constant 2015 USD
How much weight are donors carrying in total?	73.7%	percent



MALAWI

According to OECD reports of (2015), Malawi had a GDP of US\$ 6.45 billion, of which 1.54% was spent on nutrition. In the same year Malawi had a budget of US\$1.25 billion, of which 1.15% was allocated to nutrition. The government spending per child was US\$2.42, compared to the donors' share of US\$30.68. Donors further took a whopping 92.7% of the total funding to nutrition. The sustainability of action is doubtful in view of huge donor dependence on nutrition programming. According to OECD reports, stunting for children under-five was 46% in 2015, but the latest Malawi Demographic and Health Survey reports a reduction to 37%.

In view of these findings, the report recommends that the government of Malawi should:

1. As a matter of priority, allocate more financial resources to nutrition from the national budget as the current reliance on donors to the tune of 92.7% is not sustainable. The government of Malawi should consider allocating 3% of the national budget to nutrition for the next 3 years for sustainable nutrition action.
2. Increase the spending per child as the current level is too small compared to the target of US\$30 according to the Nutrition for Growth commitment to which the Malawi Government is signatory.
3. Invest significantly in nutrition through WASH programmes given the bearing that water sanitation and hygiene have on nutrition outcomes.



FIGURE 4.3
ALLOCATION OF ALL NUTRITION SPENDING ACROSS SECTORS
(ON- AND OFF-BUDGET PROGRAMMES)

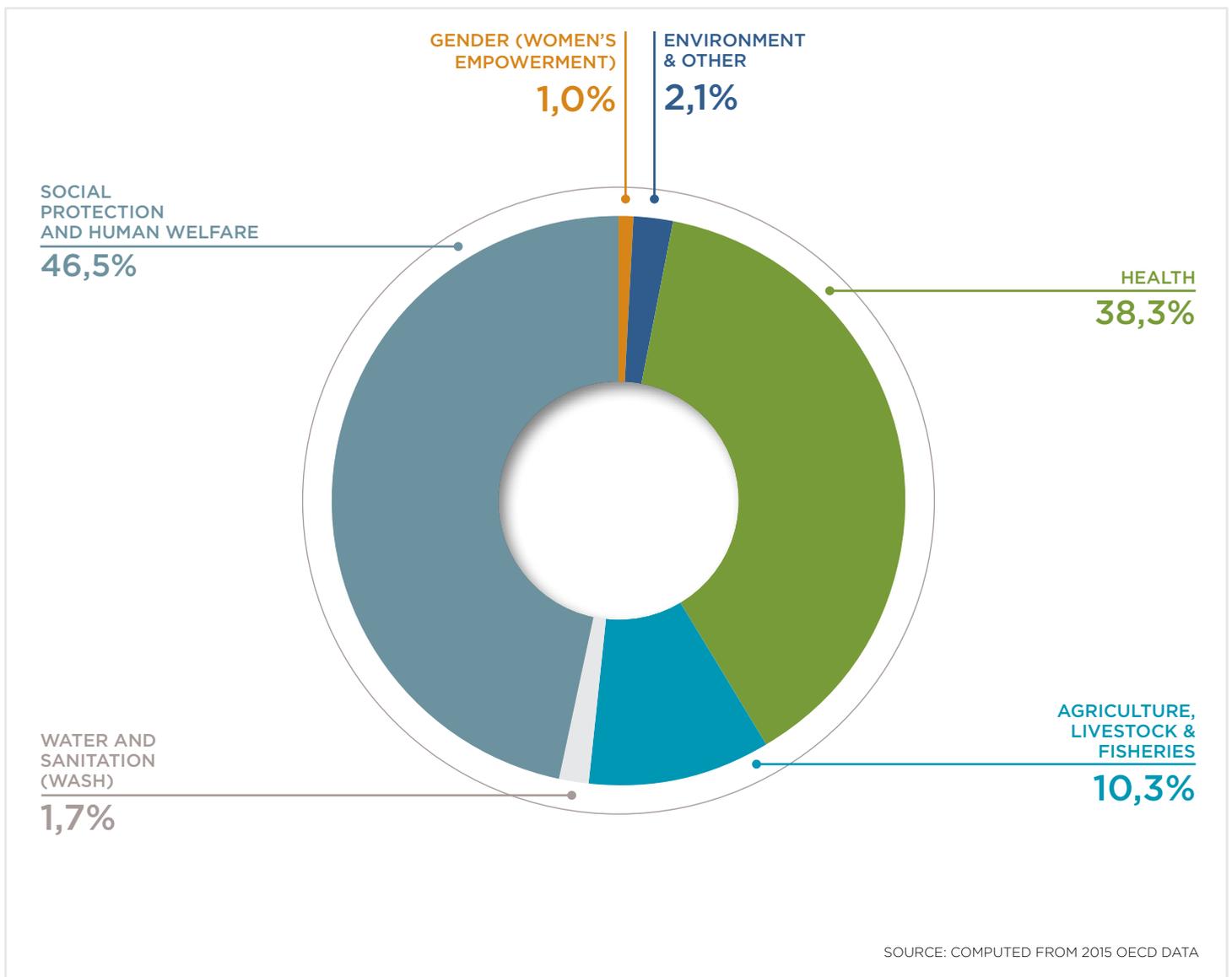




TABLE 4.3.1
CONSOLIDATION OF BUDGET ANALYSIS FOR NUTRITION WITH OECD DONOR AID FLOWS

Basic Statistics	Value	Units
Incidence of malnutrition (stunting) among children under-five	46.0%	percent
Number of children under-five stunted	1.38	million
Value of Gross Domestic Product (GDP)	\$6,451	million constant 2015 USD
Total National Budget	\$1,250	million constant 2015 USD
Total on-budget spending for nutrition	\$14.4	million constant 2015 USD
Total off-budget spending for nutrition	\$84.8	million constant 2015 USD
Grand total spending for nutrition in the country	\$99.2	million constant 2015 USD
Shares of nutrition to GDP		
What is the ratio of all nutrition spending to GDP in the country?	1.54%	percent
What is the ratio of nutrition spending by government to GDP?	0.22%	percent
Shares of nutrition in the national budget		
What proportion of the national budget goes to nutrition?	1.15%	percent
What is the proportion if on-budget donor resources are excluded?	0.58%	percent
Shares of nutrition specific allocations		
How much of total nutrition spending is nutrition specific?	29.4%	percent
How much of the government's own resources are nutrition specific?	0.6%	percent
And among donors allocating to government programmes (on-budget)?	0.0%	percent
And among donor programmes outside government (off-budget)?	34.3%	percent
Spending per child in the country, current versus required		
What is the government spending per child?	\$2.42	constant 2015 USD
What are donors spending per child?	\$30.68	constant 2015 USD
What is the gap required to eradicate malnutrition? **	\$12.90	constant 2015 USD
How much weight are donors carrying in total?	92.7%	percent

MOZAMBIQUE

According to OECD data, Mozambique had a stunting rate of at 38% in 2015, although the government's Technical Secretariat for Food and Nutritional Security (SETSAN) puts it at 43%. In 2015, the country had a GDP of US\$11,615 million, of which 0.78% was spent on all nutrition programming. International cooperation dominates investment in nutrition at 85.2%. In the same vein, government only spends US\$2.71 per child on nutrition compared to donors whose investments stand at US\$15.65 per child. The bulk of nutrition spending through national budget is through health at 43% which is usually nutrition specific. Mozambique's over-dependence on donors for nutrition spending will not sustain the positive outcomes the country is making in improving nutrition indicators considering that donor support unpredictable.

In view of the situation and analysis, the report recommends that the government should:

1. Clearly define the budget vote or nutrition specific and nutrition sensitive interventions in the key sectors.
2. Integrate and prioritise nutrition into development policies, plans and strategies at national, regional and local level including in country's decentralised authorities and rollout.
3. Ensure that spending per child is increased to the N4G targets of US\$30 from the current US\$2.71. Government should further take more ownership on the nutrition spending as donors carry the most burden at 85.2%.
4. Invest and increase nutrition sensitive budgeting and planning processes. Government should develop pathways to increase nutrition spending from current of 0.98% of total national budget to 3% through nutrition sensitive planning across development sectors and plans.



FIGURE 4.4
ALLOCATION OF ALL NUTRITION SPENDING ACROSS SECTORS
(ON- AND OFF-BUDGET PROGRAMMES)

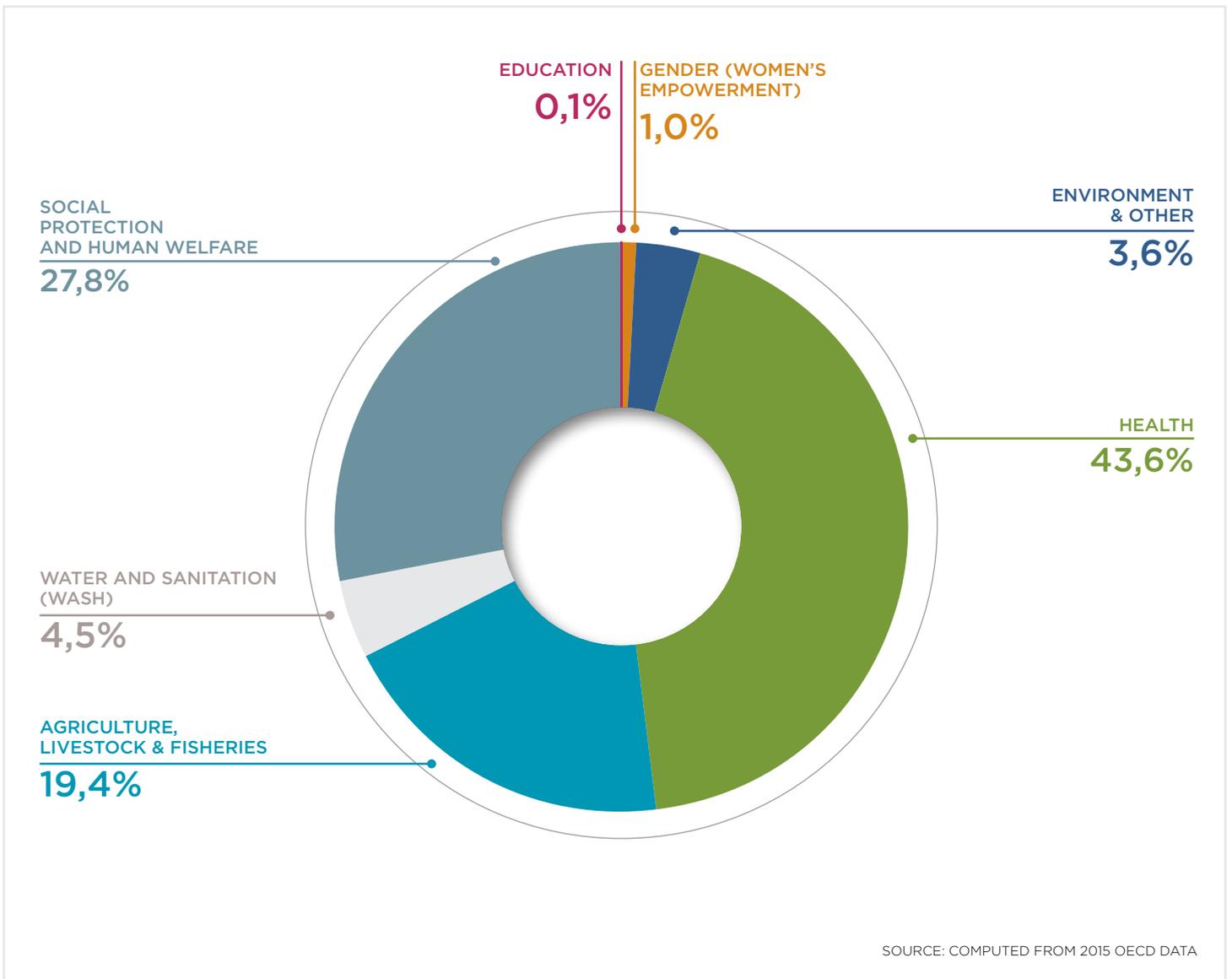




TABLE 4.4.1
CONSOLIDATION OF BUDGET ANALYSIS FOR NUTRITION WITH OECD DONOR AID FLOWS

Basic Statistics	Value	Units
Incidence of malnutrition (stunting) among children under-five	38.0%	percent
Number of children under-five stunted	1.88	million
Value of Gross Domestic Product (GDP)	\$11,615	million constant 2015 USD
Total National Budget	\$4,120	million constant 2015 USD
Total on-budget spending for nutrition	\$40.6	million constant 2015 USD
Total off-budget spending for nutrition	\$50.3	million constant 2015 USD
Grand total spending for nutrition in the country	\$90.8	million constant 2015 USD
Shares of nutrition to GDP		
What is the ratio of all nutrition spending to GDP in the country?	0.78%	percent
What is the ratio of nutrition spending by government to GDP?	0.35%	percent
Shares of nutrition in the national budget		
What proportion of the national budget goes to nutrition?	0.98%	percent
What is the proportion if on-budget donor resources are excluded?	0.33%	percent
Shares of nutrition specific allocations		
How much of total nutrition spending is nutrition specific?	26.5%	percent
How much of the government's own resources are nutrition specific?	0.3%	percent
And among donors allocating to government programmes (on-budget)?	11.8%	percent
And among donor programmes outside government (off-budget)?	41.5%	percent
Spending per child in the country, current versus required		
What is the government spending per child?	\$2.71	constant 2015 USD
What are donors spending per child?	\$15.65	constant 2015 USD
What is the gap required to eradicate malnutrition? **	\$19.64	constant 2015 USD
How much weight are donors carrying in total?	85.2%	percent

RWANDA

Rwanda is a booming economy and in 2015 recorded GDP of US\$8.6 billion. Of this, 0.98% was dedicated to nutrition. The country had high rates of malnutrition with stunting at 43% in 2015, according to OECD, but the government data shows a reduction to 37.9%. In 2015, Rwanda spent 1.12% of the total national budget on nutrition. Of this total, 0.80% was supported by donors. The heavy nutrition investment by donors raises many sustainability questions. One of the commitments under SUN is the investment in the First 1000 days from conception to a child's second birthday. In this regard, Rwanda spends US\$9.48 per child from the government's own resources while donors spend USD39.55 per child. Donors are carrying a heavy load on nutrition investment at 80.7%.

The report therefore recommends that the government should:

1. Increase the investment in food and nutrition through both on- and off-budget programming through nutrition sensitive planning and budgeting. Government should explore national mechanisms to increase investment in nutrition at national level through active involvement of different role-players including the private sector.
2. Strengthen women empowerment and early child development programmes to ensure nutrition education is mainstreamed in all national gender related efforts.
3. Ensure budget allocation targets early child development that includes pregnant and lactating mothers and children under five years.
4. Ensure districts increase their budget allocations on food security and nutrition specific and sensitive interventions by implementing a multi-faceted nutrition agenda. Currently 44% of health investment is nutrition-centred – considered quite high.
5. Improve information, education and communication on food and nutrition to enable communities and household to better understand practical principles of nutrition.

FIGURE 4.5
ALLOCATION OF ALL NUTRITION SPENDING ACROSS SECTORS
(ON- AND OFF-BUDGET PROGRAMMES)

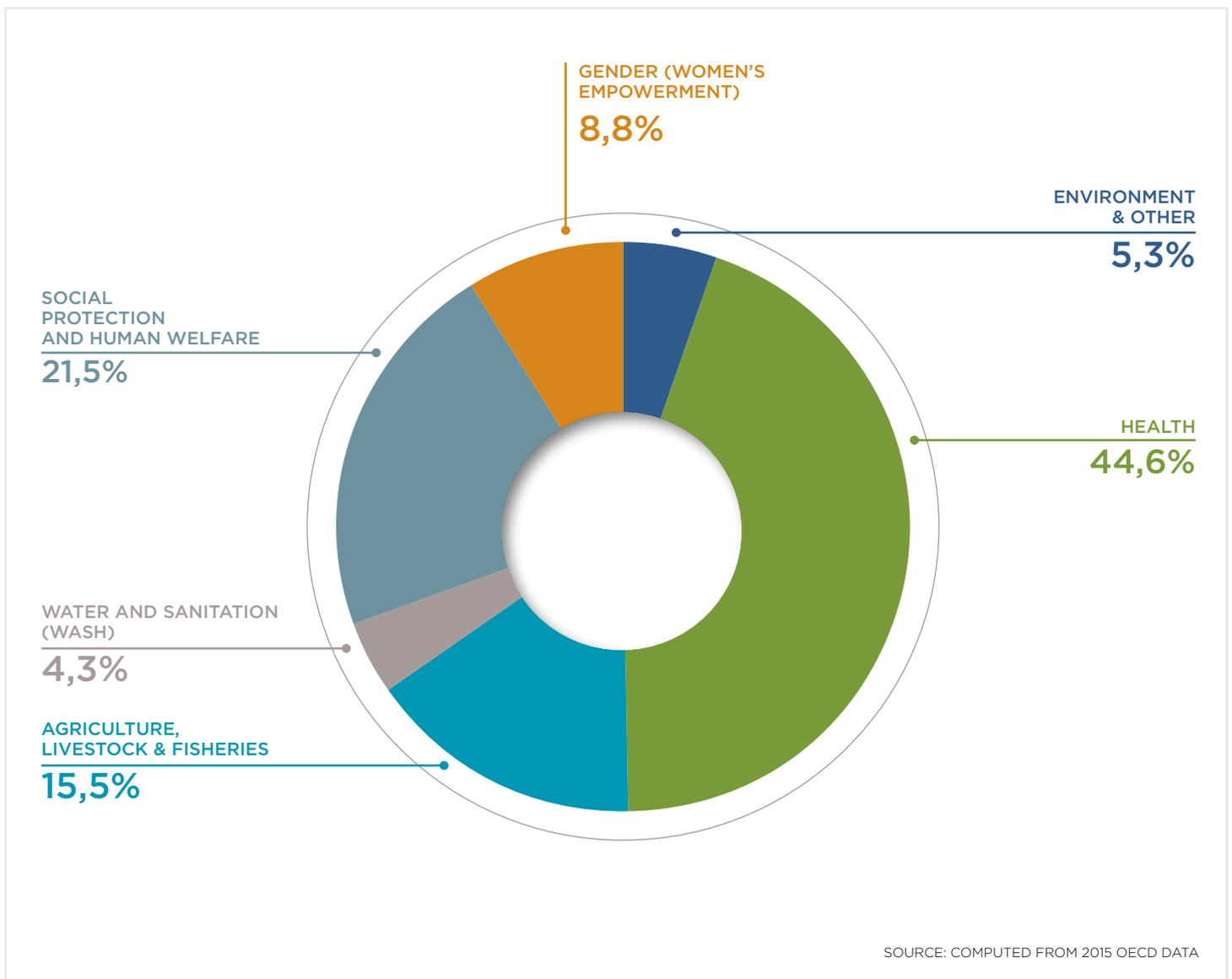
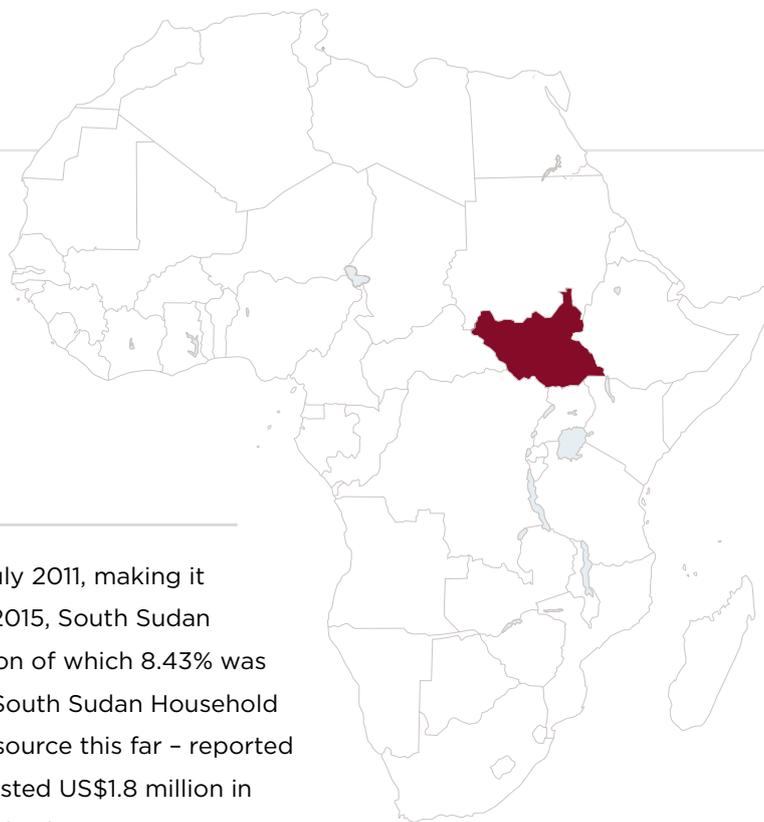




TABLE 4.5.1
CONSOLIDATION OF BUDGET ANALYSIS FOR NUTRITION WITH OECD DONOR AID FLOWS

BASIC STATISTICS	VALUE	UNITS
Incidence of malnutrition (stunting) among children under-five	43.0%	percent
Number of children under-five stunted	0.75	million
Value of Gross Domestic Product (GDP)	\$8,662	million constant 2015 USD
Total National Budget	\$2,071	million constant 2015 USD
Total on-budget spending for nutrition	\$23.3	million constant 2015 USD
Total off-budget spending for nutrition	\$62.3	million constant 2015 USD
Grand total spending for nutrition in the country	\$85.5	million constant 2015 USD
SHARES OF NUTRITION TO GDP		
What is the ratio of all nutrition spending to GDP in the country?	0.99%	percent
What is the ratio of nutrition spending by government to GDP?	0.27%	percent
Shares of nutrition in the national budget		
What proportion of the national budget goes to nutrition?	1.12%	percent
What is the proportion if on-budget donor resources are excluded?	0.80%	percent
SHARES OF NUTRITION SPECIFIC ALLOCATIONS		
How much of total nutrition spending is nutrition specific?	47.1%	percent
How much of the government's own resources are nutrition specific?	50.5%	percent
And among donors allocating to government programmes (on-budget)?	8.6%	percent
And among donor programmes outside government (off-budget)?	50.3%	percent
Spending per child in the country, current versus required		
What is the government spending per child?	\$9.48	constant 2015 USD
What are donors spending per child?	\$39.55	constant 2015 USD
What is the gap required to eradicate malnutrition? **	\$0.00	constant 2015 USD
How much weight are donors carrying in total?	80.7%	percent

SOUTH SUDAN



South Sudan was founded on 9 July 2011, making it the world's youngest republic. In 2015, South Sudan recorded a GDP of US\$3004 million of which 8.43% was invested in nutrition. In 2010, the South Sudan Household Survey (SSHS) – the only reliable source this far – reported stunting at 31.1%. The country invested US\$1.8 million in nutrition directly through national budget in 2015. However, the total off-budget investment on nutrition totalled US\$251.3 million. External support through donors dominates nutrition funding at 99.9% making it highly unsustainable in the absence of donors. The government spending per child on nutrition is only US\$0.15 while donors spending per child is almost four times higher than the US\$30 recommended by the N4G. The nutrition agenda faces lot of challenges in addition to funding. The country has no nutrition policy or strategic plan. The SUN movement focus on health does not help the need to mainstream nutrition in other national development initiatives. Additionally, there is limited capacity at both national and decentralised levels to implement nutrition activities. Political instability makes it even more difficult.

The report therefore recommends that the government should:

1. Increase funding to nutrition from its national budget as the current heavy dependence on donors is a threat to sustainability of results already achieved.
2. Mainstream nutrition in other sectors as most of the nutrition spending by donors is through humanitarian work and social protection. Nutrition in humanitarian and social protection is 73.3%.
3. Ensure that the Gender and Women Empowerment budget component adequately covers nutrition, including education and programming. The current 0.6% is insufficient.
4. Ensure that nutrition is integrated in national development programming by ensuring that at least 3% of the national budget is dedicated to nutrition.



FIGURE 4.6
ALLOCATION OF ALL NUTRITION SPENDING ACROSS SECTORS
(ON- AND OFF-BUDGET PROGRAMMES)

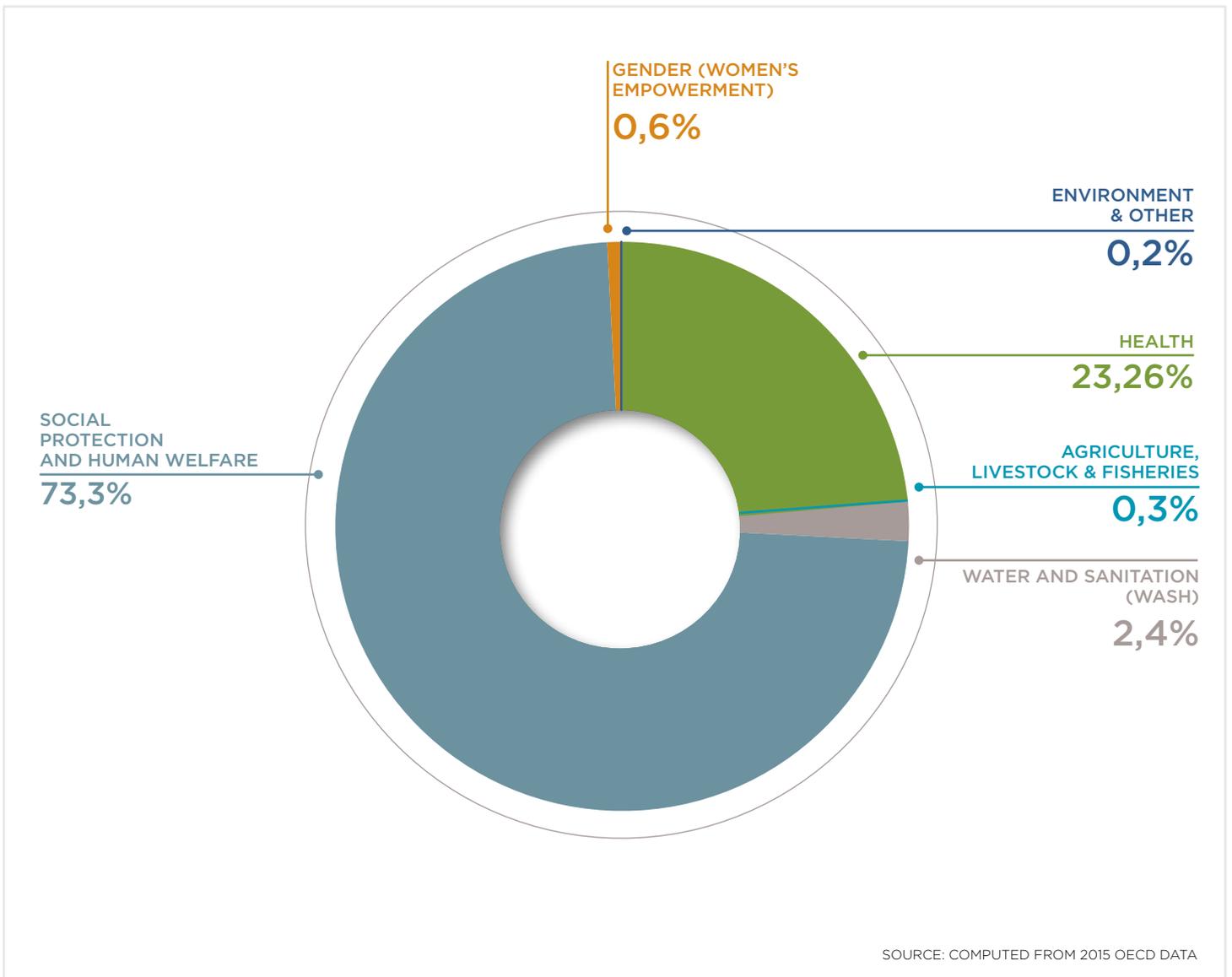
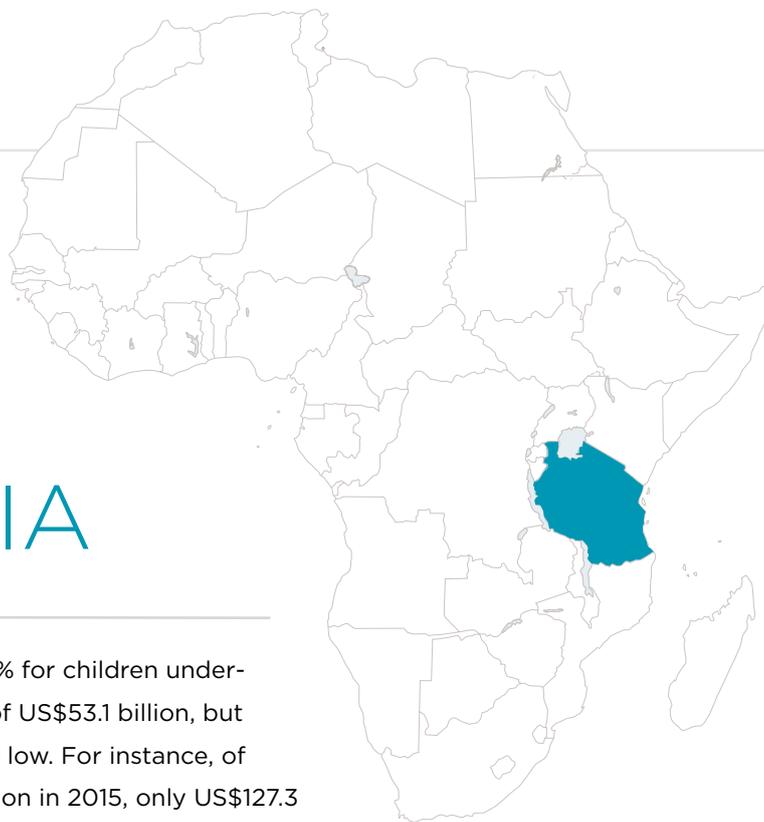




TABLE 4.6.1
CONSOLIDATION OF BUDGET ANALYSIS FOR NUTRITION WITH OECD DONOR AID FLOWS

BASIC STATISTICS	Value	Units
Incidence of malnutrition (stunting) among children under-five	31.1%	percent
Number of children under-five stunted	0.61	million
Value of Gross Domestic Product (GDP)	\$3,004	million constant 2015 USD
Total National Budget	\$351	million constant 2015 USD
Total on-budget spending for nutrition	\$1.8	million constant 2015 USD
Total off-budget spending for nutrition	\$251.3	million constant 2015 USD
Grand total spending for nutrition in the country	\$253.1	million constant 2015 USD
SHARES OF NUTRITION TO GDP		
What is the ratio of all nutrition spending to GDP in the country?	8.43%	percent
What is the ratio of nutrition spending by government to GDP?	0.06%	percent
Shares of nutrition in the national budget		
What proportion of the national budget goes to nutrition?	0.50%	percent
What is the proportion if on-budget donor resources are excluded?	0.09%	percent
SHARES OF NUTRITION SPECIFIC ALLOCATIONS		
How much of total nutrition spending is nutrition specific?	18.5%	percent
How much of the government's own resources are nutrition specific?	9.1%	percent
And among donors allocating to government programmes (on-budget)?	0.0%	percent
And among donor programmes outside government (off-budget)?	18.6%	percent
Spending per child in the country, current versus required		
What is the government spending per child?	\$0.15	constant 2015 USD
What are donors spending per child?	\$128.01	constant 2015 USD
What is the gap required to eradicate malnutrition? **	\$0.00	constant 2015 USD
How much weight are donors carrying in total?	99.9%	percent



TANZANIA

Tanzania has a stunting rate of 37% for children under-five. In 2015 Tanzania had a GDP of US\$53.1 billion, but its investment in nutrition was still low. For instance, of its national budget of US\$13.4 billion in 2015, only US\$127.3 million was committed to nutrition. Off-budget spending on nutrition was at US\$60.2 million. Of the 2015 national budget, the government only committed 0.95% to nutrition. Against the N4G commitment of spending at least US\$30 per child, Tanzania spends only US\$6.51 per child, while donors spend US\$12.29 per child. Of the whole nutrition investment in Tanzania, donors contribute the largest share at 65.4% of all spending.

The report therefore recommends that the government of Tanzania should:

1. Increase investment in nutrition especially the spending per child to US\$30 to meet the N4G commitment through nutrition sensitive planning and implementation.
2. Increase spending on nutrition through the humanitarian and social protection from the current 5.4% of the national budget.
3. Prioritise nutrition sensitive planning and budgeting through a decentralised system from local, district and national level.
4. Take more ownership on nutrition spending by adopting pathways that can increase spending from national sources to ensure sustainable results.



FIGURE 4.7
ALLOCATION OF ALL NUTRITION SPENDING ACROSS SECTORS
(ON- AND OFF-BUDGET PROGRAMMES)

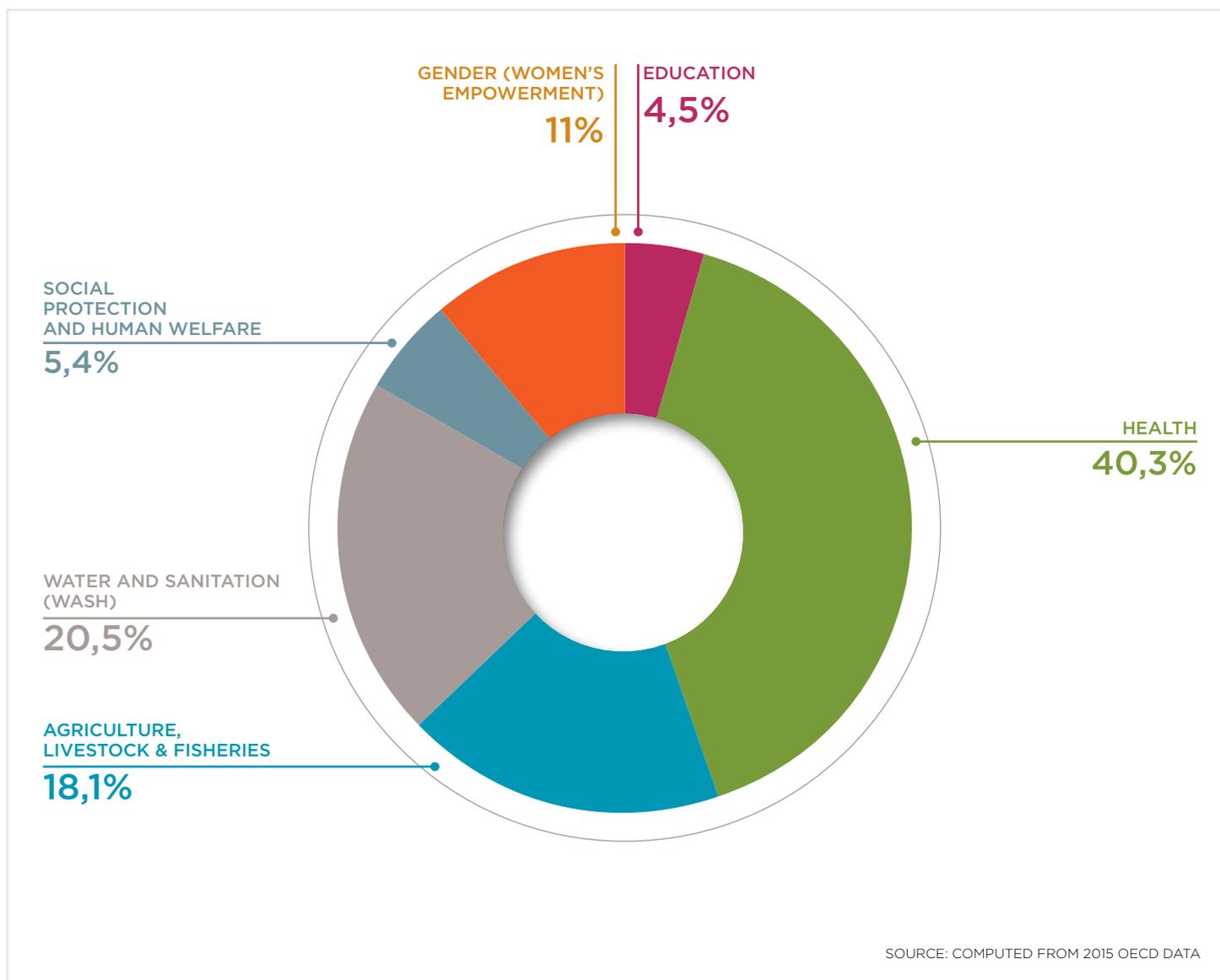




TABLE 4.71
CONSOLIDATION OF BUDGET ANALYSIS FOR NUTRITION WITH OECD DONOR AID FLOWS

BASIC STATISTICS	Value	Units
Incidence of malnutrition (stunting) among children under-five	37.0%	percent
Number of children under-five stunted	3.69	million
Value of Gross Domestic Product (GDP)	\$53,183	million constant 2015 USD
Total National Budget	\$13,413	million constant 2015 USD
Total on-budget spending for nutrition	\$127.3	million constant 2015 USD
Total off-budget spending for nutrition	\$60.2	million constant 2015 USD
Grand total spending for nutrition in the country	\$187.4	million constant 2015 USD
SHARES OF NUTRITION TO GDP		
What is the ratio of all nutrition spending to GDP in the country?	0.35%	percent
What is the ratio of nutrition spending by government to GDP?	0.24%	percent
Shares of nutrition in the national budget		
What proportion of the national budget goes to nutrition?	0.95%	percent
What is the proportion if on-budget donor resources are excluded?	0.48%	percent
SHARES OF NUTRITION SPECIFIC ALLOCATIONS		
How much of total nutrition spending is nutrition specific?	23.6%	percent
How much of the government's own resources are nutrition specific?	28.9%	percent
And among donors allocating to government programmes (on-budget)?	21.4%	percent
And among donor programmes outside government (off-budget)?	20.2%	percent
Spending per child in the country, current versus required		
What is the government spending per child?	\$6.51	constant 2015 USD
What are donors spending per child?	\$12.29	constant 2015 USD
What is the gap required to eradicate malnutrition? **	\$18.20	constant 2015 USD
How much weight are donors carrying in total?	65.4%	percent

ZAMBIA

Nutrition indicators for Zambia are not encouraging with stunting at 40%, representing 1.22 million children under-five. In 2015, the economy recorded a GDP of US\$ 26.3 billion. Of this, only 0.24% was spent on nutrition. From a national budget of US\$6.9 billion in 2015, government committed 0.74% to nutrition. In terms of spending per child for nutrition, government spends US\$5.87, while donors commit about US\$15.90. This heavy donor investment in nutrition is also manifested in the overall national spending on nutrition where donors shoulder 73% of all spending. In the 2018 national budget, only 0.04% was allocated to nutrition, representing a downward trend since 2014. In 2013 the government made a significant financial commitment by signing the Nutrition for Growth Compact (N4G) but it remains far off course in meeting the commitment.

The report recommends that the government should:

1. Explore mechanisms to increase spending on nutrition from 0.04% of the national budget in 2018 to 3% in three years beginning 2019. Commit to reaching the N4G commitment of US\$30 per under-five child from the current US\$0.9.
2. Progressively match the additional cooperating partners' resources through new and existing nutrition budget vote.
3. Invest more in nutrition sensitive planning and budget to ensure that nutrition is addressed from a multi-sectoral angle.
4. Invest in more sectors that significantly impact on nutrition outcomes such as Water, Sanitation and Hygiene (WASH).

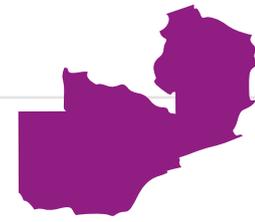


FIGURE 4.8
ALLOCATION OF ALL NUTRITION SPENDING ACROSS SECTORS
(ON- AND OFF-BUDGET PROGRAMMES)

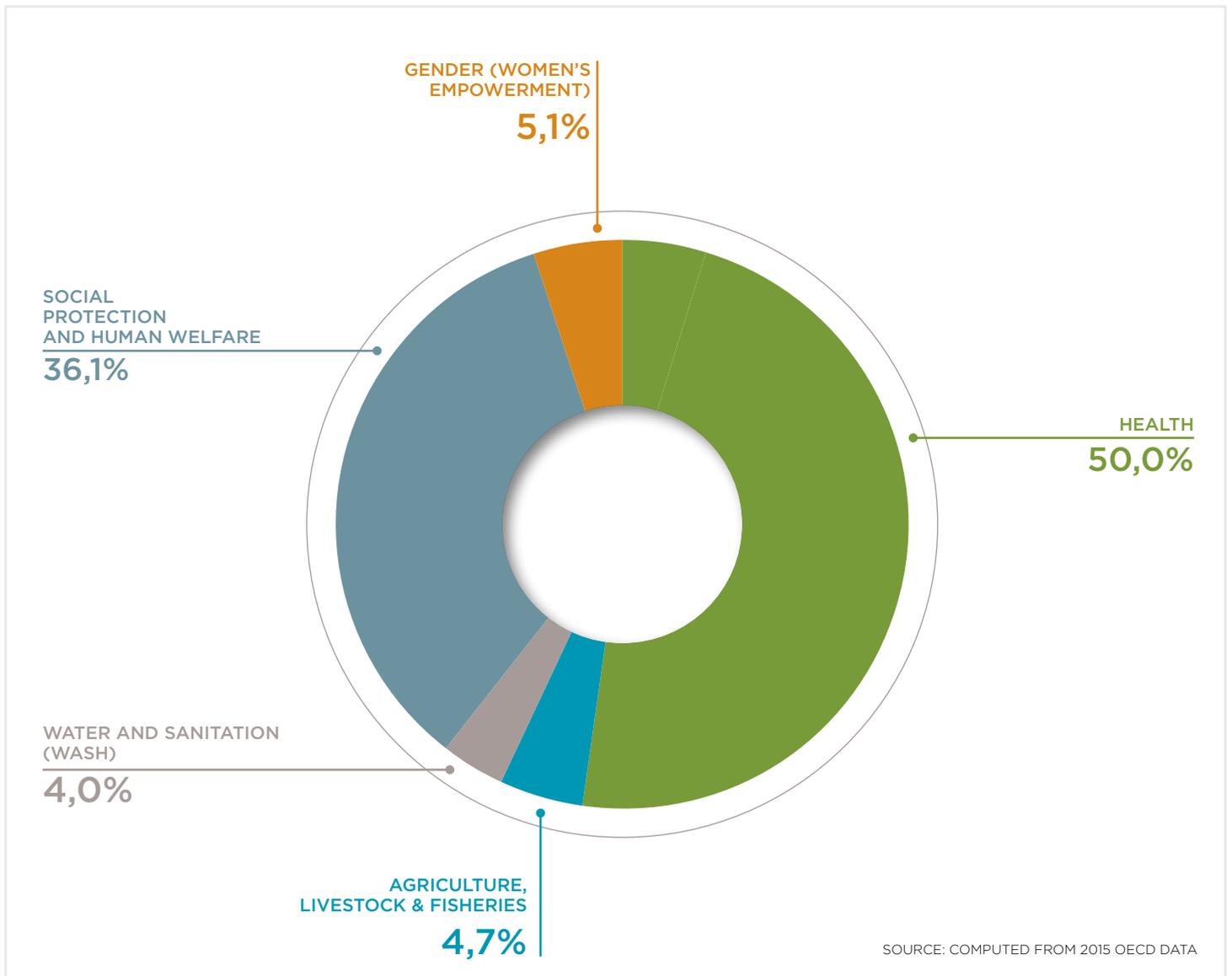




TABLE 4.8.1
CONSOLIDATION OF BUDGET ANALYSIS FOR NUTRITION WITH OECD DONOR AID FLOWS

BASIC STATISTICS	Value	Units
Incidence of malnutrition (stunting) among children under-five	40.0%	percent
Number of children under-five stunted	1.22	million
Value of Gross Domestic Product (GDP)	\$26,354	million constant 2015 USD
Total National Budget	\$6,942	million constant 2015 USD
Total on-budget spending for nutrition	\$51.5	million constant 2015 USD
Total off-budget spending for nutrition	\$11.6	million constant 2015 USD
Grand total spending for nutrition in the country	\$63.1	million constant 2015 USD
SHARES OF NUTRITION TO GDP		
What is the ratio of all nutrition spending to GDP in the country?	0.24%	percent
What is the ratio of nutrition spending by government to GDP?	0.20%	percent
Shares of nutrition in the national budget		
What proportion of the national budget goes to nutrition?	0.74%	percent
What is the proportion if on-budget donor resources are excluded?	0.25%	percent
SHARES OF NUTRITION SPECIFIC ALLOCATIONS		
How much of total nutrition spending is nutrition specific?	10.2%	percent
How much of the government's own resources are nutrition specific?	8.2%	percent
And among donors allocating to government programmes (on-budget)?	3.6%	percent
And among donor programmes outside government (off-budget)?	32.6%	percent
Spending per child in the country, current versus required		
What is the government spending per child?	\$5.87	constant 2015 USD
What are donors spending per child?	\$15.90	constant 2015 USD
What is the gap required to eradicate malnutrition? **	\$20.23	constant 2015 USD
How much weight are donors carrying in total?	73.0%	percent

ZIMBABWE

Zimbabwe had a stunting rate of 32.0% in 2015 according to the OECD, representing 0.84 million children under-five. But latest government data in 2018 shows a decline to 27.6%. In 2015, the Zimbabwe economy recorded a GDP of US\$17.6 billion. In the same year, out of a national budget of US\$ 3.5 billion, 0.47% was allocated to nutrition. At the time of writing, donors were not contributing to the national budget, so the government was responsible for all spending on nutrition through the national budget. Overall, government spends US\$6.38 per child, while donors through off-budget support spend US\$19.40, making a total of US\$25.78, still below the N4G commitment of US\$30 per child. For overall national investment in nutrition, donors again carry the majority of the burden at 75.2%. Nutrition budget in Agriculture, Livestock and Fisheries is 6.4%, while national efforts on gender issues through budget, that addressed nutrition is only allocated 0.7%.

Budgetary allocation to health and childcare is far less than 15% of the national budget as recommended by the Abuja Declaration to which Zimbabwe is a signatory. A slight increase by 1 percentage point from 6.9% in 2017 to 7.9% in 2018 was noted. A total of \$454,014,000 was appropriated to the sector in 2018, up from a revised estimate of \$282,549,000 in 2017.

The report therefore recommends the following to the government of Zimbabwe, civil society and the private sector:

1. Integrate nutrition in the national development plans and framework by adopting nutrition sensitive programming through sectoral mainstreaming.
2. Government must increase the share of nutrition budget through the national budget from 0.47% of the total budget to 3% progressively from the 2019 national budget.
3. Develop mechanisms to increase nutrition spending per child as an approach to fight malnutrition/stunting and potential strategy to address long term challenges in nutrition.
4. Agriculture, Livestock and Fisheries should mainstream and integrate nutrition in their work. Government should increase nutrition investment in the three sectors from the current 6.4% since most rural households eat what they grow.



FIGURE 4.9
ALLOCATION OF ALL NUTRITION SPENDING ACROSS SECTORS
(ON- AND OFF-BUDGET PROGRAMMES)

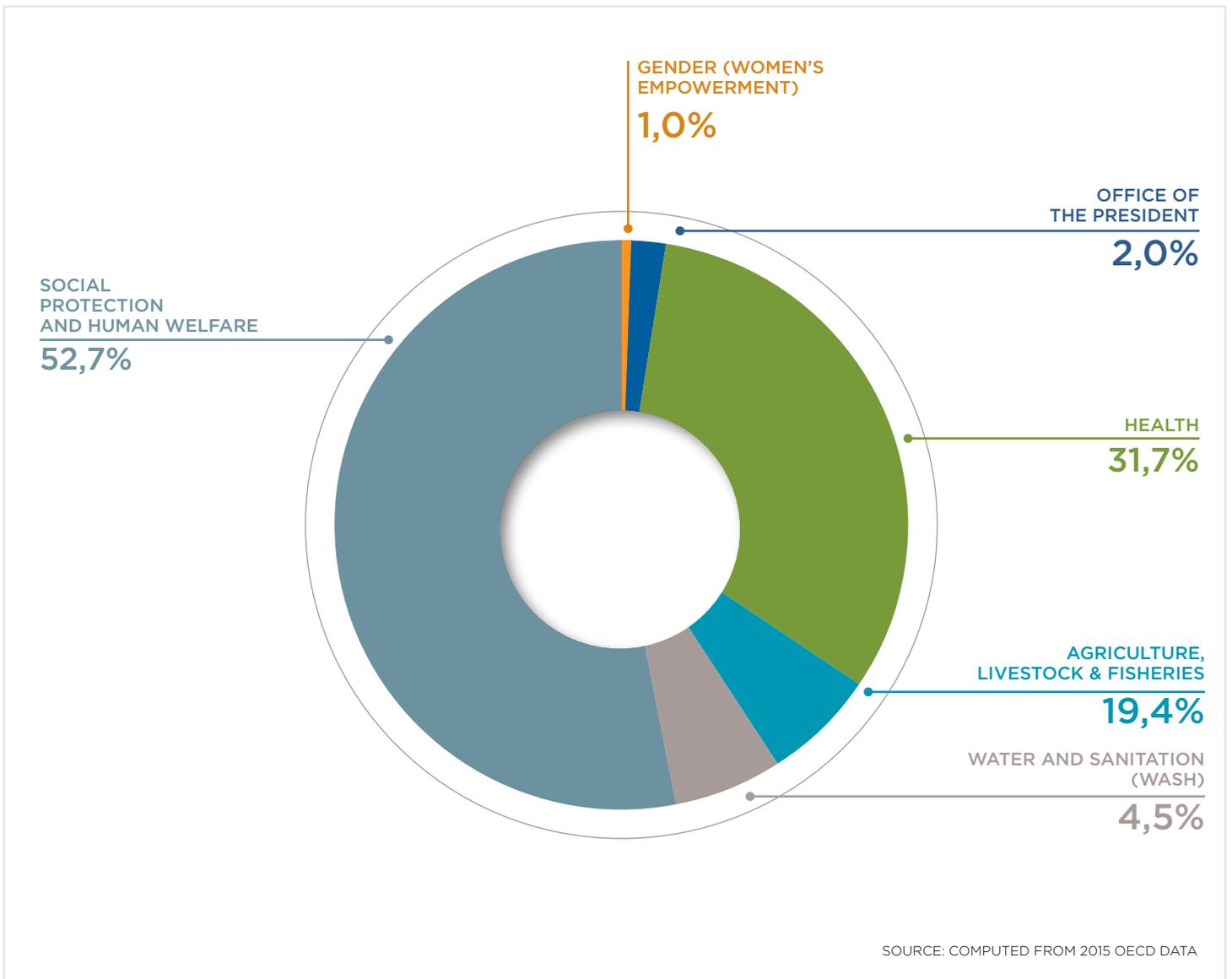




TABLE 4.9.1
CONSOLIDATION OF BUDGET ANALYSIS FOR NUTRITION WITH OECD DONOR AID FLOWS

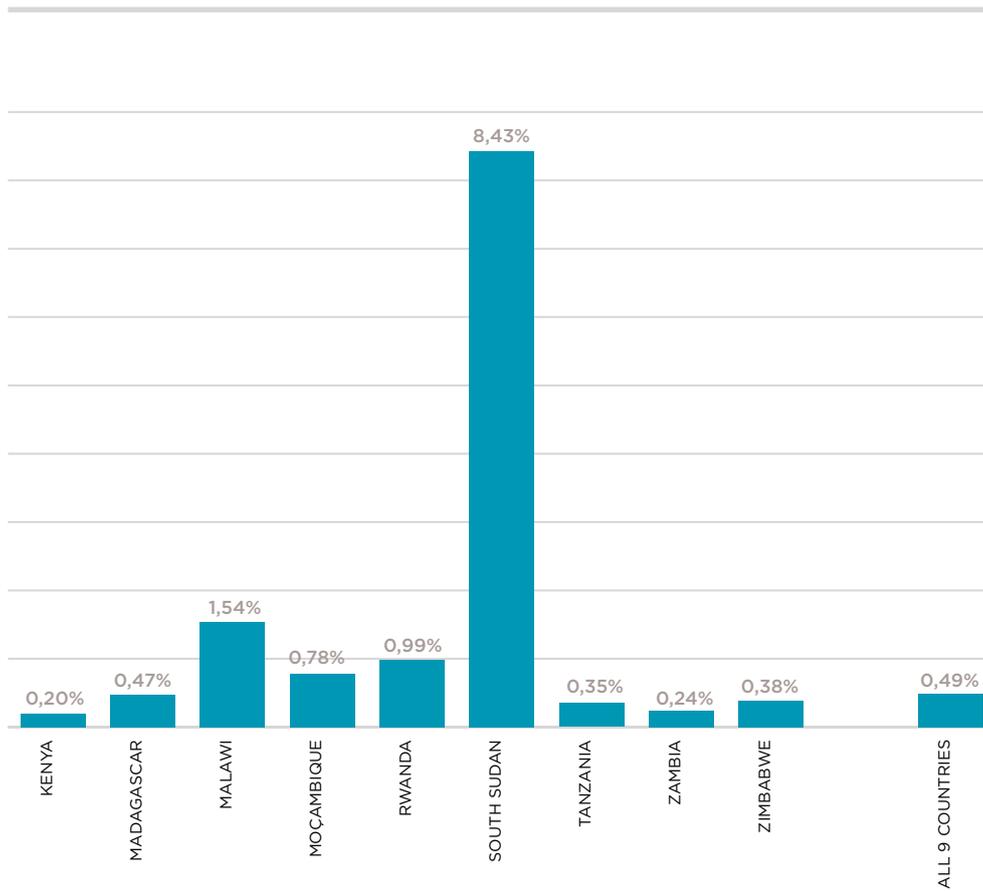
BASIC STATISTICS	Value	Units
Incidence of malnutrition (stunting) among children under-five	32.0%	percent
Number of children under-five stunted	0.84	million
Value of Gross Domestic Product (GDP)	\$17,625	million constant 2015 USD
Total National Budget	\$3,528	million constant 2015 USD
Total on-budget spending for nutrition	\$16.7	million constant 2015 USD
Total off-budget spending for nutrition	\$50.6	million constant 2015 USD
Grand total spending for nutrition in the country	\$67.3	million constant 2015 USD
SHARES OF NUTRITION TO GDP		
What is the ratio of all nutrition spending to GDP in the country?	0.38%	percent
What is the ratio of nutrition spending by government to GDP?	0.09%	percent
Shares of nutrition in the national budget		
What proportion of the national budget goes to nutrition?	0.47%	percent
What is the proportion if on-budget donor resources are excluded?	0.47%	percent
SHARES OF NUTRITION SPECIFIC ALLOCATIONS		
How much of total nutrition spending is nutrition specific?	13.3%	percent
How much of the government's own resources are nutrition specific?	9.7%	percent
And among donors allocating to government programmes (on-budget)?	0.0%	percent
And among donor programmes outside government (off-budget)?	14.4%	percent
Spending per child in the country, current versus required		
What is the government spending per child?	\$6.38	constant 2015 USD
What are donors spending per child?	\$19.40	constant 2015 USD
What is the gap required to eradicate malnutrition? **	\$6.22	constant 2015 USD
How much weight are donors carrying in total?	75.2%	percent

DISCUSSIONS ON THE FINDINGS AND RECOMMENDATIONS



This study has established that the nine countries all recognise the urgent need to address malnutrition. All nine countries have worrying levels of stunting, with the highest being Madagascar (47.3%) and lowest is Kenya (31%). The other countries stunting rates are as follows: Malawi (37%), South Sudan (31.1%), Zambia (40%), Mozambique (43%), Zimbabwe (27.6%), and Rwanda (37.9%). In response, they have developed policies and action plans and domesticated the global commitments to nutrition. These actions are a serious demonstration of how governments are willing to address the challenge of malnutrition in their countries. It is commendable that governments acknowledge the centrality of nutrition to national development.

FIGURE 5.1
TOTAL NUTRITION SPENDING WEIGHTED BY GDP (%)



The study also revealed that national spending on nutrition as share of Gross Domestic Product (GDP) was very low across the nine countries. Apart from South Sudan with nutrition GDP share of spending at 8.4% all other countries had share of GDP spending at less than 2%. The case of South Sudan is as result of international cooperation which is responsible for 99% of the nutrition spending.

The Global Nutrition Report (GNR, 2016) noted that “every country is facing a serious public health challenge from malnutrition.” Studies have shown that malnutrition is not just a health problem, but a national development issue impacting on the both social and economic profile of countries. Socio-economic development experts have calculated that the economic consequences of malnutrition represent losses of 11% of GDP every year in Africa and Asia, whereas preventing malnutrition delivers \$16 in returns on investment for every \$1 spent (GNR, 2016).

The choices cannot be starker: governments can choose to either lose that size of their GDP or take preventive steps by making the right investments and reap the benefits. Nutrition is also considered to be a private domain of households and their choices of food. That is only partly true. Government decisions and policies affect nutrition at household and national level. While governments may not buy food for their people, their decisions, policies and budgeting must reflect recognition of their responsibility to better nutrition outcomes as they are accountable for this just as they are for other public goods and services.

All the countries under the study have broad, long-term development blueprints. Some of the countries’ plans extend to 2030. They all aspire for increased economic growth, industrialisation, employment creation, better infrastructure to support expansion in provision of public goods and services, and a more educated population to bolster their economies, among others. But the achievement of these targets will depend on how much investments they are making in combating malnutrition/stunting.

The report has found that most governments are failing to match political will with requisite investment to combat malnutrition in their countries. All governments have failed to meet the Nutrition for Growth (N4G) commitment on nutrition spending of US\$30 per child.

Figure 5.2 illustrates wide variations in per child commitments across the nine countries. Entirely donor dependent South Sudan spends a large US\$128.2 per child, compared to Madagascar’s US\$ 13.2 per child. Rwanda also does comparatively well in terms of total per child spending (US\$49.0), for which donors contribute an 80.7%. The emerging picture is one of donors investing more than governments per child on nutrition. That is the reason Rwanda also has the highest government spending per child (US\$9.5) among the nine countries. Kenya’s 40% own share of total per head spending is also encouraging; as is Zimbabwe’s notable commitment of its own resources (US\$6.4) amidst the economic hardships the country has faced for decades.

FIGURE 5.2
AGGREGATE, GOVERNMENT AND DONOR NUTRITION SPENDING AND SHARES PER CHILD UNDER-5

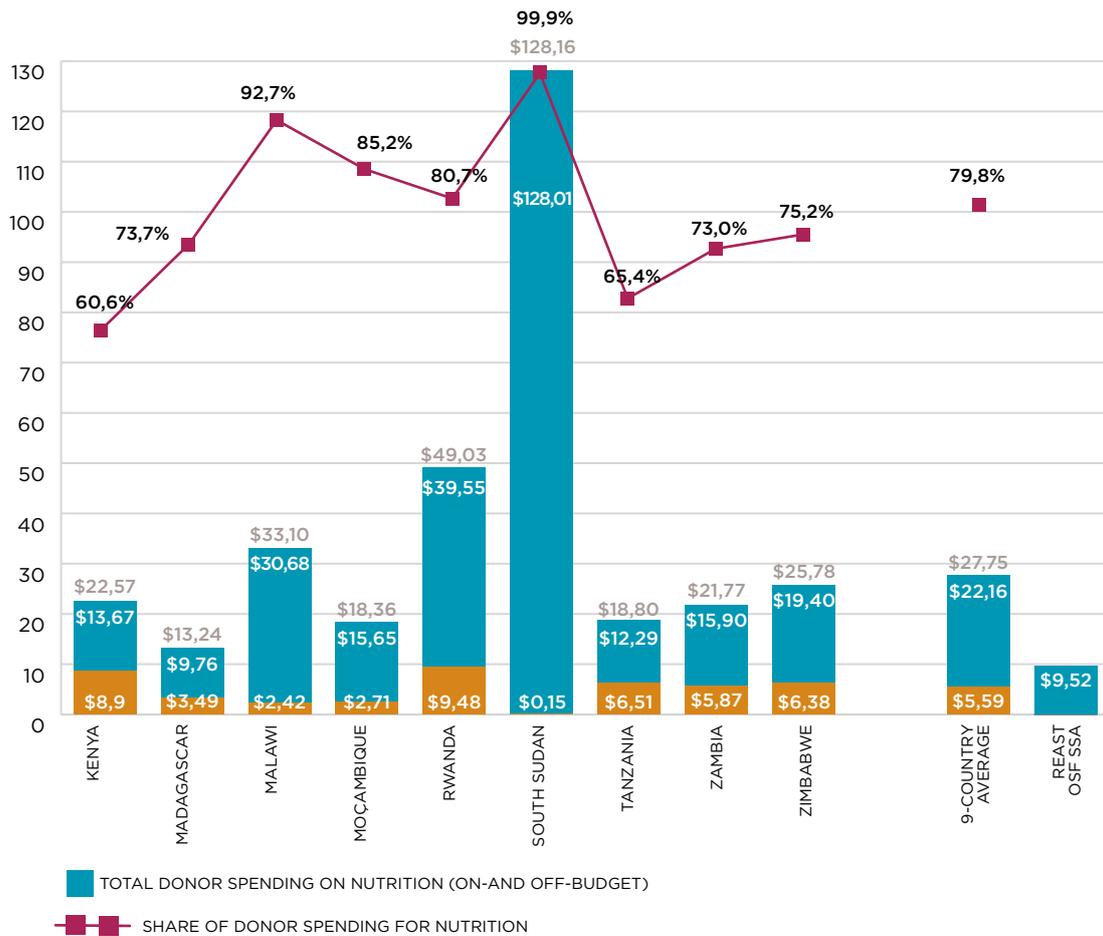
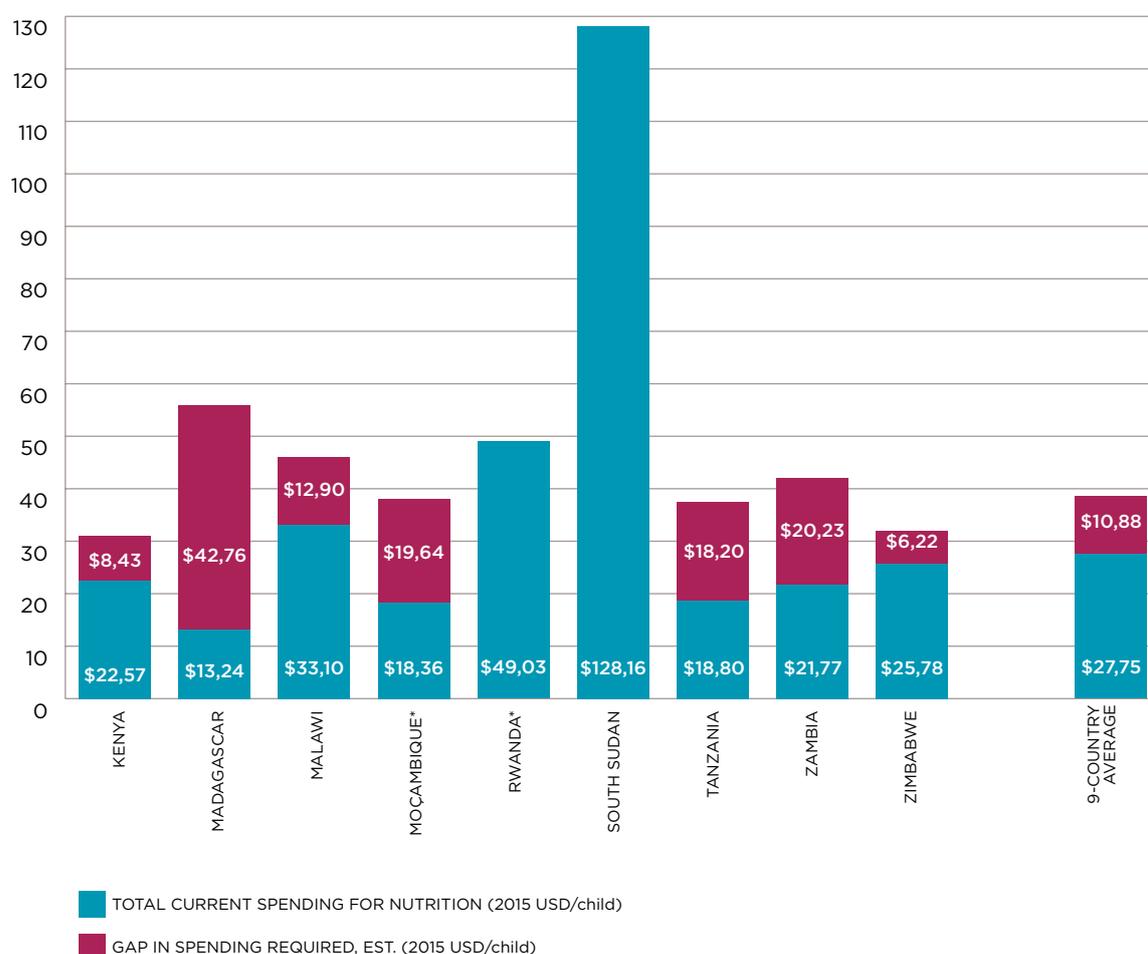


Figure 5.3 imports the spending levels that have been discussed in Figure 5.2 and reflects each country’s shortfall to the desired spending amount per child to eradicate malnutrition. On average, current per child spending levels across the nine countries is 71.8% of the resources needed to address malnutrition, the shortfall being US\$10.9 per child – a 28.2% shortfall. The other evidence provided by Figure 5.2 is the variation in ‘need’ across the countries – lowest for Kenya (US\$31) and Zimbabwe (US\$32), and highest for Madagascar (US\$56) and South Sudan (US\$60)¹².

8 The correlation between spending per child and stunting rates was a modest 0.4833.

FIGURE 5.3
TOTAL NUTRITION SPENDING AND REMAINING GAP² (2015 USD/CHILD)



Governments should be vigilant in addressing stunting as this condition is irreversible beyond the age of two. That is why there is global focus on the First 1000 Most Critical Days, from conception to a child's second birthday. Stunting affects a child's physical and cognitive development. The low spending per child on nutrition by governments is a contradiction to them realising the commitments they have signed up to. As shown in Figure 5.3 below, except for South Sudan and Rwanda, the rest of the countries have serious deficits to meet the N4G commitment to spend at least US\$30 per child. For South Sudan and Rwanda, it is important to note that both countries only managed to meet this commitment through international cooperation which casts doubts on the sustainability of the results as donors' interests are not static.

The differences across the nine countries in the total spending needed to address malnutrition cautions against a one-size-fits-all approach to malnutrition management. Of the countries, Zimbabwe has the lowest shortfall (US\$6.2), in contrast to Madagascar whose shortfall is nearly three times its current spending level.

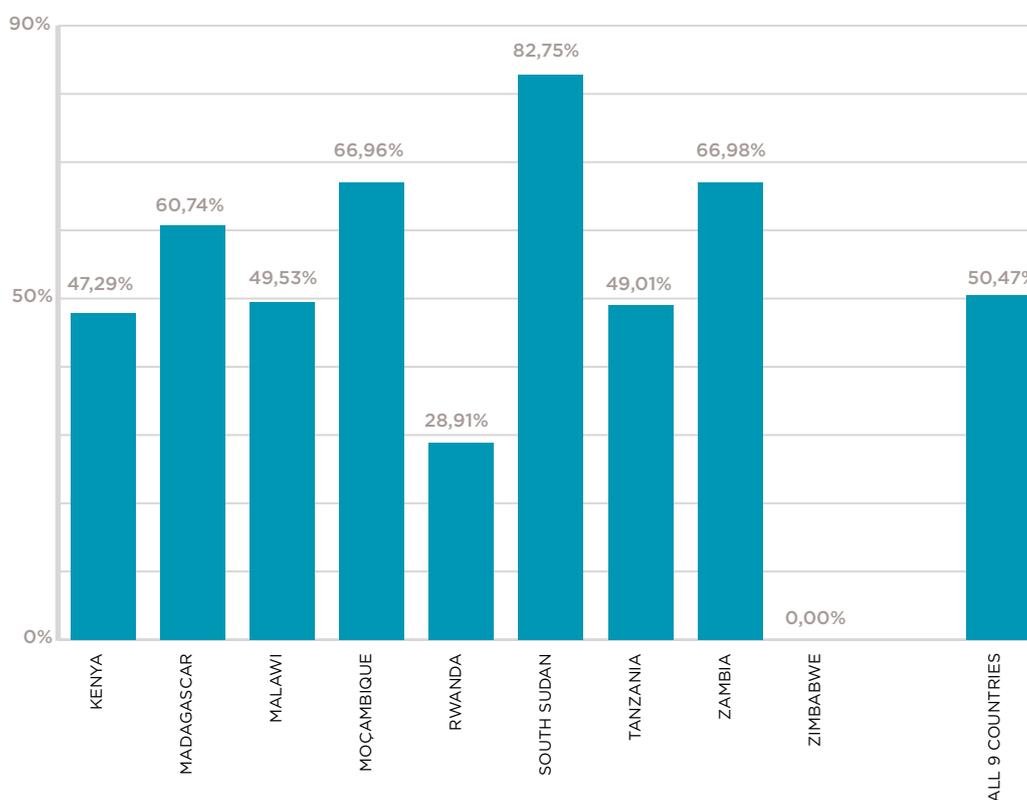
As noted above, governments recognise malnutrition as a problem. They must be commended for developing policies and institutional mechanisms to deal with this problem. They must also be commended for attempts to allocate financial resources to nutrition. But, as the numbers from all the nine countries have shown, the efforts fall far too short of what is required to make a serious dent on malnutrition. Consequently, governments are not meeting both their national and global commitments. The call for more funding to implement policies and programmes should be treated with the sense of urgency it fully deserves.

Key to changing this scenario is how governments and stakeholders conceptualise nutrition. Governments and non-state role-players should embrace nutrition from a broad perspective and not only from the health angle as has traditionally been the case. The knowledge that nutrition is beyond health must be reflected in the design of related policies and institutions, coordination mechanisms and most importantly, in the planning and budgeting processes to make them more responsive to nutrition. This will also enable governments and all stakeholders to address nutrition from a cross-sectoral angle – essential if this challenge is to be efficiently addressed.

The study has found that in all the nine countries, investment in nutrition is overwhelmingly by donors. Governments should therefore develop strategies and pathways that will help them increase investment in nutrition and ensure more ownership. Donors and private sector support should leverage on what governments are already doing from their national resources. Figure 5.4 below shows the budgetary nutrition burden assumed by donors in the nine countries.

The Zimbabwean government accounted for the entire on-budget share of the national budget (0.49%), which translates to a 0.00% donor share of the on-budget outlay. By contrast, South Sudan's government to donor shares of the 0.50% on-budget share of the total national budget (0.09% vs. 0.42%), translated into a donor share of 82.3%. Thus, while Zimbabwe arguably survived without donor inputs to its on-budget spending, national budget-based nutrition services in South Sudan would face great hardship without donor funding. Reliance on internal resources is more sustainable and it will further allow stakeholders, especially CSOs, to hold government to account regarding the implementation of such kind of investment.

FIGURE 5.4
SHARE OF DONOR FUNDING OF NUTRITION IN GOVERNMENT PROGRAMMES (I.E. ON-BUDGET)

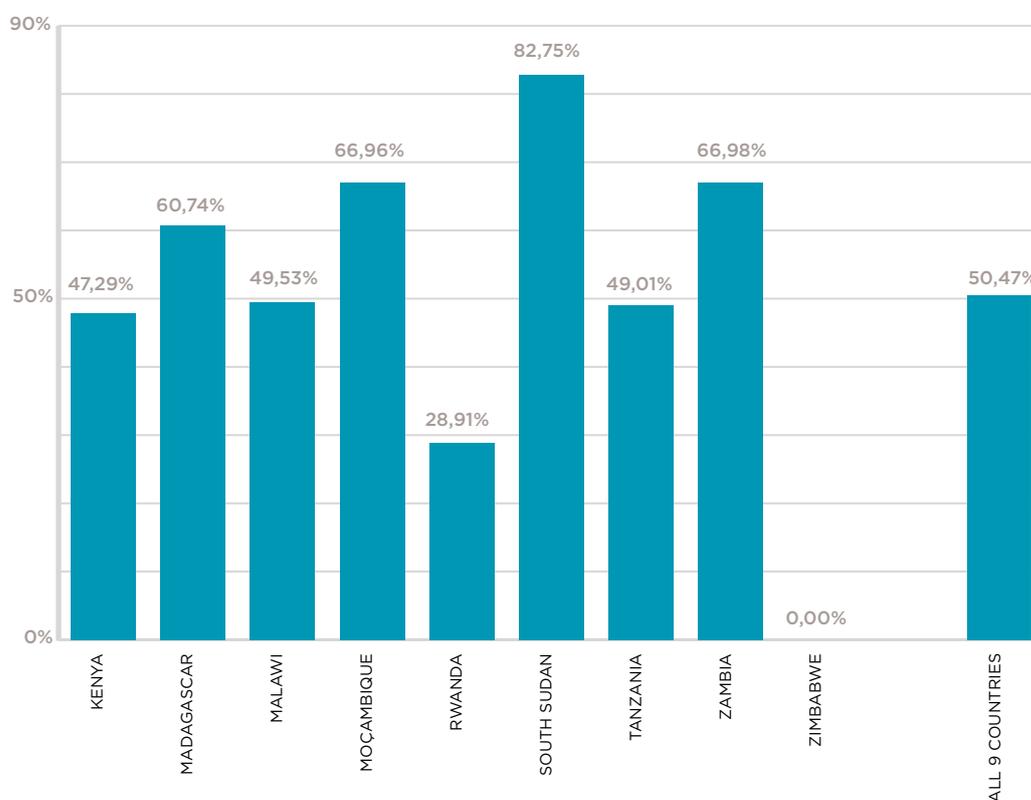


SOURCE: AUTHORS' OWN COMPUTATIONS

Where donors do not insist on their own management of their contributions, then these also become on-budget alongside the government's own contribution. Thus, Figure 5.5 reflects the overall nutrition share of the national budget, for which the regional average is 0.92%. The portion of that share contributed by the governments and donors respectively is coincidentally equal at 0.46%.

Across the nine countries, however, these complementary on-budget shares vary widely: Zimbabwe's on-budget spending is exclusively government funded; but in Kenya, Malawi, Tanzania and Zimbabwe, the government and donor shares of the on-budget spending are comparable. Rwanda (0.80%) dominates its own on-budget spending, in contrast to Madagascar which is dominated by the donors (0.89%). South Sudan's overall donor dominance of Figure 5.4 is confirmed here: the government's share of on-budget spending is a mere 0.09% of national budget, leaving a comparatively large 0.42% share to donors.

FIGURE 5.5
SHARE OF ON-BUDGET NUTRITION SPENDING IN THE TOTAL COUNTRY AND REGIONAL BUDGET



SOURCE: AUTHORS' OWN COMPUTATIONS

SOCIAL PROTECTION

The levels of poverty in the nine countries are very high and annually there is a significant number of people that will require to be under social protection. In this regard, it is important that social protection spending also integrates nutrition. In attempting to address nutrition from a multi-sectoral basis, the Kenya National Social Protection Policy defines social protection as:

“policies and actions, including legislative measures, that enhance the capacity of and opportunities for the poor and vulnerable to improve and sustain their lives, livelihoods, and welfare, that enable income-earners and their dependants to maintain a reasonable level of income through decent work, and that ensure access to affordable healthcare, social security, and social assistance ¹².”

On average, donors channelled 47.2% of their resources through food aid and social protection, compared to the government’s 27.8% for nutrition spending channelled through social protection. The donor average for the rest of nine countries was a comparable 42.3%. Donor performances were quite dominant in Madagascar (61.3%), South Sudan (73.4%) and Zimbabwe (58.5%). On the government side, Zambia (85.3%) and Kenya (44.3%) were dominant; but Zimbabwe’s 34.9% was also a commendable performance given its domestic problems. However, the delivery of nutrition through social protection was not popular in Madagascar and Tanzania.

The importance of social protection in nutrition has been shown through social cash transfer in Zambia. A review of social protection in Zambia generated positive findings that instil confidence in, and root for the expansion of such initiatives¹³.

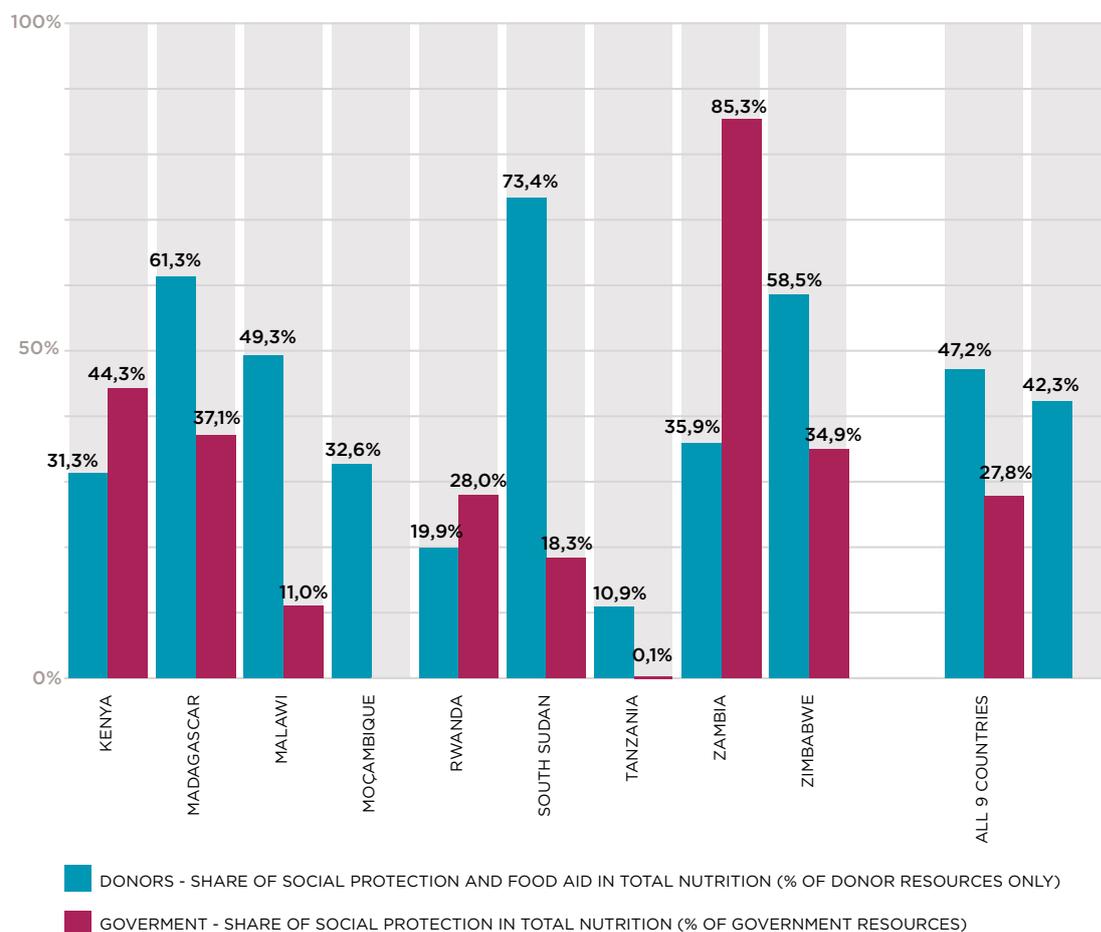
¹² Republic of Kenya (2011: 2).

¹³ See Republic of Zambia/Ministry of Community Development and Social Welfare (2016).

Focusing on a 3-year cash transfer programme under the Ministry of Community Development and Social Welfare, the 2010 Child Grant Programme targeted poverty and its inter-generational transmission among mothers and U-5 children. The 60 Kwacha (US\$6) per household grant of 2013 rose to 70 Kwacha (US\$7) in 2014. A Randomised Control Trial (RCT) among 3,000-odd households found that the grant did not lead to dependency and social delinquency (e.g. drunkenness), as anticipated¹⁴. Instead, the grant afforded the expected meal per day for members of the average family, and each Kwacha generated about 70% of its value in incomes, improving targeted households' welfare by reducing debt, and increasing investment in assets, including livestock.

14 An RCT compares the circumstances of a group receiving an intervention, and another that does not receive the treatment.

FIGURE 5.6
SHARES OF GOVERNMENT AND DONOR RESOURCES VIA SOCIAL PROTECTION



KEY GAPS AND CHALLENGES

The budget figures in this report are national averages, which typically conceal potentially great vertical (across socio-economic groups) and horizontal (between regions in the country) inequalities. Benefit incidence analysis and behavioural studies are useful approaches to obtaining a clearer picture of coverage in order to improve the targeting of these scarce resources¹².

A critical question is whether the budget analysis figures presented here includes all the nutrition spending in each of the nine countries. The likelihood is that the actual figures could be a little higher because under the devolved systems existing in most countries, local authorities¹³ generate revenues and spend them without accountability to the central treasury.

For example, in Kenya the county governments responsible for agriculture and nutrition, have even greater leeway over their greater resources compared to those of the defunct local authorities. While the Kenyan government's public health share of the national budget stood at around 6% prior to devolution, a pilot study of 12 county governments found that their public health spending for financial years 2013/14 and 2014/15 averaged 18% of their total spending. But this central treasury analysis of nutrition trend presented in the study would not be different even if the other funding from local sources were added.

12 Benefit-incidence analysis divides the population into equal segments, from the least to the most well-off, such as quintiles, and calculates what share of a benefit accrues to which segment/quintile. World Bank Group (2017: 23) shows for example, that Zambia's FISP food production subsidy is inequitable, benefitting 25.4% of the extremely poor compared to 44.5% of the non-poor. Behavioural studies involve econometrics: the Benefit-incidence analysis divides the population into equal segments, from the least to the most well-off, such as quintiles, and calculates what share of a benefit accrues to which segment/quintile. World Bank Group (2017: 23) shows for example, that Zambia's FISP food production subsidy is inequitable, benefitting 25.4% of the extremely poor compared to 44.5% of the non-poor. Behavioural studies involve econometrics: the distribution of a benefit, such as zinc supplements, is regressed against beneficiary characteristics (education; age; residence; etc.), revealing which characteristics 'predispose' people to benefit.

13 The Kenyan constitution provides that finances follow functions, and consequently, secures a share of national revenues for the county governments. The latter may also be permitted to raise their own revenues from specified sources that are distinct from those from which the national government raises revenue.



The foregoing sections of this report have undertaken analyses, at times through very broad approaches while at other times, through very specific ones, of issues relating to the management of nutrition. Malnutrition in general, and stunting in particular, continues to afflict these countries, and this report explored the policy, institutional and budgetary context of initiatives against the scourge.

There is low regard for nutrition although this perception is changing. The low perception overlooks other critical issues surrounding nutrition status, e.g. that extensive poverty undermines people's access to and knowledge on, good nutrition, as well as awareness of its health and general benefits. Meanwhile, the Global Nutrition Report of 2016 set the cost of neglecting nutrition to economic losses of the magnitude of 11% of GDP. This makes a very strong case for committing to fighting malnutrition: investing against it can either sustain GDP or boost it.

DATA GENERATION AND MANAGEMENT

While timely and sound data is critical for effective planning and budgeting, its collection is not an area of specialisation for the nutrition community. The reliance primarily on Demographic Health Survey data means collection at five-year intervals. This misses out on any intercensal population movements. **The following recommendations are therefore made to the nine countries:**

- 1. The nutrition community should be proactive in devising a data collection** timetable that suits its needs, in conjunction with the national statistics agency.
- 2. The nutrition community should be on the lookout for bureau work** on which to load interim surveys as the need arises, especially in contexts of civil unrest and displacement of populations.
- 3. National Statistical Agencies should be enabled to enlarge the survey sample** size to accommodate aggregation at the small area level for a clearer nutrition status picture.
- 4. For other nutrition stakeholders who periodically or occasionally** collect relevant data, investment should be made in capacity building to ensure quality outputs which can be included in the national database.
- 5. Governments should develop confidence in good quality data**, even if it paints an undesirable picture.



ADVOCACY AND INFLUENCING

The discussion above suggested that not all nutrition stakeholders are ‘on the same page’, even just conceptually: for example, while some focus only on nutrition as hunger, it is important to broaden the concept to also see it as a development issue. Governments have committed to nutrition spending and general investment but progress against targets has been slow. **The report therefore recommends that:**

- 1. Governments’ planning** on nutrition has to transform to nutrition sensitive design, implementation and evaluation to allow nutrition to be addressed from broader and deeper levels to tackle the underlying causes of malnutrition.
- 2. For influencing to be effective** there is a serious need for awareness and education on issues of nutrition programming and implementation. This would allow them to take root at household and national level planning. There is need for capacity strengthening at various government levels to ensure nutrition sensitive planning and budgeting.
- 3. Governments need to develop pathways** to ensure ownership of nutrition investment. Currently most of investment on nutrition is borne by donors. This raises sustainability questions on nutrition action.
- 4. Nutrition messaging should be framed differently** to different audiences targeted to influence their decision in the various policy processes they are respectively involved in. For example, for parliamentarians, bureaucrats, non-government stakeholders and households, advocates should be aware of the potentially differentiated capacities and roles to advance the nutrition agenda.
- 5. Advocacy and influencing work should unpack the nutrition agenda**, using accurate data to highlight strengths, weaknesses, threats and opportunities. This is especially important for resource mobilisation, not just fundraising, but also sensitisation over other shortfalls, such as staffing.
- 6. It is important that advocacy also targets nutrition ‘champions’** who may be recognised for achievements that are unrelated to nutrition.
- 7. Advocacy and influencing should include campaigns** to change behaviours on what is produced and consumed. There is need to ensure that agriculture systems are transformed to address the nutrition needs of particular countries.
- 8. Given the competitiveness over the national budget**, there should be ring-fencing of politically weak components such as nutrition. Legislated ring-fencing is a possible strategy to support sustained national level financing to nutrition.



PLANNING AND BUDGETING

Planning and budgeting are specialisations that require some attention to be understood; but their outputs will be determined by the quality of available data. Commitment and analyses that discuss budget resources as shares of GDP are misleading as some of that production belongs to foreigners. Planning and budgeting at the national level alone likely ignore important differences in sub-national need, as grassroots voices remain unheard, especially in the context of limited consultation processes and the tight annual budget cycle.

The report therefore recommends as follows:

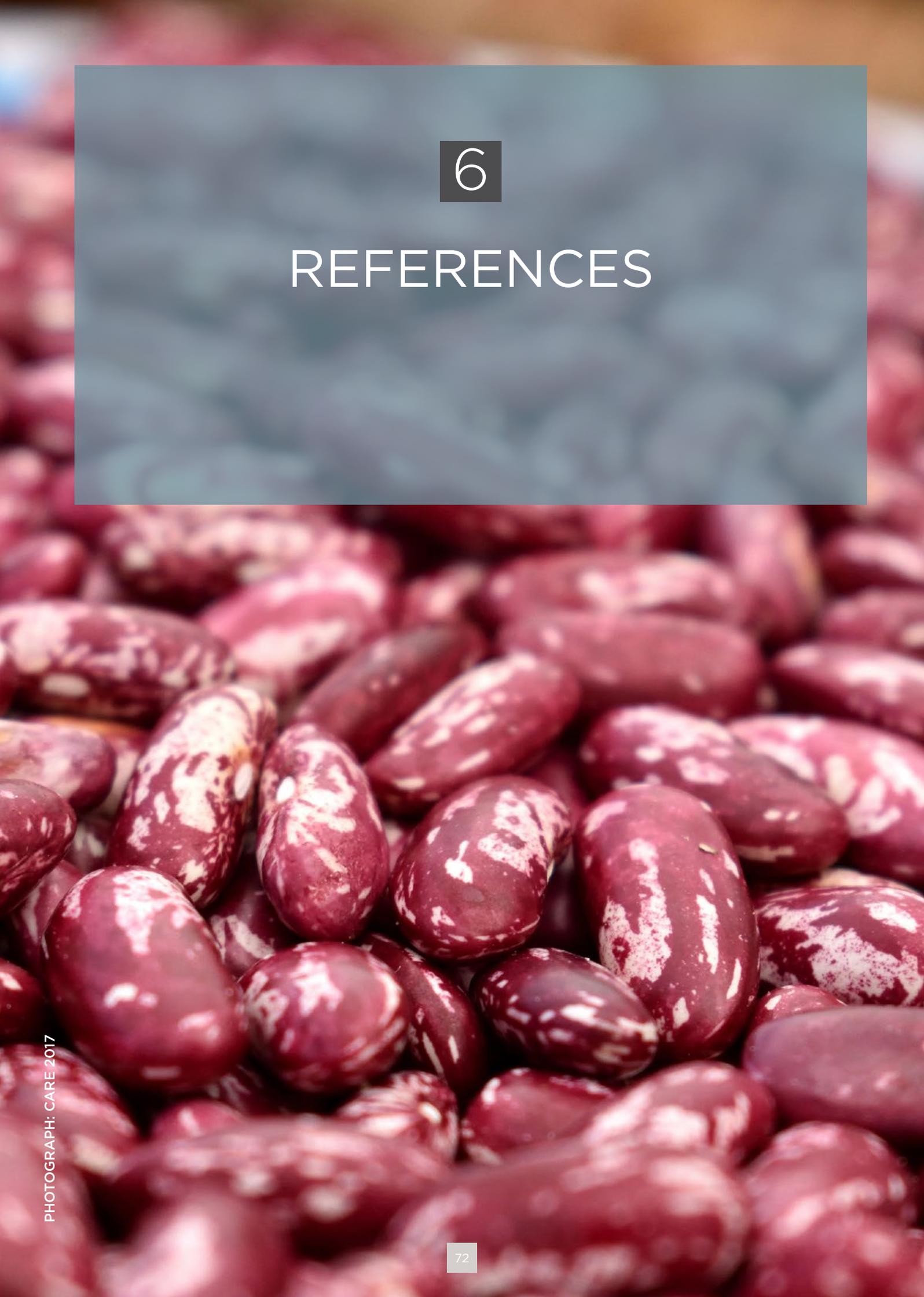
- 1. Nutrition stakeholders at the national and sub-national levels** should acquaint themselves with the planning and budgeting processes to strategically find opportunities for influencing. They should also help demystify the national budgeting and planning process to enable participation at grassroots level.
- 2. Nutrition sensitive planning and budgeting** will require that planning bureaus have supporting tools in this regard. Tools from FANRPAN's Agriculture to Nutrition Program, highlights a Nutrition Sensitive framework which support planning entities to integrate nutrition in planning and budgeting processes.
- 3. Nutrition stakeholders should champion for resource attention** to be restricted to the national budget alone, as the use of aggregate revenues such as GDP creates a false impression of possibilities.
- 4. Advocate for an inclusive process in national development planning** and budgeting to ensure nutrition influencing from as early as the planning phase. Inclusion at the planning phase of nutrition would support stakeholders' lobby agenda.
- 5. Governments need to revisit institutions delivering nutrition** on their mandate to ensure coherence and smooth coordination of the nutrition agenda. The recommendation is to allow for a coordination system that delivers as one, ensures standardisation and is synergistic while being cost-effective.
- 6. Plans should have good focus**, with integrated monitoring and evaluation indicators for implementation, outputs, outcomes and impacts.
- 7. It is critical that planning be disaggregated** to the lowest feasible level, to allow budgeting to be similarly handled.



IMPLEMENTATION, MONITORING AND EVALUATION

The discussion above suggested that the delivery of nutrition specific interventions is less complicated than that of nutrition sensitive interventions, primarily due to the multi-sectoral nature of the latter. **The report therefore makes the following recommendations:**

- 1. Stakeholders should assess and ensure that nutrition delivery mechanisms** address the identified gaps to improve implementation.
- 2. All nutrition stakeholders should continually assess how much resources** will be needed to meet targets and commitments that governments have signed at national and global level to prevent wasteful deployment.
- 3. There is need for expeditious disbursement of the allocated resources** to facilitate timely implementation of planned activities for the benefit of targeted beneficiaries.
- 4. Undertake timely and comprehensive monitoring of implementation** as a means of tracking annual work plans derived from the Nutrition Policy and Strategic Plan.



6

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ANNEXES (METHODS AND SOURCES)

METHODOLOGY OF THE BUDGET ESTIMATES

A simple budget analysis was carried out for each country using its most recent available national budget data. For 7 of the 9 countries, the 2017 or 2016/17 fiscal years data was used; but for Mozambique and Rwanda, the 2016 or 2015/16 fiscal years applied because project specific budget commitments were only available for these years. Every effort was made to collect development budget information where this was available on actual programmes or projects.

Where possible, the selection of programmes and projects followed the SUN Movement's 3-step approach to identify, categorise, and weight budget allocations to both nutrition specific and nutrition sensitive interventions. While a three-year average would have been preferred, the tedious task of conversion for nine countries would have required more time than was available for the study - hence the focus on the most recent national budgets. These budgets' sources and an overall assessment of the level of their detail is reported in Table A-1.

TABLE A-1: SOURCES OF BUDGET DATA AND LEVEL OF DETAIL

COUNTRY/YEAR	SOURCE AND YEAR OF COVERAGE	LEVEL OF DETAIL	CONFIDENCE SCORE
Kenya - 2017	2016/2017 Estimates of Development Expenditure of the Government of Kenya for the Year Ending 30th June 2017, Volume III (June 2016)	This was quite a detailed budget as it provided information on planned allocations to specific programmes, including if there were funded by the government or donors.	High
Madagascar - 2017	Republic of Madagascar, Tome 2, Document Budgetaire Annexe a la Loi No.2017-009, du 04 Juillet, 2017. Portant loi de Finances Rectificative pour 2017	As in Kenya, the development budget was sufficiently detailed on resources to programmatic activities, including the sources of funding.	High
Malawi - 2017	Government of Malawi, Approved 2017-18 Financial Statement, Ministry of Finance, Economic Planning and Development, Lilongwe	While there were details on development spending, it appeared more focused on larger programmatic outlays and capital expenditures. Among some of the key programmes, the separation with recurrent expenditures made it difficult.	Average
Mozambique - 2016	Republica de Mocambique, Conta Geral do Estado, Ano 2016 Volume II, Maputo, Maio de 2017. Desenvolvimento das Despesas de Investimento por Projectos	The data on development expenses was quite detailed and extensive for 2016 (I could not locate the same for 2017). It covered all three administrative levels (central, provincial and district). While challenging because of language and time consuming to cover all administrative levels, it was useful in terms of details on programmes and sources of funds.	High
Rwanda - 2016	Republic of Rwanda, Annex II-2: 2015/16 Budget by programme, sub-programme, and economic category, in Official Gazette n° 12 of 21/03/2016	As in Mozambique, I was only able to access a detailed development budget for 2016. This was more useful in terms of detail of programmes and sources of funds.	High

TABLE A-1: SOURCES OF BUDGET DATA AND LEVEL OF DETAIL

COUNTRY/YEAR	SOURCE AND YEAR OF COVERAGE	LEVEL OF DETAIL	CONFIDENCE SCORE
South Sudan – 2017	Republic of South Sudan, Approved Budget Tables Fiscal Year 2016/17 Ministry of Finance and Planning, Feb. 2017	This was a typical summary budget by sector, ministries and agencies. As such, it had very little information on programmatic funding. On-budget donor support was reported for some of the activities, nevertheless.	Low
Tanzania – 2017	United Republic of Tanzania, National Five-Year Development Plan, 2016/17 – 2020/21. June 2016. “Nurturing Industrialization for Economic Transformation and Human Development”. Annex E: Detailed Costing of Flagship Projects, Ministry of Finance and Planning	Data was taken from the most recent national development plan which happened to use 2016/17 as the baseline year. Annex E had detailed estimates of budgets for flagship programmes in the plan, including sources of funding as well. However, because this was not the actual budget, it’s not clear how well it represents the programmes’ allocated funds in the 2016/17 budget.	Average
Zambia – 2017	Concern Worldwide. 2017. “Nutrition Budget Tracking Trends from 2013 to 2017: A report for the Sun Fund Zambia”. Prepared by Concern Worldwide, Lusaka, Zambia for the CSO SUN Alliance. The original data source was the Republic of Zambia’s 2017 Activity Based Annual Budget (or so-called yellow book).	Concern Worldwide undertook a detailed budget analysis for nutrition in Zambia in 2017 which I had access to and helped review. The level of detail is very high. To ensure consistency in comparing with other countries, I included social protection and school feeding in the final analysis – hence the estimates will not be identical for 2017 as in their country report.	High
Zimbabwe – 2017	Republic of Zimbabwe 2018 National Budget – Estimates of Expenditure (excel file shared by the SUN Secretariat in Zimbabwe)	While there were details on actual expenditures, the programmes included were rather general. including sub-programmes. Many of these were aggregated at ministry level. On-budget donor funding was not included (I assumed this is because there is currently no on-budget funding as support to government programme is channelled through multilaterals like UNICEF).	Low

TABLE A-1: SOURCES OF BUDGET DATA AND LEVEL OF DETAIL

COUNTRY/YEAR	SOURCE AND YEAR OF COVERAGE	LEVEL OF DETAIL	CONFIDENCE SCORE
OECD donor aid flows - 2016	OECD CRS database (https://stats.oecd.org).	The data is far more aggregate in nature (see the OCED programme and weights further below). As such, weights of 10% were used for some of the sub-sectoral interventions.	Low
Overall for aggregation purposes	All above	A key challenge was in aggregating across different years. A big assumption here, therefore, is that commitments do not change much between 2016 and 2017. This is less a problem for Rwanda and Mozambique as these are budgets for 2016.	Average

Table A-1 also provides an overall confidence score – low; average; high – for each country’s results. The ‘high’ confidence score implies the data was sufficiently detailed with regard to specific programming and delineated the source of funding to government and/or donors. The ‘average’ score implied the data had some details on programming and the source of funding, which was however, likely to be far more aggregate in nature (i.e. the programming was likely only listed for large national programmes or initiatives, while likely excluding some decentralised efforts). The ‘low’ score implied that the analysis depended on very aggregate programming figures, especially for South Sudan and Zimbabwe.

The OECD data on aid flows to each of the nine countries came from the online OECD CRS 2015) database (<https://stats.oecd.org>). Ickes et al. (2015) guided the selection of programmes, but with adjustments on the weights¹⁴, focusing only on the most recent year (2016). The selected programmes and final weights from the OECD database and respective national budgets are presented individually and in assertion in Table A-2. It should be noted that the weights were adjusted for the variations in the levels of aggregation in each data source: for example, 10% was used across the board for any sub-sectoral level programming instead of the typical minimum of 25% used for specific projects. The actual programmes included for each country are reported in the country reports accompanying this report.

¹⁴ See Ickes et al. (2015).

TABLE A-2: OECD SECTOR/PROGRAMMES

Sector	OECD CRS code and Description	Weight
Health	12240: Basic nutrition	1.00
Health	12110: Health policy & administrative management	0.10
Health	12220: Basic health care	0.10
Health	12250: Infectious disease control	0.10
Health	12261: Health education	0.10
Health	12281: Health personnel development	0.10
Health	13020: Reproductive health care	0.25
Water and sanitation (WASH)	14030: Basic drinking water supply and basic sanitation	0.25
Water and sanitation (WASH)	14031: Basic drinking water supply	0.25
Water and sanitation (WASH)	14032: Basic sanitation	0.25
Gender (women's empowerment)	15170: Women's equality organisations and institutions	0.75
Social protection and human welfare	16010: Social/welfare services	0.25
Agriculture, livestock & fisheries	31110: Agricultural policy & administrative management	0.10
Agriculture, livestock & fisheries	31120: Agricultural development	0.10
Agriculture, livestock & fisheries	31150: Agricultural inputs	0.10
Agriculture, livestock & fisheries	31161: Food crop production	0.25
Agriculture, livestock & fisheries	31163: Livestock	0.25
Agriculture, livestock & fisheries	31166: Agricultural extension	0.10
Agriculture, livestock & fisheries	31181: Agricultural education/training	0.10
Agriculture, livestock & fisheries	31191: Agricultural services	0.10
Agriculture, livestock & fisheries	31193: Agricultural financial services	0.10
Agriculture, livestock & fisheries	31194: Agricultural co-operatives	0.10
Agriculture, livestock & fisheries	31320: Fishery development	0.25
Agriculture, livestock & fisheries	31381: Fishery education/training	0.10
Environment & other	43040: Rural development	0.10
Social protection and human welfare	52010: Food aid/Food security programmes	0.25
Social protection and human welfare	72040: Emergency food aid	0.25

Source: OECD CRS database (<https://stats.oecd.org>). Downloaded December 15, 2017.

For each of the Southern and East Africa- Budget Commitment and Allocation (SEA-BCA) countries, Table A-3 summarises the numbers of programmes per sector included in the analysis. The actual programmes are listed in respective appendices of the country reports.

TABLE A-3: NUMBERS OF SECTOR PROGRAMMES PER COUNTRY

	AGRICULTURE	EDUCATION	ENVIRONMENT	GENDER	HEALTH	PRESIDENT	PRIME MINISTER	SOCIAL PROTECTION	WASH	OTHERS	TOTALS
KENYA Source: 2016/2017 Estimates of Development Expenditure of the Government of Kenya for the Year Ending 30th June 2017, Volume III (June 2016)	23	2	3	1	6	-	-	6	10	-	51
MADAGASCAR Source: Republic of Madagascar, Tome 2, Document Budgetaire Annexe a la Loi No.2017-009, du 04 Juillet, 2017. (Portant loi de Finances Rectificative pour 2017)	22	2	2	3	4	-	8	11	4	8	64
MALAWI Source: Government of Malawi, Approved 2017-18 Financial Statement, Ministry of Finance, Economic Planning and Development, Lilongwe	12	1	5	3	7	-	3	4	8	3	46
MOZAMBIQUE Source: Republica de Mocambique, Conta Geral do Estado, Ano 2016 Volume II, Maputo, Maio de 2017. (Desenvolvimento das Despesas de Investimento por Projectos)	329	12	89	2	37	-	11	22	99	11	612

TABLE A-3: NUMBERS OF SECTOR PROGRAMMES PER COUNTRY

	AGRICULTURE	EDUCATION	ENVIRONMENT	GENDER	HEALTH	PRESIDENT	PRIME MINISTER	SOCIAL PROTECTION	WASH	OTHERS	TOTALS
RWANDA Source: Republic of Rwanda, Annex II-2: 2015/16 Budget by programme, sub-programme, and economic category, in Official Gazette n° 12 of 21/03/2016	37	1	5	2	4	-	-	2	5	-	56
SOUTH SUDAN Source: Republic of South Sudan, Approved Budget Tables Fiscal Year 2016/17, Ministry of Finance and Planning, Feb. 2017	15	-	3	2	4	-	-	3	3	-	30
TANZANIA Source: United Republic of Tanzania, National Five-Year Development Plan, 2016/17 - 2020/21. June 2016. "Nurturing Industrialization for Economic Transformation and Human Development". Annex E: Detailed Costing of Flagship Projects, Ministry of Finance and Planning.	20	1	1	2	9	-	3	1	3	3	43
ZAMBIA Source: Republica de Mocambique, Conta Geral do Estado, Ano 2016 Volume II, Maputo, Maio de 2017. Desenvolvimento das Despesas de Investimento por Projectos	29	-	-	7	26	-	-	4	7	-	73

TABLE A-3: NUMBERS OF SECTOR PROGRAMMES PER COUNTRY

	AGRICULTURE	EDUCATION	ENVIRONMENT	GENDER	HEALTH	PRESIDENT	PRIME MINISTER	SOCIAL PROTECTION	WASH	OTHERS	TOTALS
ZIMBABWE	8	1	1	3	4	1	1	3	-	1	23
Source: Republic of Zimbabwe 2018 National Budget - Estimates of Expenditure (Excel file of the SUN Secretariat in Zimbabwe)											
TOTALS PER COUNTRY	495	20	109	25	101	1	26	56	139	26	998

For consistency and to allow for cross-country comparisons, budget figures were converted to a constant value in 2015 US dollar terms (as reported in the OECD database as well). Annual average exchange rates for 2016 and 2017 were used, depending on the year the data represented, as shown in Table A-4. This table also shows the various sources of other information, such as population and incidence of child stunting. Where budgets reported actual expenses, these figures were used instead for consistency in country comparisons. The same approach applied for OECD data: the amounts committed were used instead of the amounts actually disbursed.

TABLE A-4: BASIC COUNTRY DATA USED IN THE ANALYSIS

Country	Total Population (million)		Children under-five (million)		Prevalence of stunting (%)	GDP (current billion US\$)		Exchange rate (LCU/US\$)	
	2016	2017	2016	2017	2016	2016	2017	2016	2017
Kenya	48.5	49.7	7.0	7.2	31%	70.5	78.4	101.5	105.0
Madagascar	24.9	25.6	3.8	3.9	56%	10.0	10.6	3,176.6	3,161.1
Malawi	18.1	18.6	2.9	3.0	46%	5.5	6.3	714.1	731.9
Mozambique	28.8	29.7	4.9	5.1	38%	11.3	12.3	61.1	65.5
Rwanda	11.9	12.2	1.7	1.8	43%	8.4	8.9	787.3	849.5
S. Sudan	12.2	12.6	1.9	2.0	31%	3.1	2.9	47.0	97.9
Tanzania	55.6	57.3	9.7	10.0	37%	47.7	51.6	2,177.1	2,269.3
Zambia	16.6	17.1	2.8	2.9	42%	21.0	25.6	10.3	9.6
Zimbabwe	16.2	16.5	2.6	2.6	32%	16.1	17.1	1.0	1.0

Sources: Population figures were from the online FAOSTAT (2016) database (www.faostat.org). Stunting prevalence is from the online ReSAKSS (2016) database (<http://www.resakss.org/>) which uses UNICEF/WHO/World sources. The GDP and currency exchange rates were taken from the most recent IMF (2016) quarterly economic outlook (October 2017) data (www.imf.org).



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