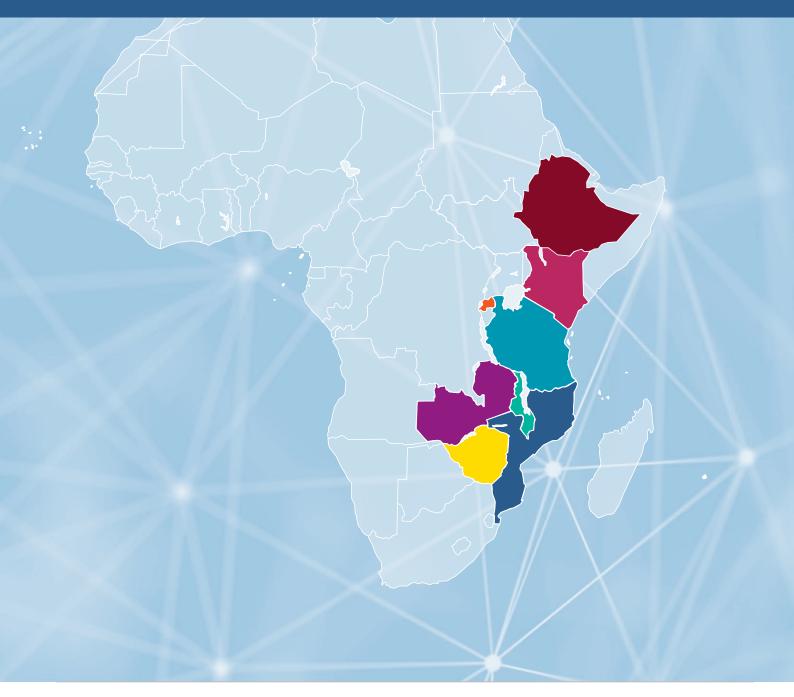
2020

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

SECOND REGIONAL NUTRITION BUDGET ANALYSIS REPORT









PUBLICATION PROFILE

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Second Regional Nutrition Budget Analysis Report

Contracting Authority

The Graça Machel Trust (GMT), ESA SN Secretariat, South Africa.

Consultants

Humphrey Mdyetseni (Budget and Policy Analyst – Team Leader), Godwin Nyirongo (Economist and Budget Analyst), Edward Leman (Economist) and Alick Kafunda (Nutrition Specialist)

Disclaimer

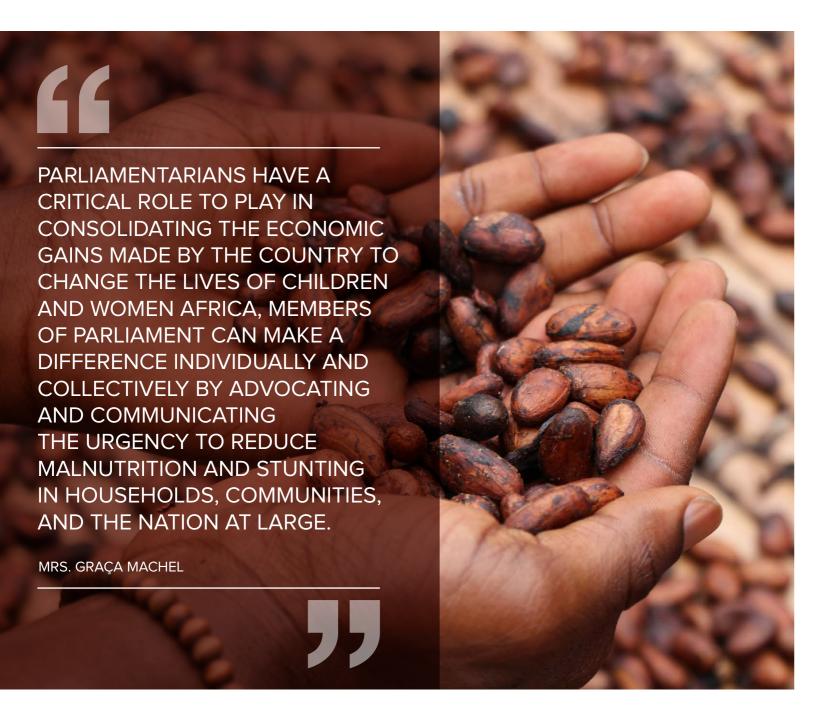
The contents of this report are the sole responsibility of the Consultants and do not necessarily reflect the views of the contracting authority

Quality Control and Certification

This report and its content were proofread and controlled for quality against the Terms of Reference of the assignment and overall expectation of the contracting authority

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FOR EVERY **\$1** INVESTED IN NUTRITION, **\$16** IS RETURNED TO THE LOCAL ECONOMY. **3.7 MILLION LIVES COULD BE SAVED BY 2025** WITH THE RIGHT INVESTMENTS IN NUTRITION.



ACRONYMS & ABBREVIATIONS

AARR Average Annual Rate of Reduction

ACF Action Against Hunger

ARNS African Regional Nutrition Strategy

ARUD Agriculture Rural and Urban Development

ARVs Anti-Retrovirals

ASAL Arid and Semi-Arid Lands (ASAL

AU African Union

BPS Budget Policy Statement

CAADP Comprehensive Africa Agriculture Development Programme

CIFF Children's Investment Fund Foundation
CIPD Country Integrated Development Plan

CSO SUN Civil Society Organisations Scaling Up Nutrition

COHA Cost of Hunger in Africa

DANIDA Danish International Development Agency

DHS
Democratic Health Survey
DOTS
Directly Observed Therapies
EFY
Ethiopian Fiscal Years
Esa
East and Southern Africa

ESA CSN East and Southern Africa Civil Society Network

ESAN Food and Nutrition Security Strategy **FAO** Food and Agriculture Organisation

FMOH Framework for Action
FMOH Federal Ministry of Health
FNS Food and Nutrition Security

FNSP National Food and Nutrition Security Policy

FY Financial Year

FYDP Five-Year Development Plan

GDP Gross Domestic Product

GFF Global Financing Facility

GHI Global Hunger Index

GMT Graça Machel Trust

GNR Global Nutrition Report

GoK Government of Kenya

HLSCN High-Level Steering Committee on Nutrition

ICN2 Second International Conference on Nutrition

IFN Investment Framework for Nutrition
IPF Investment Project Financing
IYCF Infant and Young Child Feeding

KgsKilogramsKShsKenyan Shillings

LGA Local Government Authorities

MDAs Ministries, Departments and Agencies
MDGs Millennium Development Goals

MGDS Malawi Growth and Development Strategy
MIGEPROF Ministry of Gender and Family Planning

MINAGRIMinistry of AgricultureMINALOCMinistry of Local GovernmentMINEFRAMinistry of Infrastructure

MINIDAR Ministry of Disaster Management and Refugees Affairs

MINIEDUC Ministry of Education

MINISANTE Ministry of Health Rwanda

MKUKUTA Tanzania's National Strategy for Growth and Reduction of Poverty

(NSGRP)

MOH Ministry of Health

MoHSW Ministry of Health and Social Welfare

MT Mozambique Metical

MTEF Medium-Term Expenditure Framework

N4G Nutrition for Growth

NCDs Non-Communicable Diseases

NFNC
NGOs
Non-Governmental Organisations
Notional Multi-Sector Neutritian Action Pla

NMNAP
National Multi-Sector Nutrition Action Plan
NMNP
National Multi-Sector Nutrition Policy
NMNSP
National Multi-Sector Nutrition Strategic Plan

NNP National Nutrition Programme
NNS National Nutrition Strategy

NST National Strategy for Transformation 1 (NSTI)

ODA Official Development Assistance
ORT Other Recurrent Transactions

PAMRDC Multi-Sectoral Plan for the Reduction of Chronic Malnutrition

PASAN Food and Nutrition Security Action Plan

PBB Programme Based Budget
PER Public Expenditure Review

PGQ Plano Quinquenal do Governo (Five Year Development Plan)

PHC Primary Health Care

PLWHA People Living with HIV and Aids

PMRDC Multi-Sectoral Plan for the Reduction of Chronic Malnutrition

PO-RALG President's Office: Regional Administration and Local Government

PSNP Productive Safety Net Programme

RMNCAH Reproductive Maternal New-born Child Adolescent Health

SADC Southern Africa Development Community

SAN Food and Nutrition Security **SDGs** Sustainable Development Goals

SETSAN Technical Secretariat for Food and Nutritional Security

SMART Specific, Measurable, Achievable, Relevant and Time-bound

SO Strategic Objective

SPSS Statistical Package for the Social Sciences

SUN Scaling-Up Nutrition

TASAF Tanzania Social Action Fund

TVB Total Voted Budget

TDHS Tanzania Demographic Health Survey

TDV Tanzania Development Vision

TFNC Tanzania Food and Nutrition Centre

TNFP Tanzania Food and Nutrition Policy

TNNS Tanzania National Nutrition Survey

UN United Nations

UNICEF United Nations Children's Fund

USAID United States Agency for International Development

USD US Dollar

WASH Water, Sanitation and Hygiene
WFP World Food Programme
WHA World Health Assembly
WHO World Health Organisation
WRA Women of Reproductive Age

ZCSOSUNA Zimbabwe Civil Society Organisations Scaling Up Nutrition Alliance

ZDHS Zambia Demographic Health Survey



MALNUTRITION IS THE SINGLE LARGEST CONTRIBUTOR TO DISEASE IN THE WORLD.

FAO



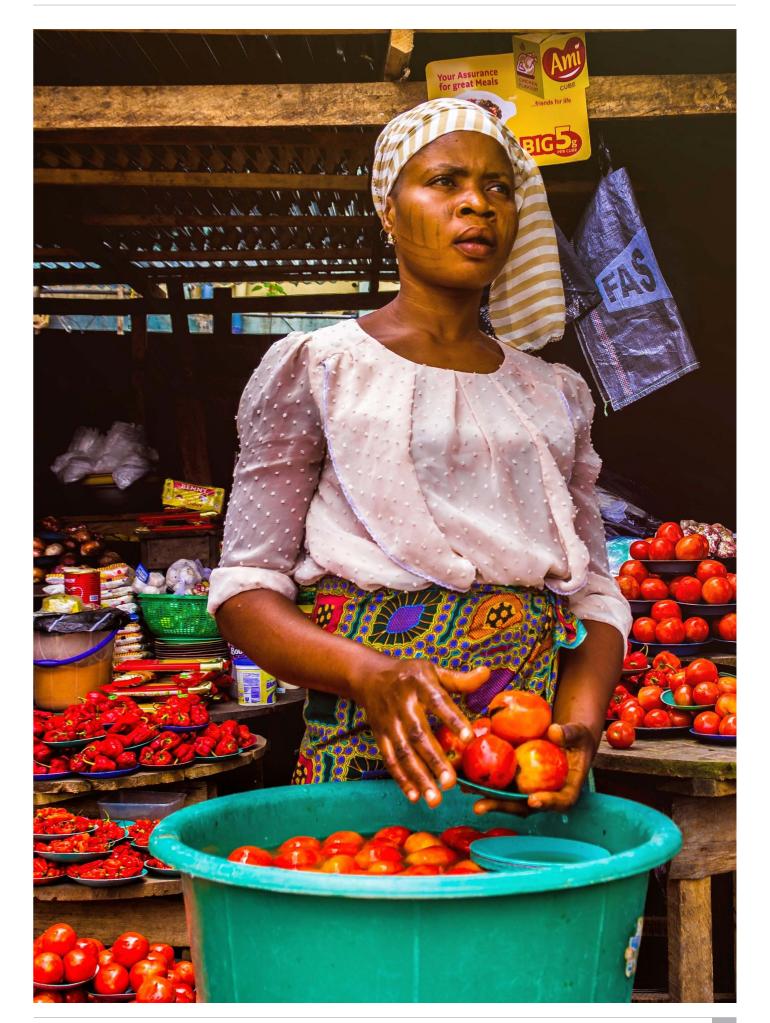


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GIVING WOMEN FARMERS MORE RESOURCES COULD BRING THE NUMBER OF HUNGRY PEOPLE IN THE WORLD DOWN BY 100-150 MILLION PEOPLE.

WORLD FOOD PROGRAMME



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FOREWORD TO ESA NUTRITION REPORT

MARGINAL GAINS ACHIEVED UNDERLY THE NEED FOR A CONCERTED AND RAPID RESPONSE

The second East and Southern Africa National Budget Commitment to Nutrition Report comes out two years after the first report was launched; during difficult times when the world is struggling with the COVID-19 pandemic. Health experts have prescribed good nutrition as both a preventive and healing approach. We hope that the lessons learnt on the importance of nutrition will remain and continue to guide development planning, especially the national budget and policy.

In the period, the analysis has helped amplify the nutrition agenda for non-governmental organisations, Governments and the private sector. There has been increased political will to support the nutrition agenda by all key role players, placing the sector at the centre of development planning at the national budget level.

The 2018 report illustrated the substantial contribution to the nutrition agenda by international development partners, and the same trend continues in the 2020 report. Much progress has been made; however, the recommendation is that national Governments must take the lead to ensure sustainability as well as continued and growing investment in the nutrition sector. This would also mitigate the risk of donors' priorities shifting. The gains made by the nutrition interventions must be sustained and in fact, progress even further. Diverted investment may lead to dilution of gains made.

This Report seeks to emphasise the importance of achieving nutrition objectives and nutrition-sensitive development planning. Nutrition must be integrated into all developmental sectors. The Government of Zambia has developed a nutrition mainstreaming guideline and the empirical evidence has begun to demonstrate positive outcomes. The mainstreaming of nutrition in development planning has aided the significant increment of its allocation in the domestic budget, and enabled its inclusion in multisectoral.

We implore Governments, private entities and non-governmental organisations to take a closer look at the evidence highlighted in the report findings and heed our recommendations which guide us towards the realisation of all the Sustainable Development Goals. ESA CSN members and partners pledge to continue to support Governments on their respective commitments to end hunger and poverty through the Africa Union Agenda 2063 and through the Malabo Declaration of 2014.

Mr. Vitumbiko Chinoko

Mr. Mathews Mhuru

CARE International Southern Africa

Chair; East and Southern Africa Civil Society Networks (ESA CSN)

EXECUTIVE SUMMARY

This report presents findings of the second regional budget analysis focusing on nutrition which was commissioned by the Graça Machel Trust (GMT) and Care International through the East and Southern Africa Nutrition Civil Society Alliances (ESA CSN). The study was carried out in 8 East and Southern Africa countries namely Malawi, Kenya, Mozambique, Zambia, Zimbabwe, Tanzania, Ethiopia and Rwanda. The analysis in question, aims at supporting ESA CSN in member countries to meaningfully engage with their respective governments to formulate and implement a budget that strives to achieve global, regional and country-specific nutrition agendas. The analysis also aims at identifying gaps in the financing of the sector with the view of determining remedial measures where necessary. The motivation is to ensure that governments in member countries remain resolute on commitments made through various global and regional specific policy and strategic frameworks such as the Sustainable Development Goals (SDGs); African Agenda 2063; African Regional Nutrition Strategy (ARNS); SADC Food and Nutrition Strategy and Country-Specific Policy and legal frameworks. It is also believed that the findings from the review will help the respective member countries to lobby for a minimum 3% allocation of their national budgets to nutrition in order to register optimal impact.

As regards design, the study was largely a desk review of various country-specific budget analysis reports; budget briefs; international and regional policy frameworks that guides nutrition programming; and some country-specific nutrition related policies and plans. The research team also interviewed some country-specific coordinators of the Civil Society Organisations Scaling UP Nutrition (CSO SUN) Alliance from the 8 countries under ESA, ESA CSN governance committee and budget analysis focal persons from the networks. Such an approach, while helpful for triangulating findings, was also considered key to capturing both qualitative and quantitative aspects crucial for an in-depth budget analysis and for facilitating the interpretation of the situation in a holistic manner.

Data for the review was collected from various country-specific budget analysis reports, budget briefs and other Excel-based budget templates. The data was verified by members of the ESA CSN from the 8 countries. The budget data was entered and quantitatively analysed using an Excel template populated with information collected through the various budget documents and templates collected; and reviewed from the 8 countries with some data transferred or copied as presented in some budget reports. The data was summarised according to the thematic areas that the study sought to assess. Below are the key findings and proposed recommendations from the review.

AS REGARDS REGIONAL DISTRIBUTION, THE STUDY ESTABLISHED THAT SUB-SAHARAN AFRICAN COUNTRIES WILL REQUIRE THE LARGEST PROPORTION OF THE COSTS AT

FOLLOWED BY SOUTH ASIA AND EAST ASIA WITH THEIR PROPORTIONAL COSTS ESTIMATED AT

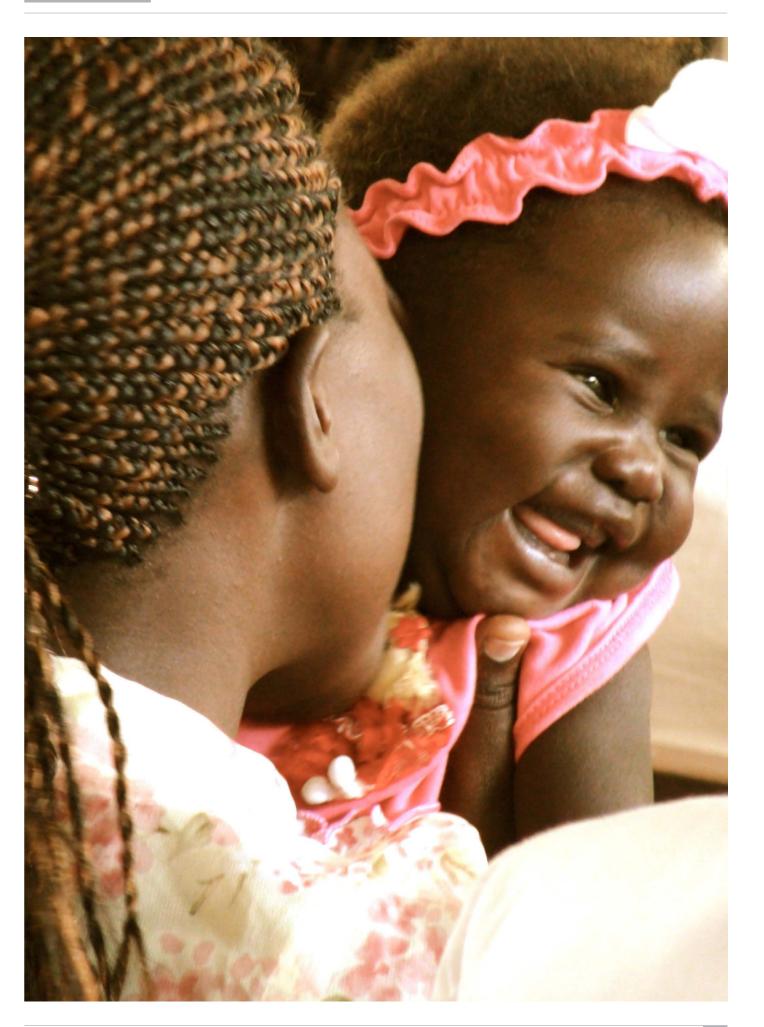
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KEY FINDINGS:

a. Global and Regional Findings

- The study established that in terms of nutrition financing needs, a global average of US\$7 billion per year will be required in order to reduce malnutrition through achieving the global targets of stunting, anaemia in women, exclusive breastfeeding and the scaling up of the treatment of severe wasting (IFN {Investment Framework for Nutrition} 2017). Of the four targets, interventions to reduce stunting claims the lion's share with an investment of nearly \$50 billion required followed by anaemia requiring about \$13 billion. Interventions for treating wasting and promoting exclusive breastfeeding are estimated at \$9 billion (13%) and \$6 billion respectively within the 10 years period with an overlap in some of the costs across the targets.
- As regards regional distribution, the study established that Sub-Saharan African Countries will require the largest proportion of the costs at 39%; followed by South Asia and East Asia with their proportional costs estimated at 24% each.
- In terms of current global nutrition financing trends, the study revealed that generally proportions of government expenditure directed to nutrition for many countries in the world remains low with many countries registering falling investments in nutrition with some countries allocating as low as 0.1% towards nutrition.
- Further to this, using latest available data (2015 to 2019) from 45 countries who participated in
 the 2019 budget analysis that was commissioned by SUN Movement Secretariat, it has been
 established that about 69% of government nutrition spending (for both nutrition specific and
 sensitive interventions) comes from outside the health sector, with social protection claiming the
 largest share of 33%.
- Donor financing on nutrition has over the years increased by 4% i.e. from US\$6.9 billion to around \$7.2 billion. The increase is on account of nutrition Official Development Assistance (ODA) from philanthropic organisations. Of this amount, nutrition-specific interventions claim US\$613 million (8%) whilst nutrition-sensitive interventions claim over US\$6.6 billion (92%) of the aid. Sad to note, however, that despite the overall increase towards nutrition, assistance going to nutrition-specific allocations has declined by 24% from the US\$810 million that was allocated in 2016.
- Further to this, the study also revealed that basic nutrition ODA has been inconsistent and
 unequal with many countries facing extremely high levels of stunting and anaemia (fragile
 countries) receiving very low per-person basic nutrition aid volumes compared to those betteroff or less fragile. A case in point are countries such as Gabon, Eritrea and Papua New Guinea
 with anaemia in Women of Reproductive Age (WRA) at 59.1% (highest globally) and stunting
 levels of 52% and 49.5% respectively getting lowest amounts of basic nutrition ODA averaging
 less than half a cent; \$0.03; and \$0.01 between 2015 and 2017 respectively.
- The study also established that there has been huge donor commitment towards financing of emerging forms of malnutrition i.e. overweight, obesity and diet-related Non-Communicable Diseases (NCDs) especially in low-income and low-middle-income countries. About US\$39.8 million up from US\$7.3 million was contributed by donors through the N4G (Nutrition for Growth) process representing an 80% increase.
- On financing of World Health Assembly (WHA) targets, the study established that there has been a sizeable increase (US\$1.4 billion up from US\$1.1 per year an 11% increase) in donor support particularly towards financing of priority package aid.



- In ESA region, a review of various budget analysis reports from 8 countries shows that just as
 at global level spending on nutrition is equally very low with about 6 out of the 8 countries
 spending less than the 3% proposed by ESA CSN and also the 3.5% IFN's recommended global
 spending on nutrition by country governments. Rwanda (11%) and Tanzania (4.8%) are the only
 countries in the region that managed to allocate a share that surpasses both the regional and
 global commitment to nutrition financing.
- Further to this, allocation of the health sector budget to nutrition in the region has been very low with agriculture and WASH (Water, Sanitation and Hygiene) sectors claiming the lion's share. WASH contributes as much as 60% of total nutrition spending in some member countries probably on account of high costs of infrastructures for implementing related interventions.

b. Country Specific Findings

MALAWI

- In Malawi, findings show a worrisome trend which indicates a persistently low nutrition allocation over a 4-year period. In 2019/20, nutrition only received 0.5% (down from 0.9%) of total government expenditure which is below the prevailing global average of 1.7% of General Government Expenditure (GGE) on nutrition. The allocation is also below the 4% recommended in the Malawi Growth and Development Strategy (MGDS) III, 2018-2022 (the country's medium-term development agenda) and National Nutrition Multi-Sector Strategic Plan (NNMSP, 2018-2022).
- Further review also shows that the 2019/20 Programme Based Budgeting (PBB) template
 responds to only three of the MGDS III nutrition outcomes implying that there is a possibility that
 Government may not have adequately provided financial resources to cover achievement of
 such indicators. Additionally, the missing outcome indicators in the PBB imply that MDAs have
 very limited yardsticks for tracking and verifying nutrition performance. This goes against the
 very spirit of PBB.
- As regards intersectoral contributions to nutrition spending as per the MGDS III costing framework, Agriculture allocated more resources (34% down from 35% allocated in 2018/19) compared to other Ministries in question. Second was Health which allocated 11% of the 2019/20 resources towards MGDS III interventions. Sadly, the Ministry's allocation decreased by 15% from previous fiscal year which is worrisome for a leading Ministry in the fight against malnutrition in the country. On the same note, Education did not allocate any resources to nutrition related interventions that are aligned to the MGDS III despite allocating a whopping 263% to the same in the previous financial year implying that nutrition education including provision of food supplements to the learners were affected in the year under review. It is probable that the Government relied on donors/partners who are implementing related interventions across the country though at a sizeable scale with some partners only covering 20% of total schools per district.
- An analysis of the Gender responsiveness and inclusivity of the 2019/20 FY Nutrition Budget shows that there is no clear segregation on inclusivity for such groups as women, children, youth, people living with HIV/AIDS, people with disabilities, and so on. This observation is true for all the outputs outlined by the Sectors in a continued trend of the PBB of the 2017/18 FY, 2018/19 FY and the current 2019/20 FY budget.

KENYA

• The Government of Kenya allocated \$445 million (1.8% and up from 1.6% allocated in 2019/20) of its 2020/21 budget to food and nutrition security. It is sad to note that the trend has been unimpressive for the past 8 years with the sector getting less than 4% of the Total Voted Budget (TVB) since 2013/14. The situation is the same for county budgets where between 2013/14 and 2018/19 – nutrition received an average of \$127.5 million implying that less than 4% was allocated to Food and Nutrition Security (FNS) except for the 2014/15 financial year where it got 5.2%. The allocation is far below the Comprehensive Africa Agriculture Development Programme (CAADP)

target which calls for a 10% allocation of national budgets to agriculture in order to achieve a 6% annual agriculture growth. Further to this, the allocation may affect attainment of 10% stunting and 5% underweight for under-five children by 2025 set out in the CAADP framework.

- The 2020/21 Health sector budget in Kenya is less than the sector requirement by \$398.1 million (41%) for recurrent and \$490.7 million (51%) for development. The significant reduction on the allocation in relation to the requirement before attainment of universal health coverage is highly unlikely to guarantee a healthy society as envisioned in the Big Four Agenda.
- Additionally, the shortfall in resource provision was also recorded in the Water and Sanitation sector with a \$601.6 million (34%) gap reported in development expenditures and \$58.3 million (33%) gap in recurrent expenditure. This has a negative implication on nutrition as it may affect integration of nutrition and WASH activities which have proved to be effective in reducing malnutrition.

MOZAMBIQUE

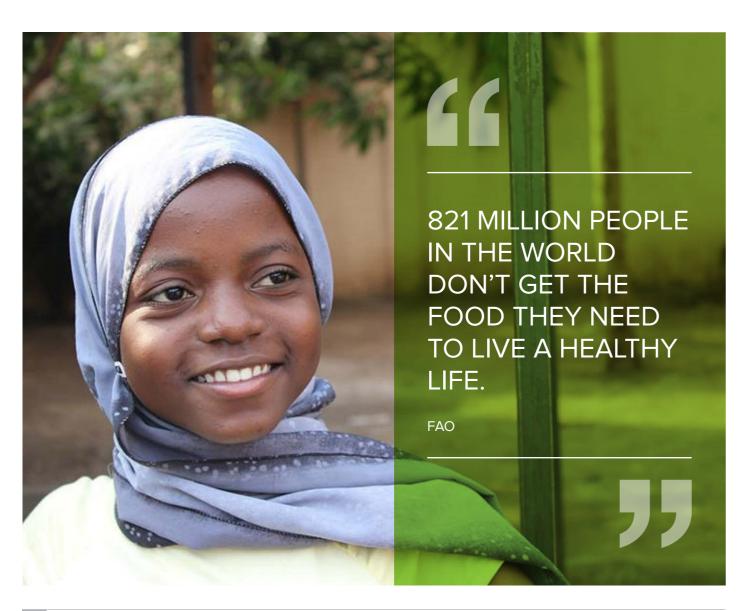
- A review of nutrition spending for a period spanning 2013 to 2019 shows that allocation to
 nutrition for the execution of the PAMRDC (Multi-Sectoral Plan for the Reduction of Chronic
 Malnutrition) has drastically declined with a zero-execution level registered in 2018 and 2019
 despite some resources being programmed in the same years respectively. The decline was
 on account of withdrawal of direct support to the state budget by the cooperating partners, the
 restriction of liquidation by the state and the departure of DANIDA in Mozambique, one of the
 main donors of PAMRDC interventions.
- On financing of nutrition sensitive and specific interventions, the study established that the level of budget allocation for combating malnutrition in the country has not reached the average of one percent (1%) of the total state budget. This is below the recommended 3% annual increase in General Government Expenditure (GGE) on nutrition for 3 years in order to accelerate the process of reducing chronic malnutrition.
- The study also established that Mozambique's spending on programmes aimed at fighting chronic malnutrition do not reach the required average of 1% of the state budget and are closely associated with external component that has proved to be very volatile in the last few years thereby compromising the achievement of the goals.

ZIMBABWE

- A review of the four highlighted Ministries mandated to implement nutrition, revealed that generally, there has been low spending on nutrition across all mandated sectors in the country with an estimated allocation of 2.6% of the total 2020 national budget going towards nutrition.
- A total of 39 budget lines (down from 45 in 2019 due to merging of some sub programmes in the 2020 budget) were identified to be contributing towards nutrition in the 2020 budget. Of the 39 lines identified, none were specific to nutrition while all 39 were sensitive to nutrition interventions.
- In terms of sector contributions, agriculture has the largest number (15) of budget lines with a corresponding allocation of 28% of total contribution to nutrition seconded by health (11) which has the lion's share of total contributions to nutrition of 36%. The Ministry with the least number of budget lines (6) is education, however, in terms of financing the Ministry contributed 22% of funding towards nutrition.

ZAMBIA

- An analysis of the 2019 Zambian budget shows that an aggregate amount of about \$7.5 million
 was allocated to nutrition by Government representing 0.11% (up from 0.09% allocated in 2018)
 of the total national budget. Despite being the highest allocation in a period of over 7 years,
 the allocation is far below the ESA CSN's 3% allocation of Government expenditure to nutrition.
 Further to this, the allocation is among the lowest when compared to other countries in the
 region.
- On nutrition spending per child, the study established that the average spending per child remains low with the 2019 allocation at only \$2.6 against the \$23 that Government committed to be spending per child annually. Sadly, the situation has prevailed for over 7 years with allocations in some years going as low as \$0.5 per child.
- As regards sector contributions to nutrition, Water and Sanitation had the largest proportion
 (31%) to total nutrition budget. Community Development and Social Welfare was second with
 an allocation of 27% of the total nutrition budget. Resources for the sector/Ministry are used for
 training FISP farmers in nutrition. Health sector comes third with a proportional share of 22%.
 Unfortunately, the Ministry is failing to live by example in the fight against malnutrition despite
 pledging to improve nutrition through scaling up high-impact nutrition-specific interventions to
 cover at least 80% of the target population.



• On source of financing, the study revealed that Donor financing in the nutrition sector has for the past 7 years surpassed Government contribution with donors contributing about \$76.3 million against \$24.6 million contributed by Government in the period under review. In the 2019 financial year, about \$8.4 million (up from \$9.2 million allocated in 2018) was donated as on-budget support. However, despite such support — concentration of the resources has been in a few programmes. For example, in 2019 financial year the resources were meant to cover for implementation of only 2 programmes (down from 4 covered in 2018) namely PHC (Primary Health Care) RMNCAH (Reproductive Maternal New-born Child and Adolescent Health) and Nutritional Services (\$8.02 million) and Scaling Up Nutrition (\$0.4 million — up from \$0.34 million allocated in 2018).

TANZANIA

- The allocation to nutrition in the 2015/16 budget was 4.8% of the Government's budget and 19% increase from the allocation in 2014/15. Though the amount is an underestimation due to some data gaps, the proportion share of the nutrition budget to nutrition is 1.8% points above the 3% expenditure on nutrition recommended by ESA SUN making Tanzania one (out of the two) of the countries on-track to achieving an annual 3% increase in allocation to nutrition as compared to the six other countries highlighted in this report i.e. based on available data.
- In terms of actual expenditure, the review established that in the period under review they grew by a more modest 5% overall mostly as a result of a 12% increase in central government spending on nutrition.
- On spending towards meeting the 2025 global stunting targets, the study revealed that despite being a model in terms of financing of nutrition related interventions, the Country has failed to reach anywhere near US\$85 per under-five child recommended by the World Bank with the country spending only US\$0.50 per child (down from US\$ 0.51 allocated in 2014/15) which is only 0.6% of the World Bank's recommended expenditure levels. With such a meagre commitment, it is highly unlikely that Tanzania will meet such targets unless efforts are intensified in financing of related interventions in the remaining period.
- Analysis of the sectors' budgets revealed that in terms of approved allocations, WASH was the most prioritised sector getting 33% of the resources seconded by social protection which got 32% of the approved allocation. Health which is the key Ministry in the implementation of nutrition interventions received 27% of total approved budget for these sectors making it the third most prioritised sectors. On the contrary, however, the sectors had varying actual expenditure levels with some recording expenditures below the approved levels largely on account of unavailability and untimely disbursement of funds within the implementation period. For example, Social protection had 40% of actual expenditure on nutrition followed by health (30%) with WASH which had the largest proportion of approved expenditure (24% of actual expenditure) making it third amongst the sectors to prioritise nutrition spending.
- At local level, the situation was contrary to that portrayed at national level with most of the sectors spending less than what was approved. Only WASH imitated national level trends with the approved estimates at around 52% of the whole budget and spending about 64% of the actual budget making it the most predominant sector at local level. Health budget represented 10% of local budgets and a similar proportion of spending. Education, whose data was not available at national level was second, both in terms of allocation (21%) and expenditure (20%). The largest proportion of under-expenditure was reported for social protection and agriculture sectors with spending falling from 5% and 10% respectively to around 3% of actual expenditure.

ETHIOPIA

- In Ethiopia, 2019/20 spending on nutrition was estimated at about \$15.8 million (down from \$691 million allocated in 2018/19) representing 0.1% of the countries budget which was pegged at \$13.9 billion. However, the situation may not be as portrayed as some donors did not submit their budget contributions towards nutrition and because some government sectors budget allocation for nutrition programmes were not tracked during the assessment.
- Further analysis also shows that about 93.5% of the nutrition resources were for developmental
 nutrition interventions with the remaining resources (6.5%) covering the implementation of
 emergencies and humanitarian nutrition interventions. This is contrary to the most practical
 approach in the country where most of the investments goes to emergency and humanitarian
 interventions. However, the reduced funding towards emergency nutrition programmes was
 due to poor budget submission by donors and implementation partners working in these
 programmes.
- The review also established that spending on the 5 National Nutrition Programmes (NNP) Strategic Objectives remains inconsistent over the years. In 2019/20, strategic objective 4 (Strengthen implementation of nutrition sensitive interventions in various sectors) received the lion's share at 37% (down from 40% in 2018/19) followed by strategic objective 1 (Improve the nutritional status of women (15-49 years) and adolescents (10-19 years)) which received 18% (up from 17% in 2018/19). The least funded was strategic objective 5 (Improve multi-sectoral coordination and capacity to ensure implementation of the NNP) which received 7%.
- Further review also shows that resource distribution was not equitable across the 11 regions in the country with some regions getting as high as 23% (e.g. Amhara) whilst others getting as low as 0.04% and 0.1% (Benishangul Gumuz and Dire Dawa).

RWANDA

- Rwanda has for the second time (from last regional nutrition budget analysis) recorded the
 highest proportional allocation to nutrition (11% up from 2.35%) in the ESA region. This is way
 above both the ESA CSN and IFN's recommended allocation. The huge increase in share
 of nutrition budget was on account of the commitment and resolution made by the senior
 government leadership which called upon Government institutions to multiply efforts to curb
 malnutrition and stunting in the country.
- The review also shows that central government contributed the largest share of about \$220 million (70%) of total nutrition budget as compared to local government which contributed the remaining 30% (\$93 million). However, in terms of share of nutrition against total budget for each level of government, local government had more resources (21.4%) allocated to nutrition as compared to central government (20.6%).
- An Intra-sectoral analysis of the budget also showed that at central level, agriculture (MINIAGRI)
 had the largest share of the nutrition budget as it claimed about 33% of total nutrition budget.
 The sector was followed by education (MINIEDU) and health (MINISANTE) with both claiming
 24.3% of the nutrition budget. The least contribution was from construction/infrastructure sector
 with an allocation of about 16%.
- In terms of distribution of nutrition resources by Provinces, the review established that Eastern Province committed more resources (23% \$24.1 million out of \$104.5 million) towards nutrition as compared to the other 4 provinces. Southern and Northern Provinces came second and third with a contribution of 22.1% (\$24.6 million out of \$111.2 million) and 21.4% (\$15.5 million out of \$72.5 million) respectively.

Further dissection into the provincial budget shows that there were varying commitments
among districts towards financing nutrition programmes with some allocating as high as 25% of
their budgets to nutrition e.g. Rulindo and Ngoma (both with 25.3%) from Northern and Eastern
Provinces respectively whilst others allocated fewer resources e.g. Gasabo in Kigali City which
allocated only 14.5% of its budget to nutrition.

RECOMMENDATIONS:

In view of these findings, the study has made the following recommendations:

a. General Recommendations – Adopted from 2020 GNR (Global Nutrition Report)

- There is a need for a comprehensive and multifaceted approach that applies an inclusive approach to nutrition interventions ensuring that the interventions reach those most in need. To achieve this:
 - A multi-sectoral and equitable nutrition approach is required;
 - Nutrition care should be an integral part of universal health coverage to address nutrition inequities reliably;
 - Resources should be expanded and preferentially targeted to where the need is greatest; and investment in data and information systems at disaggregated levels is critical for tracking both financing and progress towards meeting nutrition targets.
- There is a need to engage and mobilise all sectors within nutrition to increase resource allocation so that it aligns to international and regional nutritional minimum allocations and improve on general nutrition programming.

b. Recommendations for Governments in member countries

- Governments through their Ministries of Finance should consider increasing resources towards financing of nutrition interventions to ensure effective implementation of the same. An annual increase of 1% would be ideal for a start as they consider moving towards the 3.5% provision recommended in the IFN.
- Governments in member countries should also consider allocating resources to various MDAs as per their country specific policy requirements as well as international and regional recommendations failing which most WHA targets will not be attained.
- Through their Ministries of Finance, Governments should also seriously consider putting
 measures that will grow their economies and expand their resource base without which
 attainment of most of the global, regional and country-specific indicators and targets will be a
 farfetched idea.
- Governments in member countries should also review and align their national budgets with their respective national nutritional reference documents by providing templates that properly harmonise the actions, targets and corresponding resources for proper scrutiny of whether institutions are really implementing and financing nutrition agenda.
- Recognise nutrition challenges that are just emerging and growing are a health risk and address these e.g. NCDs should be prioritised; not just at policy level but also at implementation level. Further, Governments must ensure that there are adequate resources to help in the implementation of the same.



Governments should also strengthen nutrition related regulatory systems in member countries
to ensure MDAs are taken to task especially on commitment towards nutrition programming and
financing. Enforcement of the regulations should also be strengthened.

c. Recommendations for Line Ministries responsible for Nutrition

- Line Ministries responsible for championing nutrition agenda should lobby for more funds to support nutrition interventions at all levels.
- The Ministries should also seriously monitor implementation of various nutrition related interventions in other MDAs to ensure they are aligned to nutrition guiding policies and strategic frameworks.

d. Recommendations for other MDAs implementing Nutrition

- Nutrition mandated MDAs in member countries such as Malawi, Tanzania and Mozambique must have specific budgets on nutrition.
- Sectors such as education should also increase allocation to nutrition interventions such as school feeding programmes which are key for achieving adolescent nutrition related indicators.
- The Ministries should also stick to their proposed interventions in various policy framework on nutrition.

e. Recommendations for Development Partners

- Development partners should further scale up implementation of nutrition interventions within their mandates particularly for interventions that are left out by Government.
- Development partners should also make sure they provide for the funds they pledged towards the implementation of various nutrition related projects. This includes making such commitments public to facilitate easy tracking of their contributions to nutrition.
- Development partners should also support strong monitoring and evaluation of the implementation of various nutrition related policy and strategic frameworks so that the funds they provided are accounted for.

f. Recommendations for CSOs in Nutrition (including ESA CSN)

- CSOs in member countries including ESA CSN should also advocate for more resource allocation towards nutrition.
- CSOs should also support monitoring of the implementation of the member country budgets to ensure alignment to global and regional policy, strategic frameworks and achievement of desired results.

CHAPTER INTRODUCTION

1.1 BACKGROUND TO THE STUDY

The East and Southern Africa Civil Society Alliance (ESA CSN) has since its inception in 2017, been engaged in budget analysis and budget advocacy to influence nutrition financing and enabling environment in the member countries. This budget advocacy process led to a jointly commissioned study on national nutrition budget commitments and expenditures that was launched in August 2018. Following the report launch, the alliance began a campaign to drive advocacy on increasing budget allocation to nutrition in the member countries. The campaign is named #3in3. The campaign calls on national governments of the countries in the report to increase their current budget allocation to nutrition by 3% in 3 years.

The report as well as the #3in3 Campaign received civil society buy-in as a tool to hold the Governments accountable to nutrition commitments made. However, one of the challenges of this report was the different methodological approaches used by the different Governments in their development of national budgets, which led to the different national SUN alliances doing budget analyses differently. This made the articulation of findings of the report as joint advocacy uneven.

Through funding from CARE International, the SUN Civil Society Network and with support from the Graça Machel Trust, the ESA CSN has developed this second regional budget analysis report for East and Southern Africa. The analysis in question aims at supporting SUN Civil Society Alliances in member countries to meaningfully engage with their respective Governments to formulate and implement a budget that strives to achieve global and country-specific nutrition agenda. The analysis also aims at identifying gaps in the financing of the sector with the view to determine remedial measures where necessary.

1.2 MALNUTRITION AS A GLOBAL BURDEN

Nutrition is a pre-requisite for human growth and development and an integral element for the social and economic development of the global village. Adequate nutrition is critical for physical and intellectual development of an individual and is a major determinant of one's intellectual performance, academic and professional achievement, and overall work productivity at later stages in life. This directly and indirectly influences potential future gains and economic contribution of the individual to the national and global economy.



THERE'S ENOUGH ON THIS PLANET FOR EVERYONE'S NEEDS BUT NOT FOR EVERYONE'S GREED.

MOHANDAS GANDHI



mortality globally.

The 2020 Global Nutrition Report (GNR) shows that one in every nine people – 820 million (11%) in the World is hungry or undernourished with numbers rising since 2015, especially in Africa, West Asia and Latin America. Around 113 million people across 53 countries experience acute hunger, as a result of conflict and food insecurity, climate shocks and economic turbulence. Additionally, more than one-third (33%) of the World's adult population is overweight or obese with increasing trends over the past two decades. The report further highlights that more and more countries are experiencing the double burden of malnutrition, where undernutrition coexists with overweight, obesity and other diet-related non-communicable diseases (NCDs).

As regards levels and trends in child malnutrition, joint child malnutrition estimates by UNICEF, WHO and the World Bank show that malnutrition rates remain alarming the world over. As of 2018, nearly 149 million (21.9%); 49 million (7.3%); and 40 million (5.9%) children under the age of five were stunted, wasted and overweight respectively. Stunting is declining too slowly i.e. from 32.5% reported in 2000, while wasting continues to rise from the 4.9% that was reported in 2000. Asia and Africa bear the greatest share of all forms of malnutrition with more than half of all stunted children under-five; more than two-thirds of all wasted children under-five; and almost half of all overweight children under-five living in Asia. More than one-third of all stunted children under-five; more than one-quarter of all wasted children under-five and one-quarter of all overweight children under-five live in Africa as of 2018. In global sub-regions, at least one in every four children under the age of five is stunted (see table 1 below). Thirty-five point two percent of all stunted children under the age of five live in Eastern Africa making it the second sub-region (after Oceania) with the highest rates of stunting in the world. The region is, however, third best in terms of prevalence of overweight in the world.

TABLE 1: PREVALENCE OF STUNTING, WASTING AND OVERWEIGHT GLOBALLY

REGION/SUB-REGION	STUNTING (%)	WASTING (%)	OVERWEIGHT (%)
Central America	12.9	0.9	6.9
North America	2.6	0.4	8.8
Caribbean	8.3	3.0	7.0
South America	7.1	1.3	7.8
Northern Africa	17.2	8.5	10.6
Western Africa	29.2	8.1	2.1
Middle Africa	32.1	7.2	4.6
Southern Africa	29.3	3.5	13.0
Eastern Africa	35.2	6.0	4.3
Western Asia	15.1 4.0		9.0
Central Asia	10.9	3.6	9.4
Eastern Asia	4.9	1.7	6.3
Southern Asia	32.7	14.6	3.1
Southern-Eastern Asia	25.0	8.7	7.7
Oceania	38.2	9.4	9.1

Source: 2019 UNICEF/WHO/World Bank joint child malnutrition estimates

In terms of prevalence of malnutrition by Country Income Classification, about two-thirds of all stunted children and three quarters of all wasted children in the world are from lower-middle income countries. Whilst this economic region dominates on stunting and wasting, the upper-middle income countries are highly affected by overweight with about two-fifth of all overweight children under the age of five living there. High-income countries are performing well in two of the three indicators with only 1% of all children within these categories being stunted and wasted. The region, however, has 15% of all overweight children making it the third most affected region and above low-income countries.



TABLE 2: PREVALENCE OF MALNUTRITION BY COUNTRY INCOME CLASSIFICATION

INDICATOR	UNDERWEIGHT (%)				
DISTRIBUTION OF CHILDREN UNDER-FIVE IN THE WORLD	LOW-INCOME	LOWER-MIDDLE- INCOME	UPPER-MIDDLE- INCOME	HIGH-INCOME	
Distribution of children under- five in the World	17%	46%	26%	10%	
Stunting	27%	65%	8%	1%	
Wasting	17%	73%	7%	1%	
Overweight	11%	36%	39%	15%	

Source: 2019 UNICEF/WHO/World Bank joint child malnutrition estimates

The GNR while focusing on inequalities in childhood and adolescent underweight, overweight and obesity has also noted great discrepancies between these indicators from a gender perspective. Global trends indicate that there has been an increase in overweight and obesity among boys over girls in the period spanning 2000 to 2016 with boys overweight jumping from 10.3% to 19.2% (8.9% increase) and obesity from 3.3% to 7.8% (4.5% increase). Over the same period, girls registered a 7.2% and a 3.1% increase in overweight and obesity respectively i.e. from 10.3% to 17.5%. For adolescents (5 to 19 years), more men and women are overweight or obese than underweight, and women are generally affected more than men (refer to table 3 below). The global picture also shows that since 2000, male underweight has decreased from 11.1% to 8.6% in 2016 and female underweight has decreased from 11.5% to 9.45% in the same period. In contrast, overweight (including obesity) has increased from 31.7% (609.9 million) to 39.2% (1.02 billion) in women, and in men from 29.7% (560 million) to 38.5% (984.6 million). On the other hand, obesity in men has risen from 6.75% (124.7 million) to 11.1% (284.1 million), and in women from 10.6% (201.8 million) to 15.1% (393.5 million).

TABLE 3: GLOBAL PREVALENCE OF UNDERWEIGHT, OVERWEIGHT AND OBESITY IN CHILDREN AND ADOLESCENTS AGED 5 TO 19 YEARS

CATEGORY	UNDERWEIGHT (%)		OVERWE	EIGHT (%)	OBESITY (%)	
CATEGORY	2000	2016	2000	2016	2000	2016
Boys	37	31.6	10.3	19.2	3.3	7.8
Girls	29.6	25.9	10.3	17.5	2.6	5.6
Men	11.1	8.6	29.7	38.5	6.7	11.1
Women	11.5	9.4	31.7	39.2	10.6	15.1

Further dissection into the global nutrition trends shows that overweight prevalence in adolescents is three times higher in high- and upper-middle-income than lower-middle and low-income countries. Similarly, obesity prevalence in adults can be up to five times higher in high-and upper-middle-income than in lower-middle- and low-income countries (2020 Global Nutrition Report).

1.3 MALNUTRITION IN AFRICAN AND ESA REGION

Africa in general, and East and Southern African regions in particular are equally perplexed with the malnutrition challenge especially among children under-five. The average prevalence of overweight in under-fives is 4.9% and is the second lowest across all the African regions. The prevalence of stunting in under-fives is 30% and is greater than the global average of 21.9% – high numbers are in Ethiopia, Sudan and Uganda (GRFC, 2020). Wasting in Africa's under-fives is at 7.1% which is lower than the global average of 7.3%. Further to this, there is co-existence of wasting, stunting and overweight among under-five children across the region. According to UNICEF (Division of Data Research and Policy – 2019), about 2.1% of under-five children in the region are stunted and overweight and 2.8% are wasted and stunted. The adult population in Africa also faces a nutrition burden with an average of 38.1% of women of reproductive age having anaemia; 8.1% of adult women having diabetes, compared to 7.9% of men; and 17% of women and 7% of men having obesity respectively.

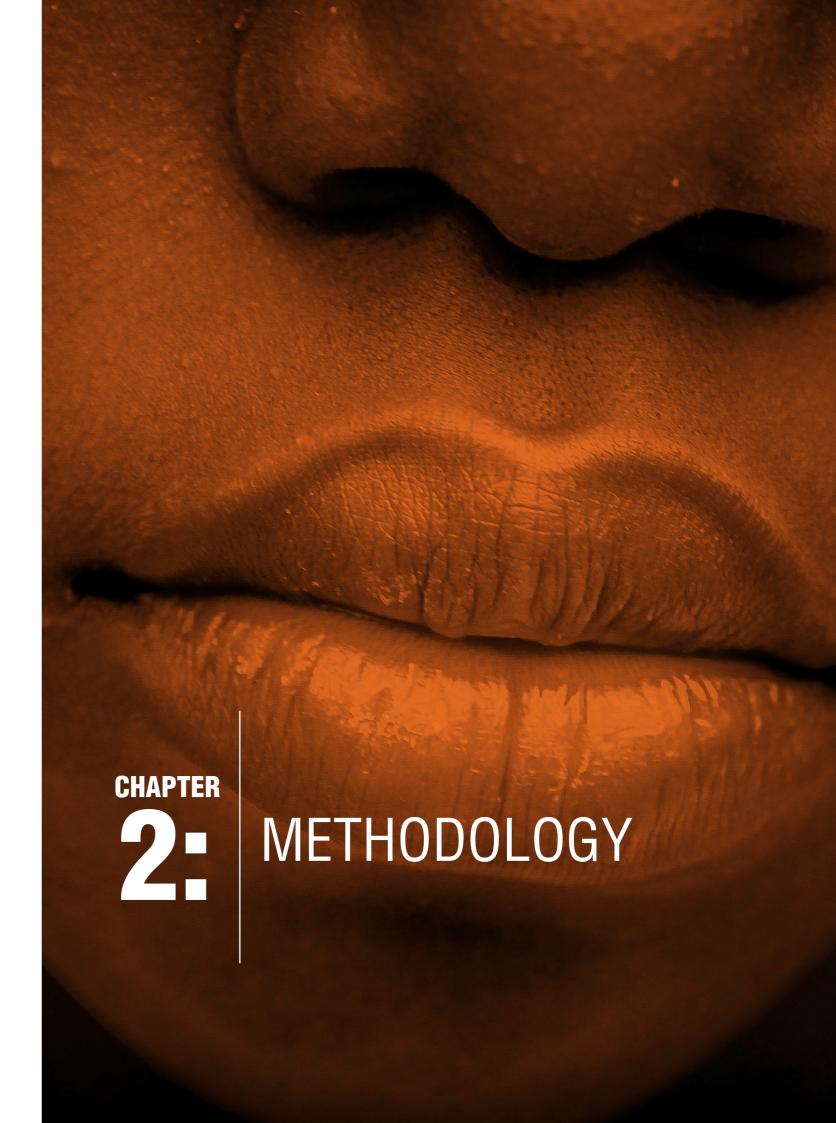
In the 8 ESA Countries under review, 4.6% of under-five children are wasted which is lower than the region's average of 7.1%. Ethiopia has the highest population of under-fives that is wasted at 7% surpassing the ESA regional average. About 7.1% and 35.4% of under-five children in ESA Countries are overweight and stunted respectively. The proportions are higher than the average African regional and global corresponding indicators with Ethiopia and Mozambique being the countries with the highest populations in the two categories respectively. The average underweight population is estimated at 13.2% with Mozambique being the worst hit recording an underweight population of 15.6% – refer to table 4 below.

TABLE 4: ESA COUNTRIES MALNUTRITION ANTHROPOMETRIC INDICATORS IN UNDER-FIVE CHILDREN

COUNTRY	YEAR OF LAST SURVEY	WASTING (%)	OVERWEIGHT (%)	STUNTING (%)	UNDERWEIGHT (%)
Malawi	2015-16	2.8	4.6	37.4	11.8
Kenya	2014	4.2	4.1	26.2	11.2
Mozambique	2011	6.1	7.8	42.9	15.6
Zambia	2013-14	6.2	6.2	40.0	14.9
United Republic of Tanzania	2015-16	4.5	3.7	34.5	13.7
Zimbabwe	2015	3.3	5.6	27.1	8.5
Ethiopia	2019	7	11.3	37	21
Rwanda	2014-15	2.3	7.9	38.2	9

Source: DHS (Demographic Health Survey) Reports from member countries

Based on these statistics, elimination of all forms of malnutrition is, therefore, a necessary step for inclusive and sustained global development. It requires a renewed collective action and effective multi-national and multi-sector coordination to meet our global commitments as set in the 2030 Sustainable Development Goals, Decade of Action on Nutrition (2015-2025), World Health Assembly (WHA) Targets, Nutrition for Growth (N4G), the Rome Declaration on Nutrition, Malabo Declaration and Africa Union Agenda 2063, among others.



2.1 STUDY DESIGN

The study was largely a desk review of various country-specific budget analysis reports; budget briefs; international and regional policy frameworks that guides nutrition programming; and some country-specific nutrition related policies and plans from the 8 ESA Countries. The documents were reviewed based on the checklist that the team developed and against the global action recommendations from the Framework for Action (FfA) of the Second International Conference on Nutrition (ICN2) (FAO and WFP, 2014), the UN Decade of Action on Nutrition (2016-2025), FAO Action Framework on School Food and Nutrition based programmes and the Zero Hunger Challenge which are all linked to the 2030 Agenda for Sustainable Development to transform the world, and whose action areas are all based on the ICN2 framework for action. In this regard, the documents were looked at as to how they collectively and individually respond to the ICN2 ten commitments to Action and the FfA. The 2011 World Health Organisation (WHO) Global Action Plan on the Prevention and Control of Non-Communicable Diseases (NCDS) was also referred to in reviewing the policies and strategic plans.

The research team also engaged some country-specific members of the East and Southern Africa Nutrition Civil Society Networks (ESA CSN) as well as budget analysis focal persons from the 8 countries. This helped to validate some of the findings and collect additional primary data on the same thereby bringing in a mixed-methods approach that combined normative views and perceptions. Such an approach, while helpful for validating the data and triangulating findings, was also considered key to capturing both qualitative and quantitative aspects crucial for an in-depth budget analysis and to facilitate the interpretation of the situation in a holistic manner.



THE NUMBER OF PEOPLE FACING HUNGER IN THE WORLD HAS DROPPED FROM 24% IN 1990 TO ABOUT 10%.

FAO



2.2 DATA COLLECTION, ANALYSIS AND REPORT WRITING

2.2.1 DATA COLLECTION

As already alluded to, most of the data was sourced from various budget analysis reports that were presented to the research team by ESA CSN Secretariat, Coordinators of the Civil Society Alliances and budget analysis focal persons from the networks in the 8 countries. Further to this, the team solicited a number of nutrition related global, regional and local research and review reports, policy documents, strategic plans, technical briefs, global inter-sectoral conference reports, and the Lancet series. The documents were largely sourced through searches on the internet and other official web pages. The team developed a checklist that was used to assess some of the documents sourced.

2.2.2 DATA ANALYSIS & REPORT WRITING

Budget data from some countries that provided raw data was analysed quantitatively using an Excel matrix and was examined according to the themes developed from the study objectives. Tables, frequencies and matrices were generated and presented in this report. The narrative report has been developed in Microsoft Word and prepared based on the information collected through the desk review and engagements with the ESA CSN network members.

2.2.3 STUDY LIMITATIONS

The main challenge in compiling this regional report was the varying methodologies that the individual member countries were using in developing the budget analysis reports which made it difficult for the team to do comprehensive comparative analysis. Further to this, the member countries had reports of varying years of publication again making comparative analysis difficult, in particular, the progress made towards attaining various global and regional nutrition related goals/ targets. Finally, the COVID-19 pandemic affected some steps that were key for this assignment particularly training of ESA SUN network members in conducting a budget analysis that would help improve future analyses. Nevertheless, the team relied on other data sources to factor in some missing elements.



GLOBAL AND CHAPTER REGIONAL NUTRITION POLICY LANDSCAPE

3.1 GLOBAL POLICY & INSTITUTIONAL FRAMEWORKS

a. Sustainable Development Goals (SDGs)

In 2015 United Nations (UN) member states transitioned from Millennium Development Goals (MDGs) to Sustainable Goals (SDGs). SDGs built on the successes (and failures/weaknesses) of the MDGs. The SDGs are intended to be universal in the sense of embodying a universally shared common global vision of progress towards a safe, just and sustainable space for all human beings to thrive on the planet. A total of 17 sustainable development goals were proposed, to be achieved by 2030.

The UN SDGs (United Nations Sustainable Development Goals) have equally placed emphasis on the need to attain a healthy and nourished population globally with about 12 out of the 17 goals containing indicators highly relevant to nutrition. Nutrition specific interventions have been ear-marked under Goal number 2 and thus "End Hunger, achieve food security and improved nutrition, and promote sustainable agriculture". The Goal seeks to achieve the following specific goals by 2030:

- End hunger and ensure access by all people, in particular the poor and people in vulnerable situations including infants, to safe, nutritious and sufficient food all year round;
- End all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons;
- Ensure sustainable food production systems and implement resilient agricultural practices that
 increase productivity and production, that help maintain ecosystems, that strengthen capacity
 for adaptation to climate change, extreme weather, drought, flooding and other disasters, and
 that progressively improve land and soil quality;
- Double the agricultural productivity and the incomes of small-scale food producers, particularly women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets, and opportunities for value addition and non-farm employment.

It is only needful for member countries led by their Governments to ensure continued commitment to achieving these goals through effective programming and implementation of related activities and also most importantly financing of such interventions.

b. The Scale Up Nutrition Movement

The SUN Movement is a global (61 countries) movement that unites national leaders, civil society, bilateral and multilateral organisations, donors, businesses and researchers in a collective effort to improve maternal and child nutrition. It envisions a world free from malnutrition in all its forms (by 2030) led by governments, supported by organisations and individuals with a belief that collective action ensures every child, adolescent, mother and family can realise their right to food and nutrition; reach their full potential and shape sustainable and prosperous societies. The movement builds on the belief that proper nutrition during the 1,000 days from conception to the child's second birthday gives children a healthy start at life on the basis that poor nutrition during this period leads to irreversible consequences such as stunted growth and impaired cognitive development. Members of the movement also believe that improvement in nutrition is a pre-condition to achieving goals of eradicating poverty and hunger; reducing child mortality; improving maternal health; and combating diseases through the 4 key pillars of bringing people together into a shared space for action; ensuring a coherent policy and legal framework; aligning actions and common results framework; and financing tracking and resource mobilisation.

- Expanding and sustaining an enabling political environment;
- · Prioritising and institutionalising effective actions that contribute to good nutrition;
- · Implementing effective actions aligned with common results; and
- · Effectively use and significantly increase financial resources for nutrition.

It is in this regard that SUN Countries are striving to achieve World Health Assembly targets for maternal, infant, and young child nutrition by 2025 in addition to the relevant targets for preventing and controlling non-communicable diseases. The goals are at the core of the International Conference on Nutrition 2 (INC 2) framework for action and are integral for achieving the SDGs. These goals include:

- 40% reduction in the number of children under-5 who are stunted;
- 50% reduction of anaemia in women of reproductive age;
- 30% reduction in low birth weight;
- No increase in childhood overweight;
- Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%;
- Reduce and maintain childhood wasting to less than 5%; and
- No increase in overweight, obesity and diabetes (in adults and adolescents)

c. The Rome Declaration on Nutrition

The second International Conference on Nutrition (ICN2) held in November 2014 in Rome, Italy endorsed a political outcome document, namely the Rome Declaration on Nutrition. The declaration commits countries to eradicate hunger and prevent all forms of malnutrition worldwide, particularly undernutrition in children, anaemia in women and children, among other micronutrient deficiencies. In addition, the declaration agreed to reverse trends in obesity. In order to attain these aspirations, the declaration agreed to increase investments in food systems to improve people's diets and nutrition.

The declaration was endorsed by the United Nations General Assembly together with the Framework for Action which provides a set of voluntary policy options and strategies for use by governments, as appropriate. Further to this, a Decade of Action on Nutrition from 2016 to 2025 within existing structures and available resources was declared.



THE FIRST ESSENTIAL COMPONENT OF SOCIAL JUSTICE IS ADEQUATE FOOD FOR ALL MANKIND. FOOD IS THE MORAL RIGHT OF ALL WHO ARE BORN INTO THIS WORLD.

NORMAN BORLAUG, BIOLOGIST AND HUMANITARIAN



d. G8 Nutrition for Growth

The G8 Nutrition for Growth Conference (2013) brought together leaders from high-burden, emerging and industrialised countries' governments, international organisations, industry and civil society to put nutrition at the center of the development agenda, and to make good nutrition one of the top political priorities to increase resources, and take urgent action on undernutrition. The commitment is reflected in the Global Nutrition for Growth Compact.

The signatories to the Compact committed their political will and financial resources to work in partnership to accelerate progress towards achieving the World Health Assembly targets by 2025 and to end undernutrition. The Compact intends to achieve the following targets by 2020:

- Ensure that at least 500 million pregnant women and children under two are reached with effective nutrition interventions;
- Prevent at least 20 million children under-five from being stunted; and
- Save at least 1.7 million lives by reducing stunting, by increasing breastfeeding, and through the treatment of severe acute malnutrition.

One key commitment under N4G is the Action Against Hunger (ACF) which is committed to ending child hunger by increasing its impact on undernutrition, with a specific, but not exclusive, focus on acute malnutrition. Further to this, the ACF is committed to achieve the following targets by 2020:

- Save the lives of 600,000 severely acute malnourished children by providing them with therapeutic treatment in collaboration with national Ministries of Health, and to improving the nutrition status and environment of 6 million children and women with nutrition-relevant programmes;
- Raise at least USD\$160 million to support the collective efforts to treat and prevent acute malnutrition and to mitigate stunting with USD\$53 million going towards nutrition specific interventions and USD\$107 million going towards nutrition-sensitive interventions; and
- Work with partners to increase Community-Based Management of Acute Malnutrition (CMAM) coverage, efficiency and sustainability.

Suffice to say that of the 8 ESA countries under review, only four countries were represented by their Governments. They included United Republic of Tanzania, Zambia, Zimbabwe and Malawi.



3.2 REGIONAL POLICY FRAMEWORKS

a. The African Regional Nutritional Strategy (ARNS 2016-2025)

The ARNS was first developed and implemented between 1993 to 2003, with the main purpose of advocating and sensitising African leaders about the essential role food and nutrition security plays in implementing strategies for socio-economic development of the continent. It analysed the major causes of the nutrition situation, set out the objectives, goals, strategies and plan of action which identified responsibilities for implementation at community, national, regional and international levels. After its endorsement by the Assembly of Heads of States and Government in 1993, many member states used it to draft their own National Plans of Action on Nutrition based on the individual country's socio-economic circumstances.

However, due to the general stagnation or declination of most African economies, poverty rates accelerated, health systems deteriorated and agricultural performance, especially food production became worse. Furthermore, disease burden increased, civil conflicts erupted in many parts of the continent and drought became more frequent. During the same period HIV/AIDS became a pandemic on the continent. All these factors helped to reverse some gains made to improve nutrition.

It is against this background that ARNS (1993-2003) had to be reviewed. The main purpose of the review was to re-emphasise that nutrition is a basic input in poverty alleviation strategies and the achievement of the then MDGs. Following the review, the ARNS turned its focus to achieving the following objectives:

- To increase awareness among Governments of the region and the regional and international development partners; and the community on the nature and magnitude of nutrition problems in Africa and their implications for the development of the continent and advocate for additional resources for nutrition;
- To advocate for renewed focus, attention, commitment and a redoubling of efforts by member states, in the wake of the worsening nutrition status of vulnerable groups;
- To stimulate action at the national and regional level that lead to improved nutrition outcome by providing guidance on strategic areas of focus;
- To define mechanisms for collaboration and cooperation among the various actors concerned with food and nutrition problems at national, regional and international levels; and
- To provide a framework of action on nutrition that takes into account the emerging issues of HIV and AIDS, diet-related chronic disease, the resurgence of TB (tuberculosis) and malaria in addition to the following ICN goals adapted to the Africa Region:
 - o To ensure regional, national and household food security in 10 years;
 - o To reduce protein-energy malnutrition in children under 5 by half, and iron deficiency anaemia in pregnant women by one third, and to virtually eliminate iodine and Vitamin A deficiencies:
 - o To reduce the prevalence of low birth weights (below 2.5 kg) to less than 10%;
 - o To develop programmes for the prevention of diet-related non-communicable diseases in one third of the African population;
 - To address the nutritional requirements of People Living with HIV and Aids (PLWHA), including those on ARVs (Anti Retrovirals) and also tuberculosis patients on DOTS (Directly Observed Therapies).

Anchoring these objectives were the following key priority areas:

- a) Monitoring the food and nutrition situation;
- b) Advocacy and communication;
- c) Developing Policy and Institutional frameworks;
- d) Strengthening food and nutrition programme implementation;
- e) Integrating nutrition dimensions onto the development agenda;
- Strengthening institutional, and technical capacity for nutrition at all levels (from community to national levels):
- g) Promote community participation and involvement; and
- h) Developing Resource Mobilisation Strategy.

The ARNS (2016-2025) therefore, built on both the successes and challenges registered by the ARNS (2005-2015). Additionally, it also built on the new rising challenges facing nutrition and thus overweight, obesity and associated non-communicable diseases which had hit nearly all African countries. The ARNS (2016-2025) therefore placed emphasis on achieving the following targets:

- 40% reduction of stunting among children under 5 years;
- 50% reduction of anaemia among women of child-bearing age;
- 30% reduction of low birth weights;
- · No increase of overweight in children under 5 years of age and women;
- 50% increase in exclusive breastfeeding during the first six months of life; and
- To reduce and maintain wasting among children under 5 to less than 5%.

To guide effective action of African Union (AU) Member States to achieve these targets, the strategy provides a menu of evidence-based interventions. Further, it reminds all African States of the importance of continuing to place nutrition higher on Africa's development agenda with a further call for strong political commitment and leadership as well as increased resources for nutrition. The ARNS 2015-2025 calls on all AU Member States to put together multi-sectoral nutrition action plans, budgets and expenditure tracking system for effective implementation and monitoring of nutrition interventions.

b. The SADC Food and Nutrition Strategy

The Southern Africa Development Community (SADC) Heads of State and Governments Summit in August 2013 in Lilongwe, Malawi directed Ministers responsible for Agriculture and Food Security and Ministers of Health to jointly meet to discuss and agree on strategies to increase food production, food fortification and nutrition. The directive was based on the evidence presented to the Summit that showed that food and nutrition insecurity in the region is still high with child stunting levels as high as 50% in some countries and population experiencing food insecurity averaging 15 million people per year since 2004. It was for these reasons that the SADC Food and Nutrition Strategy was developed. The goal of this Strategy is to significantly reduce food and nutrition insecurity in the Region by 2025. This will be achieved by:

- Promoting availability of food through improved production, productivity and competitiveness
- Improving access to adequate and appropriate food in terms of quality and quantity
- Improving the utilisation of nutritious, healthy, diverse and safe food for consumption under adequate biological and social environment with proper health care
- Ensuring stable and sustainable availability, access and utilisation of food

c. Comprehensive Africa Agriculture Development Programme (CAADP)

CAADP was endorsed in 2003 (Maputo Decision, 2003) by Africa's Heads of States and Governments. The programme was specially formulated to stimulate the necessary reforms in the agriculture sector and bring agriculture to bear on the socio-economic growth and sustainable development and it is Africa's policy framework for agriculture and agriculture-led development. It is an integral part of the NEPAD. It is in this context therefore, that CAADP is able to link and align with development objectives in other sectors, thereby providing for comprehensive and harmonised development policies, strategies and programmes. In CAADP, Africa believes that agriculture and the food industry can be the engine for growth in Africa's largely agrarian economies, with tangible and sustainable impact on improving food security and nutrition, contributing to wealth and job creation, empowering women and enabling the expansion of exports.

CAADP's vision is to maximise the contribution of agriculture to achieving the ambition of a self-reliant and productive Africa and delivering economic growth and sustainable development for its people as well as playing its full part on the world stage. The goal for the sector is an agricultural-led development plan that eliminates hunger, reduces poverty and food insecurity. This, in turn, would open the way for an expansion of exports and put the continent on a higher economic growth path within an overall strategy of sustainable development and preservation of the natural resource base. CAADP was also a practical instrument and framework by which Africa was going to drive the efforts to achieve the Millennium Development Goals.

The two overall CAADP targets, in pursuit of its vision, which profoundly reflect both a tangible measure of what needs to be achieved and an intangible value related to transformational objectives include:

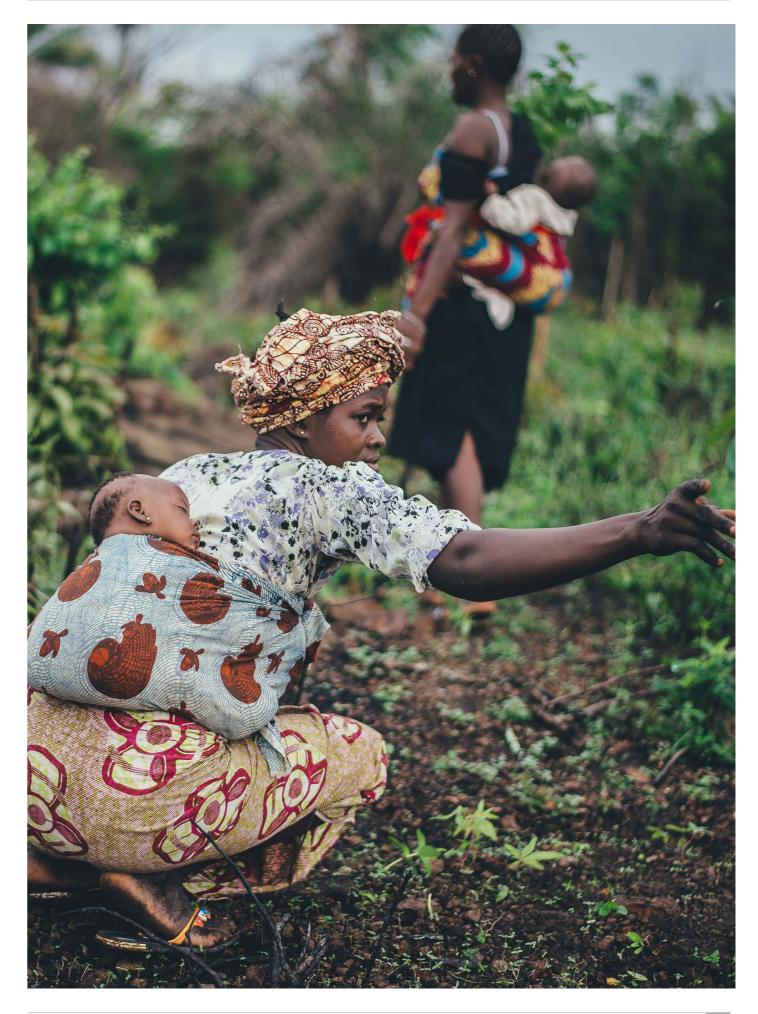
- The need for countries' commitment to raise the annual agricultural productivity to a minimum of six per cent by 2015
- Countries committing to increase public investments in agriculture to at least 10 per cent of their annual national budgets by 2008. This date has since been revised to 2015 (AU Summit Decision, 2009).



IT IS IMPORTANT FOR PEOPLE
TO REALIZE THAT WE CAN MAKE
PROGRESS AGAINST WORLD
HUNGER, THAT WORLD HUNGER
IS NOT HOPELESS. THE WORST
ENEMY IS APATHY.

FAO





While acknowledging and reflecting in this target the need for increased investment financing for agriculture – if the at least 6% annual productivity target is to be achieved – note that this target was developed to also reflect two fundamental principles, namely that Africa's development overall and specifically agriculture development, especially so in its transformational objectives, could only be championed with ultimate shift in behavioural action and change with regard to local responsibility; and with direct link to deployment of own resources. In this way, the target goes beyond just "more finances" but also covering underlining issues of responsibility, accountable and inclusiveness. Over the ten years, this target continues to also bring to the fore issues of (a) power of the public budget in leveraging private sector financing and (b) "value-for-money questions" such as, "what in Agriculture could provide best return on public investment financing?"

THE CAADP RESULTS FRAMEWORK (2015-2022)

The CAADP Results Framework was developed following the Sustaining CAADP Momentum exercise that was undertaken in 2012-13 in order to look back at the 10 years of Comprehensive African Agriculture Development Programme (CAADP) implementation which concluded that the CAADP vision was just as valid as it was in 2003 and that significant progress was made in building systems and capacity for planning, prioritisation and formulation of investment programmes. However, key to the development of the framework was the growing demand for results and impacts in and by the agriculture sector.

The Framework therefore provides Africa and its partners with a set of goals and results to be pursued in the transformation of the agriculture sector. It gives the political and technical impetus to foster policy alignment and harmonisation of interventions geared at advancing the agriculture transformation agenda. It articulates the targets to be achieved over the next ten years and provides the set of associated indicators. Accordingly, the Framework serves as a basis for promoting evidence-based policy and programmatic design, implementation, reporting, accountability and learning. It is also an inherent part of CAADP implementation. The Framework provides all stakeholders of African agriculture with standard, tangible parameters to benchmark progress in agricultural performance. This will therefore reinforce the culture of results-based programming and performance monitoring.

d. Malabo Declaration

The Malabo declaration on accelerated agricultural growth and transformation for shared prosperity and improved livelihoods is a set of goals showing a more targeted approach to achieve the agriculture vision for the African Continent by 2025 and thus shared prosperity and improved livelihoods. The declaration reconfirms that agriculture should remain high on the development agenda of the continent and is a critical policy initiative for African economic growth and poverty reduction. The declaration also acts as an implementation tool for CAADP. The following declarations were made by various heads of states and government in view of issues facing the agriculture sector in the continent:

- Recommitment to the Principles and Values of the CAADP Process.
- Commitment to Enhancing Investment Finance in Agriculture (10% of public expenditure to agriculture).
- Commitment to Ending Hunger in Africa by 2025.
- Commitment to Halving Poverty by the year 2025, through Inclusive Agricultural Growth and Transformation
- Commitment to Boosting Intra-African Trade in Agricultural commodities and services.
- Commitment to Enhancing Resilience of Livelihoods and Production Systems to Climate Variability and other related risks.
- Commitment to Mutual Accountability to Actions and Results.



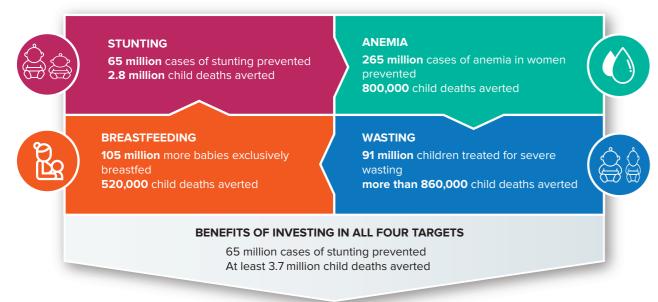
4.1 GLOBAL NUTRITION FINANCING -FINANCING MECHANISMS AND **PROGRESS**

4.1.1 FINANCING NEEDS AND MECHANISMS

The Global Panel 2016 estimates suggest that all forms of malnutrition (undernutrition, micronutrient deficiencies, and overweight) cost the global economy an estimated \$3.5 trillion per year or \$500 per individual thereby creating a major impediment for country Governments in their efforts to reduce poverty and create thriving and productive communities. The panel further suggests that unlike investments in physical infrastructure, investments intended to reduce malnutrition, generate benefits that are durable, inalienable, and portable including fuelling progress on all the 17 goals enshrined in the SDGs.

In order to reduce malnutrition through achieving the global targets of stunting, anaemia in women, exclusive breastfeeding and the scaling up of the treatment of severe wasting, the 2017 Investment Framework for Nutrition (IFN) estimates that a global investment of \$70 billion is required for a period between 2015 and 2025 or a global average of \$7 billion per year. Of the four targets, interventions to reduce stunting claims the lion's share with an investment of nearly \$50 billion required; followed by anaemia requiring about \$13 billion; interventions for treating wasting at \$9 billion (13%) and finally costs for promoting exclusive breastfeeding estimated at \$6 billion within the 10 years period with an overlap in some of the costs across the targets. Sub-Saharan African countries will require the largest proportion of the costs - 39%; followed by South Asia and East Asia with their proportional costs estimated at 24% each respectively. These levels of investment are expected to trigger notable progress as regards addressing various nutrition indicators such that by 2025, 65 million cases of stunting and 265 million cases of anaemia in women would be prevented; 91 million more under-five children would be treated for severe wasting; 105 million additional babies would be exclusively breastfed during the first six months of life as compared to the 2015 baseline target. The framework further forecasts that if such targets are reached, at least 3.7 million child deaths would be averted – refer to figure 1 below.

FIGURE 1: BENEFITS OF INVESTING IN GLOBAL NUTRITION TARGETS



Source: Extracted from 2017 IFN

Considering the financial constraints facing many countries in the world, the framework proposes an investment in only priority interventions which would still bear positive results despite falling short of reaching the 2025 targets. The framework provides two alternative packages for consideration by member states and thus "priority package" and "catalysing progress package" thus interventions that maximise allocative efficiency and interventions that maximise technical efficiency respectively. It is estimated that investing in a "priority package" would require a global average of \$2.3 billion per year which when combined with other health and poverty reduction efforts would lead to an estimated \$2.3 million lives being saved and 50 million fewer cases of stunting by 2025 as compared to the baseline values in 2015. On the other hand, investing in "catalysing progress package" is believed to scale up the priority package including providing a more phased-in expansion of the other interventions to strengthen delivery mechanisms and support research and programme implementation. The assumption behind this package is that during the first five years, emphasis will be placed on establishing global guidelines and on operational research to develop effective delivery platforms, or to develop less expensive products or more cost-effective technologies. The package would require a global average of \$3.7 billion per year which when combined with other health and poverty reduction efforts would lead to 2.6 million lives being saved and 58 million fewer cases of stunting by 2025.

As regards financing mechanisms, the IFN proposes that in order to achieve these global targets including as proposed in the SDGs; a mixed financing mechanism will be required and shall include domestic on-budget allocations from country Governments, Official Development Assistance (ODA) and newly emerging innovative financing mechanisms coupled with household contributions. Section 4.1.2 below will elaborate details as to how each of the mechanisms was framed.

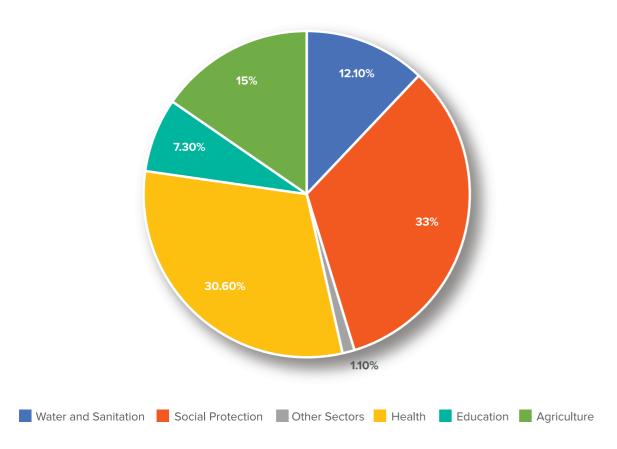
4.1.2 PROGRESS MADE IN NUTRITION FINANCING

In a guest to provide a resource mobilisation strategy for financing needs of about \$70 billion to achieve the WHA nutrition targets, the IFN through the Global Solidarity financing scenario proposes coordinated efforts to mobilise resources from national Governments, ODA and new innovative financing mechanisms such as the Power of Nutrition and the Global Financing Facility (GFF) for reproductive, maternal, neonatal, child and adolescent health and nutrition. The framework estimates that country Governments would need to provide \$39.7 billion; ODA an extra \$25 billion with focus on most effective interventions and high-burden geographies; and innovative sources would contribute about \$3.4 billion over the 10-year period. In order to achieve this, the framework proposes that high-burden country Governments would need to increase the share of their projected spending on health that is directed to nutrition by 1.9% i.e. from 1.0% to 2.9% and ODA by 1.8% by 2021 i.e. from 1.0% to 2.8% implying that the annual financing for nutrition currently estimated at \$3.9 billion should generally increase by 3.5% to about \$13.5 billion in order to close the financing gap. But how has the world in general, and countries in particular performed along the proposed parameters? The section below discusses progress made on nutrition financing at global, regional and country-specific level including enabling factors and challenges pertaining to the same.

4.1.2.1 Progress on domestic government financing

A review of the 2020 global nutrition report shows that generally the proportion of government expenditure directed to nutrition for many countries in the world remains low with many countries registering falling investments in nutrition including Guatemala which as per the report is considered progressive in its nutrition policy. Further to this, using latest available data (2015 to 2019) from 45 countries who participated in the 2019 budget analysis that was commissioned by SUN Movement Secretariat, it has been established that about 69% of nutrition spending (for both nutrition specific and sensitive interventions) comes from outside the health sector, with social protection claiming the largest share of 33% – see figure 2 below. Of the countries that participated in the study, 24 had their total real-term funding increased by 11% per year from 2017 to 2019 with only 9 countries reporting a decline. Education sector on the other hand, registered a 6.6% increase only in real terms between 2015 and 2017 in the 29 SUN countries that were interviewed with 12 countries registering as low as 1% growth or an absolute decline.

FIGURE 2: SHARE OF DOMESTIC PUBLIC INVESTMENTS BY SECTOR IN 45 COUNTRIES GLOBALLY



The report generally notes that while available data is inadequate to quantify the domestic financing gap, the limited evidence available suggests that domestic spending on high-impact nutrition interventions is not at the level required according to the Investment Framework. Proportions of sector budgets such as health ascribed to nutrition outcomes are small. Increases in nutrition spending are marginal at best, and spending is falling in many countries hence the need for renewed efforts to mobilise the domestic resources critical to achieving sustainable impact.

4.1.2.2 Progress on donor financing

a) Financing on nutrition-specific and sensitive interventions

According to latest global data (2017) provided by donors through the N4G process, donor financing on nutrition is estimated at around \$7.2 billion up from the US\$6.9 billion recorded in 2016 representing a 4% increase. The increase is on account of nutrition ODA from philanthropic organisations. Of this amount, nutrition-specific interventions claim US\$613 million (8%) whilst nutrition-sensitive interventions claim over US\$ 6.6 billion (92%) of the aid. It is sad to note, however, that despite the overall increase towards nutrition, assistance going to nutrition-specific interventions or programmes, has declined from the US\$810 million that was allocated in 2016 (see table 5 below). Further to this, basic nutrition ODA has been inconsistent and unequal with many countries facing extremely high levels of stunting and anaemia (fragile countries) receiving very low per-person basic nutrition aid volumes. A case in point are countries such as Gabon, Eritrea and Papua New Guinea with anaemia in Women of Reproductive Age (WRA) at 59.1% (highest globally) and stunting levels of 52% and 49.5% respectively, getting lowest amounts of basic nutrition ODA averaging less than half a cent; \$0.03; and \$0.01 between 2015 and 2017 respectively. On the contrary, however, the situation is different for countries that received aid through humanitarian assistance such that between 2015 and 2017, about 9 out of the 15 extremely fragile countries received more nutrition aid via international humanitarian assistance than as basic nutrition ODA.

TABLE 5: NUTRITION DISBURSEMENTS BY DONORS

DONOD	NUTRITION	N-SPECIFIC F	FINANCIAL AS	SSISTANCE [DISBURSED (IN US\$ THO	USANDS)
DONOR	2010	2012	2013	2014	2015	2016	2017
Australia	2,672	16,516	N/A	20,857	N/A	15,639	N/A
Canada	98,846	205,463	169,350	159,300	108,600	97,628	93,099
EU	50,889	8	54,352	44,680	48,270	29,721	57,097
France	2,895	3,852	2,606	6,005	4,660	8,572	4,339
Germany	2,987	2,719	35,666	50,572	51,399	18,047	19,621
Ireland	7,691	7,565	10,776	19,154	13,079	12,391	N/A
Netherlands	2,661	4,007	20,216	25,025	31,604	46,331	N/A
Switzerland	0	0	0	0	0	0	0
UK	39,860	63,127	105,000	87,000	92,400	156,000	99,035
US	82,613	229,353	288,649	263,241	382,891	296,974	195,921
Gates Foundation	50,060	80,610	83,534	61,700	96,500	96,616	144,532
CIFF (Children's Investment Funds Foundation)	980	5,481	37,482	26,750	53,607	32,784	N/A
Fullus Foulldation)							
	NUTRITION	-SENSITIVE	FINANCIAL A	SSISTANCE	DISBURSED	(IN US\$ THC	OUSANDS)
DONOR	NUTRITION 2010	-SENSITIVE 2012	FINANCIAL A 2013	SSISTANCE 2014	DISBURSED 2015	(IN US\$ THC 2016	OUSANDS) 2017
DONOR	2010	2012	2013	2014	2015	2016	2017
DONOR Australia	2010 49,903	2012	2013 N/A	2014 87,598	2015 N/A	2016	2017 N/A
DONOR Australia Canada	2010 49,903 80,179	2012 114,553 90,171	2013 N/A N/A	2014 87,598 998,674	2015 N/A 1,271,986	2016 128,706 1,309,732	2017 N/A 1,102,545
DONOR Australia Canada EU	2010 49,903 80,179 392,563	2012 114,553 90,171 309,209	2013 N/A N/A 315,419	2014 87,598 998,674 570,890	2015 N/A 1,271,986 423,704	2016 128,706 1,309,732 496,672	2017 N/A 1,102,545 538,637
DONOR Australia Canada EU France	2010 49,903 80,179 392,563 23,003	2012 114,553 90,171 309,209 27,141	2013 N/A N/A 315,419 33,599	2014 87,598 998,674 570,890 NR	2015 N/A 1,271,986 423,704 23,781	2016 128,706 1,309,732 496,672 16,446	2017 N/A 1,102,545 538,637 25,991
DONOR Australia Canada EU France Germany	2010 49,903 80,179 392,563 23,003 18,856	2012 114,553 90,171 309,209 27,141 29,139	2013 N/A N/A 315,419 33,599 20,642	2014 87,598 998,674 570,890 NR 51,547	2015 N/A 1,271,986 423,704 23,781 84,174	2016 128,706 1,309,732 496,672 16,446 186,780	2017 N/A 1,102,545 538,637 25,991 142,809
DONOR Australia Canada EU France Germany Ireland	2010 49,903 80,179 392,563 23,003 18,856 34,806	2012 114,553 90,171 309,209 27,141 29,139 45,412	2013 N/A N/A 315,419 33,599 20,642 48,326	2014 87,598 998,674 570,890 NR 51,547 56,154	2015 N/A 1,271,986 423,704 23,781 84,174 54,217	2016 128,706 1,309,732 496,672 16,446 186,780 54,248	2017 N/A 1,102,545 538,637 25,991 142,809 N/A
DONOR Australia Canada EU France Germany Ireland Netherlands	2010 49,903 80,179 392,563 23,003 18,856 34,806 2,484	2012 114,553 90,171 309,209 27,141 29,139 45,412 20,160	2013 N/A N/A 315,419 33,599 20,642 48,326 21,616	2014 87,598 998,674 570,890 NR 51,547 56,154 18,274	2015 N/A 1,271,986 423,704 23,781 84,174 54,217 28,422	2016 128,706 1,309,732 496,672 16,446 186,780 54,248 56,510	2017 N/A 1,102,545 538,637 25,991 142,809 N/A N/A
DONOR Australia Canada EU France Germany Ireland Netherlands Switzerland	2010 49,903 80,179 392,563 23,003 18,856 34,806 2,484 21,099	2012 114,553 90,171 309,209 27,141 29,139 45,412 20,160 28,800	2013 N/A N/A 315,419 33,599 20,642 48,326 21,616 29,160	2014 87,598 998,674 570,890 NR 51,547 56,154 18,274 26,501	2015 N/A 1,271,986 423,704 23,781 84,174 54,217 28,422 43,656	2016 128,706 1,309,732 496,672 16,446 186,780 54,248 56,510 42,190	2017 N/A 1,102,545 538,637 25,991 142,809 N/A N/A 59,971
DONOR Australia Canada EU France Germany Ireland Netherlands Switzerland UK	2010 49,903 80,179 392,563 23,003 18,856 34,806 2,484 21,099 302,215	2012 114,553 90,171 309,209 27,141 29,139 45,412 20,160 28,800 412,737	2013 N/A N/A 315,419 33,599 20,642 48,326 21,616 29,160 734,700	2014 87,598 998,674 570,890 NR 51,547 56,154 18,274 26,501 780,500	2015 N/A 1,271,986 423,704 23,781 84,174 54,217 28,422 43,656 928,300	2016 128,706 1,309,732 496,672 16,446 186,780 54,248 56,510 42,190 693,000	2017 N/A 1,102,545 538,637 25,991 142,809 N/A N/A 59,971 706,334

TABLE 5: NUTRITION DISBURSEMENTS BY DONORS CONTINUED

DONOR	TOTAL FINANCIAL ASSISTANCE DISBURSED (IN US\$ THOUSANDS)						
DONOR	2010	2012	2013	2014	2015	2016	2017
Australia	56,575	131,069	N/A	108,455	N/A	144,345	N/A
Canada	179,025	295,634	N/A	1,157,974	1,380,586	1,407,360	1,195,645
EU	443,452	309,217	369,771	615,570	471,974	526,393	595,734
France	25,898	30,993	36,205	N/A	28,441	25,018	30,330
Germany	21,843	31,858	56,308	102,119	135,573	204,827	162,430
Ireland	42,497	52,977	59,102	75,308	67,295	66,640	N/A
Netherlands	5,145	24,167	41,832	43,299	60,027	102,841	N/A
Switzerland	21,099	28,800	29,160	26,501	43,656	42,190	59,971
UK	342,075	475,864	839,700	867,500	1,020,700	849,000	805,369
US	2,088,493	2,198,112	2,738,356	2,919,510	2,938,223	3,335,154	3,744,118
Gates Foundation	62,380	115,470	127,034	90,900	138,500	159,235	14
CIFF	980	5,481	38,336	26,904	74,332	54,379	N/A
Total	3,289,462	3,699,642	4,335,804	6,034,040	6,359,307	6,917,382	6,593,611

Source: Extracted from 2020 Global Nutrition Report



THE FIRST ESSENTIAL COMPONENT OF SOCIAL JUSTICE IS ADEQUATE FOOD FOR ALL MANKIND. FOOD IS THE MORAL RIGHT OF ALL WHO ARE BORN INTO THIS WORLD.

STEPHANIE LAMM



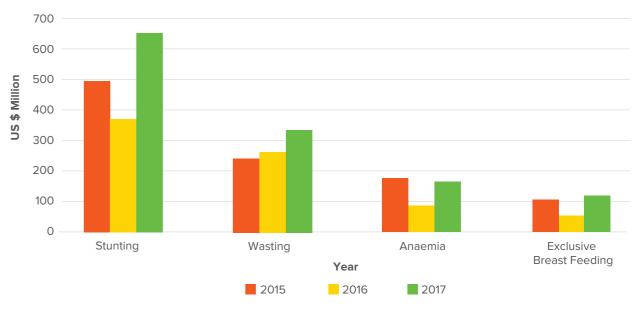
b) Financing for overweight, obesity and diet-related NCDs

Considering the increase in malnutrition related to overweight, obesity and NCDs, the international community has responded by allocating aid to the same, especially for low-income-countries and low-middle-income-countries, particularly having noticed these forms of malnutrition require expensive, lifelong therapies and care that these countries cannot afford to provide. The global nutrition report estimates that as of 2017, about \$39.8 million was allocated for this cause – representing an 80% increase from the \$7.3 million that was allocated in 2016. Further to this, funding commitments to NCDs have also increased, rising to US\$57.5 million in 2017 from US\$51.2 million in 2016. Disbursements to NCDs increased by 22.6% between 2016 and 2017. Meanwhile, during the same period, disbursements to the basic nutrition sector increased by 21.2%, and disbursements to all sector-focused aid grew by only 5.4%. The provisions entail that NCD disbursements marginally increased their share of total ODA from 0.018% in 2016 to 0.020% in 2017. Though a small proportion, but for a start this is commendable as it has shown that there are commitments to addressing these forms of malnutrition.

c) Financing of WHA nutrition targets

In reference to the IFN priority package of interventions, review of the available literature shows that there has been enormous donor support towards WHA nutrition targets. For example, data from the OECD CRS shows that between 2015 and 2017 priority package aid increased from US\$1.1 billion to US\$1.4 billion per year representing an 11% increase annually. The allocation as per the GNR implies that donors mobilised about 93% of their proposed shares of priority-package costs for 2017. While appreciating this level of effort, the GNR calls for further input on the same as there was still an US\$100 million financing gap. On the negative end, however, allocation to the four WHA targets has seen varying increases in funding with more focus being on stunting whose funding jumped from US\$389 million in 2016 to US\$652 million in 2017 – representing a 40% increase, while wasting had a 30% jump from the 2016 funding of US\$263 million to US\$374 million. Anaemia and exclusive breastfeeding, although getting less funding in nominal terms (less than US\$200 million each), have over the last 2 years increased substantially which, if maintained, would help in achieving these targets – see figure 3 below.

FIGURE 3: TRENDS IN DONOR FINANCING TO THE FOUR WHA NUTRITION TARGETS



Source: 2020 Global Nutrition Report

4.2 GLOBAL PROGRESS ON NUTRITION TARGETS

In order to determine global progress on nutrition indicators, the team reviewed various literature including the 2020 Global Nutrition Report which tracks country-level progress on eight of the ten 2025 global nutrition targets namely; anaemia, low birth weight, exclusive breastfeeding, childhood stunting, childhood wasting, childhood overweight (including obesity), adult obesity (men and women), and adult diabetes (men and women). The report, however, does not track salt intake and raised blood pressure due to lack of comparable projections.

On nutrition targets such as maternal, infant and young child nutrition, the report adopted the 2017 revised tracking methodology and rules proposed by WHO and UNICEF in which an average relative percentage change in prevalence of an indicator is calculated using a metric called the Average Annual Rate of Reduction (AARR). AARR is further categorised as 'Required AARR', the value needed for a country to achieve the global target from the baseline year to 2025 and the current AARR which reflects a country's actual achievement based on the available data between the baseline year and the most recent year – refer to table below. Sadly, about 20 African Countries have no data which would have helped in objective analysis of the situation in Africa.

TABLE 6: METHODOLOGY TO TRACK COUNTRY PROGRESS ON NUTRITION TARGETS

INDICATOR	ON TRACK	OFF TRACK – SOME PROGRESS	OFF TRACK – NO PROGRESS OR WORSENING
Stunting	AARR ≥ required	AARR < required	AARR < required
	AARR * or level < 5%	AARR * but ≥ 0.5	AARR * and < 0.5
Anaemia	AARR ≥ 5.2** or level < 5%	AARR < 5.2 but ≥ 0.5	AARR < 0.5
Low birth weight	AARR ≥ 2.74 or level < 5%	AARR < 2.74 but ≥ 0.5	AARR < 0.5
Not exclusive breastfeeding	AARR ≥ 2.74* or level < 30%	AARR < 2.74 but ≥ 0.8	Level ≥ 5% and AARR < 2.0
Wasting	Level < 5%	Level ≥ 5% but AARR ≥ 2.0	
	On Track		
Overweight	AARR ≥ -1.5	AARR ≤ -1.5	

Source: Extracted from 2020 Global Nutrition Report

NB: *Required AARR is based on the stunting prevalence change corresponding to a 40% reduction in number of stunted children between 2012 and 2025, considering the estimated population growth estimated (based on UN Population Prospects). **Required AARR is based on a 50% reduction in prevalence of anaemia in women of reproductive age between 2012 and 2025. *Required AARR based on a 30% reduction in prevalence of low birth weight between 2012 and 2025. **Required AARR based on a 30% reduction in not exclusively breastfed rate between 2012 and 2025.

As regards to diet-related NCD targets, country and global progress towards the targets on raised blood pressure, diabetes and obesity is derived from modelled estimates and probabilities produced by the NCD risk factor collaboration which was informed by the WHO Global monitoring framework for the prevention and control of NCDs; a tool for monitoring progress in NCD prevention and control at the global level. Progress is characterised as "on-course" if the probability of meeting that target by 2025 is at least 0.50, or "off-course" if it is less than 0.50.

Based on this criterion, analysis of data from 194 countries globally shows that generally there has been less progress in meeting the 2025 nutrition targets with about 88 countries off-track and unable to achieve none of the four targets (highest number of targets to be achieved by a country). About 50 countries are on-track to achieve only one goal. This implies that about 71% of the countries are way below achieving some of the nutrition targets. Of the remaining 56 countries, 35 countries are on track to achieve 2 nutrition targets, 13 countries on track to achieve 3 targets and only 8 countries are on track to achieve all the four targets. The eight countries that are performing well include; Albania, Armenia, Belize, Democratic Republic of Korea, Kenya (ESA Member), Mexico, Sao Tome and Principe and Swaziland. However, as per the 2020 global nutrition report, it should be pointed out that this is dependent on the quality and availability of data from the reporting countries and as such may not present a realistic picture on the ground.



4.3 PROGRESS ON NUTRITION TARGETS: AFRICA AND ESA REGION

According to UNICEF, Africa has registered some remarkable progress towards achieving global nutrition targets as compared to other regions. Based on 2019 data, the continent has performed well on two targets thus under-five overweight and infant exclusive breastfeeding which have seen 20 countries on course to meeting them. Under-five wasting is the second best-performing indicator with about 12 countries registered to be on course in attaining the same while under-five stunting has only eight countries on course. Sadly, no single country in the region is on course to meet the targets for anaemia in women of reproductive age, low birth weight, male diabetes, female diabetes, male obesity, and female obesity. Further to this, 35 countries in the region have insufficient data to comprehensively assess their progress towards these global targets - refer to table 7 below. It is worth pointing out that, the region is also generally performing well on some specific indicators when compared to the prevailing global average indicators. The Africa region's prevalence of wasting in under-fives of 7.1% is less than the global average of 7.3%. About 43.4% of infants under 6 months in the region are exclusively breastfed and the region's average low birth weight prevalence of 13.7% is less than the global average of 14.6%. Despite this excellent performance in such indicators, the region needs to improve some under-five related malnutrition targets such as overweight which is currently at 4.9% – the second lowest across all regions and stunting – currently at 30% and is greater than the global average of 21.9%. The Africa region's adult population also face a malnutrition burden. An average of 38.1% of women of reproductive age have anaemia, and 8.1% of adult women have diabetes, compared to 7.9% of men. Meanwhile, 17% of women and 7% of men have obesity.

TABLE 7: AFRICA'S PROGRESS AGAINST GLOBAL NUTRITION TARGETS - 2019

INDICATOR/TARGET	NUMBER OF COUNTRIES				
	ON-COURSE	OFF-COURSE	NO DATA		
Under-five stunting	8	26	20		
Under-five wasting	12	22	20		
Under-five overweight	20	12	22		
Low birth weight	0	36	18		
Exclusive breastfeeding	20	12	22		
Adult female obesity	0	48	6		

Source: UNICEF's 2019 Africa Regional Nutrition Report

In the 8 ESA countries, according to data sourced from the 2020 Global Nutrition Report – Kenya is the country on track to achieving 2025 nutrition targets as it has managed to achieve about 4 out of the 8 targets reported – the highest number of targets to be achieved by a country. Rwanda comes second as it is on course to achieving 3 out of 8 targets. The remaining 6 countries have their progress below 3 targets with Mozambique and Ethiopia, despite being countries with the worst statistics on nutrition, completely off-track in achieving the 8 targets. The table below provides details as regards progress in the 8 ESA countries on achieving the eight targets as coded in the 2020 GNR.

TABLE 8: PROGRESS AGAINST EIGHT NUTRITION GLOBAL TARGETS IN THE 8 ESA COUNTRIES

ON TRACK FOR 0 TARGETS	ON TRACK FOR 1 TARGET	ON TRACK FOR 2 TARGETS	ON TRACK FOR 3 TARGETS	ON TRACK FOR 4 TARGETS
Mozambique	Zambia	Zimbabwe	Rwanda	Kenya
Ethiopia		Malawi		
		Tanzania		

Source: Based on 2020 GNR data

4.4 NUTRITION FINANCING IN ESA REGION

A review of various budget analysis reports from the 8 countries shows that spending on nutrition in the ESA region is generally very low with about 6 out of the 8 countries that participated in this study spending less than the 3% proposed by ESA CSN and also the IFN's 3.5% global spending on nutrition by country Governments. Rwanda (11%) and Tanzania (4.8%) are the only countries in the region that managed to allocate a share that surpasses both the regional and global commitment to nutrition. It is discouraging to note that the situation is happening at the time when various forms of malnutrition in the region in general are exponentially increasing or are beyond global and regional prevailing trends. Zambia and Ethiopia have the least spending proportion with a meagre 0.1% allocation of resources towards nutrition.

TABLE 9: SHARE OF NATIONAL BUDGET TO NUTRITION IN ESA MEMBER COUNTRIES

ON TRACK FOR 0 TARGETS	ON TRACK FOR 1 TARGET	ON TRACK FOR 4 TARGETS			
Under-five stunting	26	20			
Under-five wasting	22	20			
Under-five overweight	12	22			
Low birth weight	36	18			
Under-five stunting	26	20			
Under-five wasting	22	20			
Under-five overweight	12	22			
Low birth weight	36	18			

Source: Author's Computation based on available data

4.5 COUNTRY SPECIFIC ANALYSIS

4.5.1 MALAWI

Malawi faces high stunting rate at 37% which is a decline from 47% in 2010 and 55% in 1992. The fastest decline was registered during the period 2010 and 2016 when it declined by 10 percentage points. While no study has identified factors that attributed to the sharp decline, intensified interventions under Scale Up Nutrition (SUN) package and millennium development goals might have played significant roles. The SUN package emphasises the first 1000 days of a child's life which are from pregnancy to second birthday of the child. In this regard, the first 1000 days are considered a window of opportunity where nutrition intervention can avert the irreversible consequences of undernutrition. Considering that the causes of child and maternal malnutrition are multifactorial, the SUN approach encourages multi-sectoral interventions to address the various factors that contribute to malnutrition including efficient allocation of resources.

In response to the calls under the SUN package, the Malawi Government developed the National Multi-Sector Nutrition Policy (NMNP) 2018-2022 in order to provide a guiding framework for the successful implementation of the national nutrition response; address the existing and emerging national and global issues; and consequently, uphold the Government's commitment towards eliminating all forms of malnutrition. The Policy is operationalised through the National Nutrition Strategic Plan (NMNSP, 2018-2022). Further to this, Government has included nutrition targets in the national development agenda i.e. the Malawi Growth and Development Strategy (MGDS III, 2017-2022) which defines SMART(Specific, Measurable, Achievable, Relevant and Timebound) commitments which the sector policies and programmes are expected to contribute to - refer to table 10 below. The NMNSP is expected to align to these commitments which are also a road map to achieving the World Health Assembl (WHA 65.6) within the contextual assumptions made especially on financial resources and climate stability. In addition, Government has developed additional supporting operational strategies and guidelines to further translate the aspirations of the policies into tangible actions. These largely include strategies and guidelines in areas such as Nutrition Education and Communication; Infant and Young Child Feeding (IYCF); Micronutrient; Adolescent Nutrition; School Health and Nutrition; Early Childhood Development; Community-based Management of Acute Malnutrition (CMAM); Nutrition Care Support and Treatment (NCST); and prevention and treatment of nutrition-related Non-Communicable Diseases (NCDs).

MALAWI FACES HIGH STUNTING RATE AT 37% WHICH IS A DECLINE FROM 47% IN 2010 AND 55% IN 1992. THE FASTEST DECLINE WAS REGISTERED DURING THE PERIOD 2010 AND 2016 WHEN IT DECLINED BY 10 PERCENTAGE POINTS.

TABLE 10: MGDS III NUTRITION TARGETS

EXPECTED OUTCOMES	KEY PERFORMANCE INDICATORS	BASE YEAR (2016)	2018 TARGET	2022 TARGET
	Percentage of children under five years of age who are stunted	37%	35%	31%
	Percentage of children under five years of age who are underweight	12%	10%	6%
	Percentage of children under five years of age who are malnourished (wasting)	2.70%	2.20%	1.20%
prevalence of stunting, wasting, underweight, and other forms of	Percentage of children under five years of age who are overweight	4.5%	3.90%	2.70%
	Percentage of children 6-23 months who received 4 or more food groups	25%	30%	50%
	Percentage of budgetary allocation for nutrition programmes	0.03%	0.04%	0.05%
	Percentage of women of reproductive age 15-49 years who are obese or overweight	21%	20%	16%
	Percentage of women who are undernourished (BMI less than 18.5)	9%		3%
	Low birthweight	13%		7%
	Anaemia in children 6-59 months	63%		57%
	Anaemia in women 15-49 years	33%		27%

Source: Extracted from MGDS III

Creating an enabling environment for effective implementation of nutrition related interventions through policy guidance alone is not enough to translate aspirations into actions. Adequate financing of the priority areas is one key step to attaining the same. Though there is no threshold for nutrition financing globally, in Malawi the National Multi-Sector Nutrition Strategy (2018-2022) calls for a 4% allocation of General Government Expenditure (GGE) to nutrition. But how has the country performed over the years on the same?

The sections below provide an overview of Malawi Government's commitment in financing nutrition based on latest budget analysis exercise that was commissioned by the Civil Society Agriculture Network (CISANET) and its partner, Save the Children International who are implementing 'Advocacy for enhanced nutrition security and community empowerment' project under the 'AFIKEPO' Nutrition Programme in Malawi being implemented with financial support from the European Union. The exercise aimed at unearthing the relevant evidence that can be used for advocating and lobbying for an adequate and equitable resource allocation for successful nutrition response in the country. First the section will briefly highlight the methodology that was used in carrying out the assignment. Then it will provide a general overview of Malawi's national budget expenditure in order to draw highlights of the country's general expenditure for the period 2019/20 including tax policy measures that were proposed to incentivise the nutrition sector. Thereafter, an analysis of nutrition sector budget will be presented.

4.5.1.1 Brief Overview of Methodology for Malawi's Budget Analysis

The assignment was largely designed as a desk review of the budget documents prepared and presented by the Ministry of Finance; MGDS III document and all implementation documents for the sectors that constituted part of the analysis. Focus was on key sectors that are mandated to implement nutrition related interventions as guided by the MGDS III document, National Nutrition Multi-Sector Strategic Plan and the Lancet Framework which categorises nutrition interventions as being Specific, Sensitive and within an enabling environment. Further to this, the Nutrition budget analysis examined the spending patterns on nutrition related interventions in the national budget over the past 3 years paying particular focus on outcomes and actions being implemented in line with the MGDS III and the NMSNSP as highlighted in the Programme Based Budget document under relevant Ministries Departments and Agencies (MDAs).

Budget data was sourced mostly from the 2019/20 national budget documents namely Budget Statements, Annual Economic Reports, Financial Statements, Detailed Budget Estimates and Programme Based Budget (PBB) Estimates. These documents contain official information on public resource allocation and projected expenditure for all government ministries, departments and local councils in Malawi. The Financial Statements and Annual Economic Reports provide official actual expenditures and forecasts of expenditure for different sectors based on previous performance respectively. The data was analysed using Excel to produce the required analysis.

4.5.1.2 General Overview of Malawi's 2019/20 Budget

The 2019/2020 budget was estimated at \$2.28 billion, representing a nominal increase of 20% from the 2018/19 budget and was 27.6% of Gross Domestic Product (GDP), slightly above the recommended threshold of 25% national spending as a proportion of the GDP. Recurrent Expenditure was estimated at \$1.61 billion (20.6% of GDP) and up by 14.9% from \$1.48 billion approved in 2018/19. The increase in recurrent expenditure was within expected levels considering that inflation was estimated at around 10 percent. In addition, the nominal increase in the recurrent expenditure was not worrying as its share of total budget represented a slight decrease (0.7%) compared to the 2018/19 financial year.

In the 2019/20 national budget, \$587 million (7% of GDP) was allocated to development expenditure, representing 25.3% of the total budget (barely pro-investment) and up by 24% of the 2018/19 approved budget (\$449.7 million). Even though the allocation to development expenditure was portrayed as to have fairly increased, 70% (\$312.8 million) of the development budget was financed through foreign aid. This implies a lack of Government commitment to significantly fund its own investment agenda. Over-dependency on donor aid also implies the likelihood of projects not moving at the expected speed as donor resources are usually released with several conditionalities. Personal Emoluments (PE) which comprises Salaries and Wages for Civil Servants was estimated at \$595.2 million (up by 11% from \$528.9 million allocated in 2018/19 FY) in view of salary adjustments.

Total revenue and grants for 2019/20 were projected at \$2.15 billion (up by 26.1% from \$1.61 billion approved in 2018/19 financial year (FY), of which \$1.88 billion (up by 26%) were Domestic Revenues at \$201.3 million (down by 24%) and Grants. This was encouraging as the country took a leading role in financing its own budget, indicating less donor dependency. Of the total domestic revenue, \$1.88 billion was tax revenue (nearly 30%) and \$73.8 million (down by 27%) was other revenues or non-tax revenue on account of proposed tax measures. The concern, however, is that the increase in tax revenue implied that other non-tax revenue underperformed e.g. dividends (down by nearly 60%). This creates room for shifting the tax burden to individuals who will pay large sums of their income either directly or indirectly through tax, hence reducing their disposable income which can among other things be used to support nutrition related expenses.

The overall balance in the 2019/20 FY was \$209.4 million (down by 24% of the 2018/19 approved budget deficit outturn of \$275.2 million) and was financed by net external borrowing amounting to \$147.7 million (up by 63%) and domestic borrowing of \$61.7 million (down by 72%). Reduction in domestic borrowing is commendable as it has the potential to induce private investment due to low rates of borrowing.



4.5.1.3 Tax Policy Measures

The Government proposed a number of new tax policy measures on how it will collect tax in the 2019/20 FY. On a positive note, the government included measures that are of benefit to nutrition, namely:

- The introduction of no duty charge for fishing industry equipment will ensure continued availability of fish;
- Introduction of surcharge on some imported foods that have local substitutes which will promote
 locally available foods that are fresh and nutrient dense;
- Increased payee fee tax bracket from \$47 to \$60/month and a minimum of \$1.8 per day which will increase available household disposable income for food budgets.

4.5.1.4 Central Government Fiscal Transfers

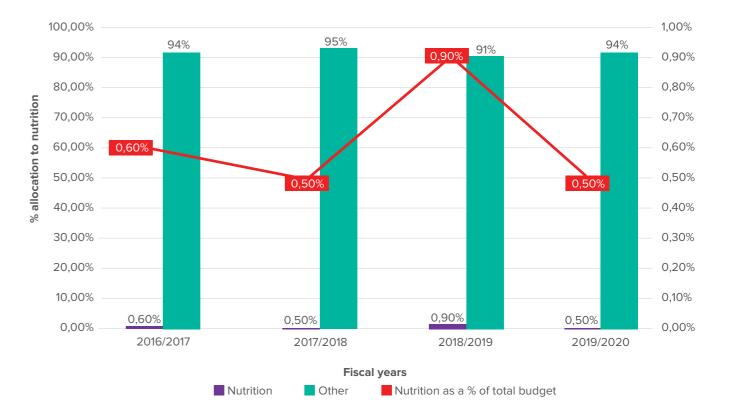
The 2019/20 FY total Central Government fiscal transfer estimates were at \$343.6 million from \$295.3 million, representing an increase of 16% over the 2018/19 FY approved budget estimates. The allocation as a share of total national revenue (excluding grants) slightly decreased from 18% (2018/19) to 16% but was above the recommended 5% of the decentralisation policy. Personal Emoluments (PE) increased from \$232.2 million to \$285.9 million (19% increase) and the Operations Budget (ORT) for total council budget also increased by 10% (from \$39.9 million to \$44.2 million) which translated to an average increase of \$134,228 per district or city council or rather about \$8,725 increase to each sector budget at council level (thus 15 sectors). Though commendable, the allocation was still inadequate to cover the growing demand of various social services.

The Education, Health and Agriculture sectors continue to dominate operations budget at council level with education getting 30% (down by 2%), 27% (down by 2%) and 5% (same as last year) of the total operations budget, respectively. This is commendable considering the volume of nutrition related interventions demanded from the three sectors at grassroots level. The development budget (part II) at Council level was estimated at \$11.4 million down from the approved 2018/19 FY budget of \$21.9 million, representing a 10% decrease which is worrisome considering poor infrastructures in most of the councils. Of the \$11.4 million, \$2.95 million (26%) went towards upgrading of city roads and \$8.46 million (74%) for other rural projects.

4.5.1.5 Nutrition Responsiveness of the 2019/20 Budget

The study looked at the trends of the national budgetary allocation towards nutrition for the last three years (2016/17, 2017/18, 2018/19) and the 2019/20 FY. The analysis focused on key votes (10 out of possible 22) that carried nutrition component in the MGDS III. The findings showed a worrisome trend, which indicates a persistently low nutrition allocation over the years as compared to the prevailing global average (1.7%) of General Government Expenditure on nutrition with proportions currently at: 0.6 %, 0.5%; 0.9%; and 0.5% between 2016/17 to 2019/20 respectively – refer to figure 4 below. This is a negative step taken towards improving the nutrition status of the population. Further to this, though the proportions remained within the recommended 0.04% provision as per the MGDS III costing framework – the study revealed that the 2019/20 FY aggregate nutrition budget, which was pegged at around \$12.1 million was substantially lower (24%) than the recommended \$47.4 million for the 2019/20 budget as per MGDS III costing. The low funding implies a serious 74% nutrition financing gap that calls for further action from other partners.

FIGURE 4: TRENDS IN NATIONAL BUDGETARY ALLOCATION TO NUTRITION

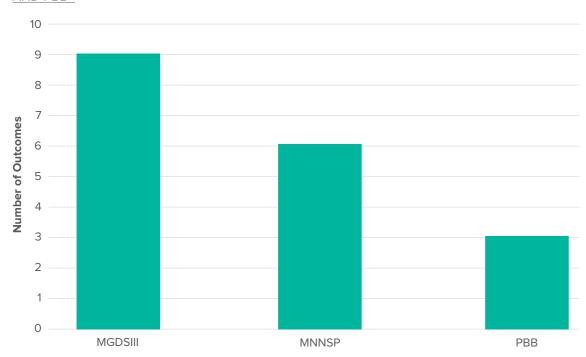


4.5.1.6 Overview of nutrition outcomes in the MGDS III, NMSNSP and PBB

The analysis also reviewed the MGDS III, the NMSP and the 2019/20 FY PBB budget document to establish the alignment of the three documents. It should be pointed out that Malawi uses the PBB budget document whereby budgets are formulated and appropriated by Votes' programmes, which are aligned to Votes' strategic objectives. In other words, it links resources to results. Key to the success of PBB is emphasis on alignment of budget formulation, execution, reporting, monitoring and evaluation by programme; and feedback to inform decisions on effective and efficient resource allocation based on programme objectives and performance. In PBB, each programme has a defining objective, with relevant outcome and output indicators to ensure progress against those objectives is measured. All costs associated with the achievement of those objectives must then be captured in that programme. In this way, PBB seeks to improve the clarity and transparency of resource allocation and performance, making it easier for users of budget documentation (Government Officials, Members of Parliament, Auditors, Taxpayers, etc.) to understand, analyse, critique and put to good use budget information for the development of Malawi. MDAs are requested to ensure that the programme design includes each and every function or activity undertaken within a relevant programme. The Government is in the process of aligning fully the PBB and all other policy and planning frameworks including the MGDS III.

A review of the three documents to establish coherence, complementarity and alignment established that the MGDS III has a total of nine nutrition related outcomes. Out of the nine nutrition outcomes in MGDS III, the NMSNSP showed six corresponding outcomes raising fears on how Government is going to track the remaining three outcomes at national level. On the other hand, the 2019/20 FY PBB responds to only three of the MGDS III outcomes (see figure below) again implying that there is a possibility that Government may not adequately provide financial resources to cover achievement of such indicators.

FIGURE 5: CORRESPONDENCE OF NUTRITION OUTCOMES IN THE MGDS III, NMSNSP AND PBB

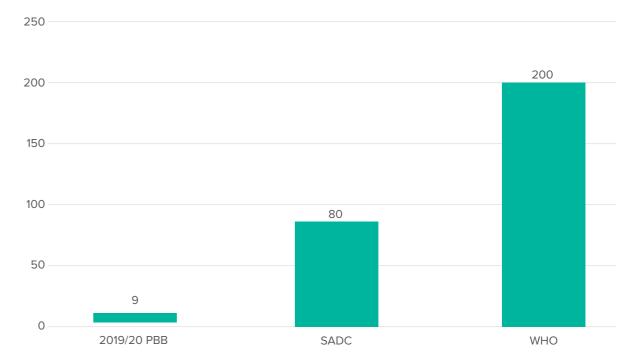


Further analysis also revealed that the 2019/20 FY PBB has 14 Output level indicators that are close to corresponding to only three of the MGDS III Outcome level indicators. The missing Outcome indicators in the PBB imply that the Ministries, Departments and Agencies (MDAs) have very limited yardsticks for tracking and verifying nutrition performance. This goes against the very spirit of the PBB. In addition, analysis on the allocation to MGDS III outcomes against PBB outcomes showed that the provision of financial allocation in the PBB document is not clear on nutrition outcomes. This makes it difficult to implement Nutritional activities in various sectors as regards to MGDS III guidelines. Furthermore, there is no connection between financial allocation to Nutritional outcomes targets hence one cannot measure Nutrition targets as they are not directly visible in the National budget.

4.5.1.7 Adequacy of output indicators in the 2019/20 PBB

An analysis of the adequacy of output indicators in the 2019/20 FY PBB showed that some targets in the PBB are too low to achieve meaningful nutrition outcomes. For example, the PBB intends to increase per Capita Milk Consumption from the current 7 Kilograms (Kgs) per person per year to about 9Kgs/person/year while the SADC region milk consumption is at 80Kgs/person/year and the World Health Organisation (WHO) recommends per capita consumption of 200Kg/person/year – see figure below. Again, the 2019/20 FY PBB targets to have 10 District Nutrition Coordination Committees (DNCC) to be functional in 2019/20 FY which is below the recommended MGDS III target pegged at 34 District Nutrition Coordinating Committees (DNCCs). This means the PBB aims to achieve only one third of the MGDS II target.

FIGURE 6: INTERNATIONAL RECOMMENDED PER CAPITA COW MILK CONSUMPTION VS PBB



4.5.1.8 Overview of key sectors mandated to implement nutrition interventions

According to the MGDS III, MDA have mandates to implement Nutrition specific programmes. A total of seven votes have clearly identified outcomes targeting Nutrition in the MGDS III. These outcomes have corresponding actions to be implemented annually with specific costs attached. However, for most outcomes, targets are not indicated in MGDS III which gives the implementers some room to determine outcome and corresponding output targets. This is a disadvantage, particularly for votes that may not have interest to implement Nutrition based budgets.

The mandated votes are:

- Ministry of Agriculture Irrigation and Water Development
- Ministry of Health and Population
- · Ministry of Gender Children Disability and Social Welfare
- Ministry of Education Science and Technology
- Ministry of Information Civic Education and Communications Technology
- Ministry of Industry Trade and Tourism
- Disaster and Risk Management

The analysis reviewed budgets for the mandated votes to get a perspective of how these votes intend to implement Nutrition specific outcomes. The votes were analysed in terms of adequacy of planned targets and sufficiency of resource provision to the planned targets. Out of the seven institutions, only four institutions allocated some funds to some of the mandated interventions. This implies a serious gap which may inconvenience the achievement of the MGDS III goal for nutrition. Ministry of Agriculture allocated more resources as per the MGDS III requirement compared to other Ministries in question with \$9.93 million of the required \$29.3 million representing 34% share of the required resources — down from 35% allocated in 2018/19. Second was Ministry of Health which allocated 11% of the 2019/20 resources towards MGDS III interventions. Sadly, the Ministry's allocation decreased by 15% from previous fiscal year which is worrisome for a leading Ministry in the fight against malnutrition in the country. On the same note, the Ministry of Education did not allocate any resources to nutrition related interventions that are aligned to the MGDS III despite allocating a whopping 263% to the same in the previous financial year implying that nutrition education including provision of food supplements to the learners were affected in the year under review.

Probably, Government relied on donors/partners who are implementing related interventions across the country, though at a sizeable scale with some partners only covering 20% of total schools per district. On the other hand, it is encouraging to note that some institutions like the Department of Disaster Management Affairs (DoDMA) and Malawi Prison Services (MPS) allocated some resources towards nutrition despite having no mandates as per the MGDS III framework – allocating \$1.3 million and \$273,825 respectively in the year under review. The Vote by vote summary of Nutrition implementation has been presented in Annex 1.

4.5.1.9 Gender Responsiveness of the budget

The study also analysed the gender responsiveness and inclusivity of the 2019/20 FY Nutrition Budget. A detailed analysis of the missions, objectives and strategies for the sectors that were analysed on issues of nutrition showed that much as allocations are made to advance the nutrition agenda, no efforts are made to segregate the same in terms of gender. It was also revealed that there is no clear segregation on inclusivity for such groups as women, children, youth, people living with HIV/AIDS, people with disabilities, and so on. This observation is true for all the outputs outlined by the Sectors in a continued trend of the PBB of the 2017/18 FY, 2018/19 FY and the current 2019/20 FY budget. This observation was raised in a similar engagement in May 2018 and it is worrisome to see that there are no observable positive responses in the current budget. The gender insensitivity and lack of inclusivity in sectors' targets are in contrast to the aspirations of the National Nutrition Policy, the National Gender Policy and the MGDS III, which make provision for gender equality and equity in nutrition interventions.



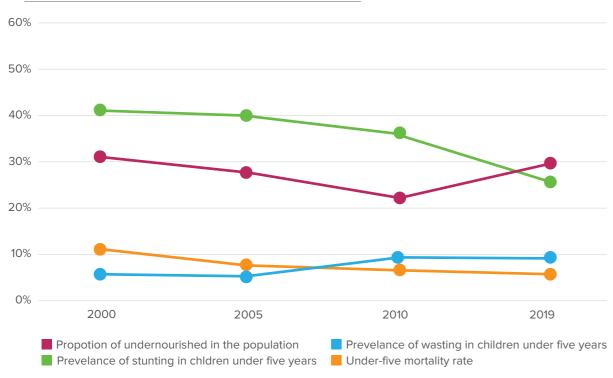
4.5.2 **KENYA**

Kenya is among the six countries in East Africa classified as facing a food crisis which is a major contributing factor to malnutrition in both children and older persons. As of 2019, Kenya was experiencing the triple burden of malnutrition – co-existence of under-nutrition (stunting, wasting or underweight), over-nutrition (overweight/obesity) and micronutrient deficiencies. Out of 7.22 million children under five years, nearly 1.8 million are stunted (26%); 290,000 are wasted (4%); and 794,200 are underweight (11%). Eleven counties have a prevalence of stunting above 30%, a level categorised as 'very high' in public health significance. These counties are Turkana, Marsabit, Mandera, Baringo, Pokot, Wajir, Kitui, Isiolo, Tana River, Kilifi and Kwale. Slightly over a quarter (28%) of adults aged 18-69 years are either overweight or obese, with the prevalence in women at 38.5% and men 17.5% (MTEF, Health Sector Report, 2020). It is encouraging to note, however, that prevalence of wasting, stunting and mortality rate for children under five years is declining in the country with major concern only being on undernourishment which continues to rise - see figure 7 below. Limited access to health, food and nutrition services especially in the Arid and Semi-Arid Lands (ASAL) counties and urban informal settlements are considered as key factors exacerbating the problem of malnutrition (IPC, July 2019).

In the 2019 Global Hunger Index (GHI), Kenya ranked 86 out of 117 food insecure countries with about 2.6 million (same as 2018) people in need of food assistance. The situation may be even worse in 2020 due to desert locusts' invasions, COVID-19 and floods which have left a lot of livestock dead and crops destroyed. The costs of malnutrition in the country are quite huge. For example, the 2019 Kenya's Cost of Hunger in Africa study (COHA, 2019), established that the country lost about Ksh374 billion (6.9% of GDP) in 2014 which is an equivalent to the revenue that was allocated to 47 county programmes in the 2019/20 financial year. The report attributed such social and economic costs to reduced productivity amongst the working age population, increased health care costs and compromised education performance due to retarded cognitive status.

OUT OF 7.22 MILLION CHILDREN UNDER FIVE YEARS, NEARLY 1.8 MILLION ARE STUNTED (26%); 290,000 ARE WASTED (4%); AND 794,200 ARE UNDERWEIGHT (11%).

FIGURE 7: TRENDS IN NUTRITION RELATED INDICATORS



Source: Extracted from 2020 Kenya's Budget Policy Statement Review Report

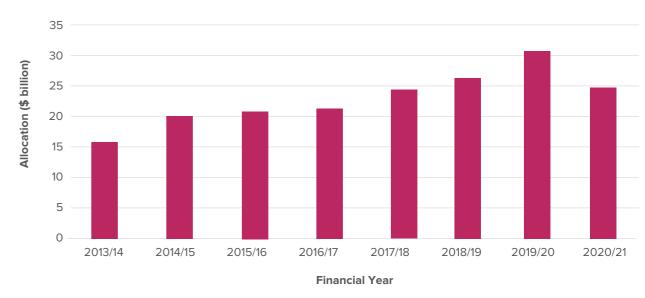
4.5.2.1 Brief Overview of Methodology for Kenya's Budget Analysis

The analysis of the 2020/21 budget was purely a desk review of the 2020/21 Budget Policy Statement (BPS) presented in parliament by the Ministry of Finance and other Government policies, plans and strategies advancing the nutrition agenda. Focus was on key sectors with a mandate in nutrition such as Agriculture Rural and Urban Development (ARUD), and Health and Water Sectors. However, the team also looked at education sector which was clearly highlighted in the BPS.

4.5.2.2 General Overview of Kenya's 2020/21 Budget

The fiscal framework of the 2020/21 budget and the medium term was revised to take into account the adverse impact of the COVID-19 pandemic on revenue performance. In this regard, Kenya's 2020/21 budget is estimated at \$25.8 billion (24.7% of GDP) and has for the first time in 8 years declined (by nearly \$7 million) from \$32.7 billion allocated in 2019/20 financial year – see figure 8 below. The 2020/21 budget targets revenue collection (including Appropriations-in-Aid) of \$17.5 billion, equivalent to 16.8% of GDP. Of this, ordinary revenues are projected at \$15.1 billion (14.5% of GDP). In terms of expenditure, about \$16.7 billion will be spent on recurrent transactions; \$5.4 billion on development/projects and \$3.5 million on county allocation.

FIGURE 8: KENYAN GOVERNMENT SPENDING OVER THE LAST 8 YEARS (\$ BILLION)



The fiscal deficit (including grants) is projected to decline to \$7.78 billion (7.5% of GDP) in 2020/21 from \$8.34 billion (8.3% of GDP) in the financial year 2019/20. The deficit will be financed through net external financing of \$3.21 billion (3.1% of GDP), net domestic financing of \$4.57 billion (4.4% of GDP) and other net domestic repayments of \$5.8 million.

In terms of spending on the big four agenda projects which covers expenditures for food security, manufacturing (mainly focusing on job creation), affordable universal health care, and affordable housing – the study established that there was a massive drop of budget allocations i.e. from \$3.98 billion and \$4.46 billion allocated in 2018/19 and 2019/20 respectively to \$1.2 billion allocated in the 2020/21 financial year.

4.5.2.3 Tax Policy Measures

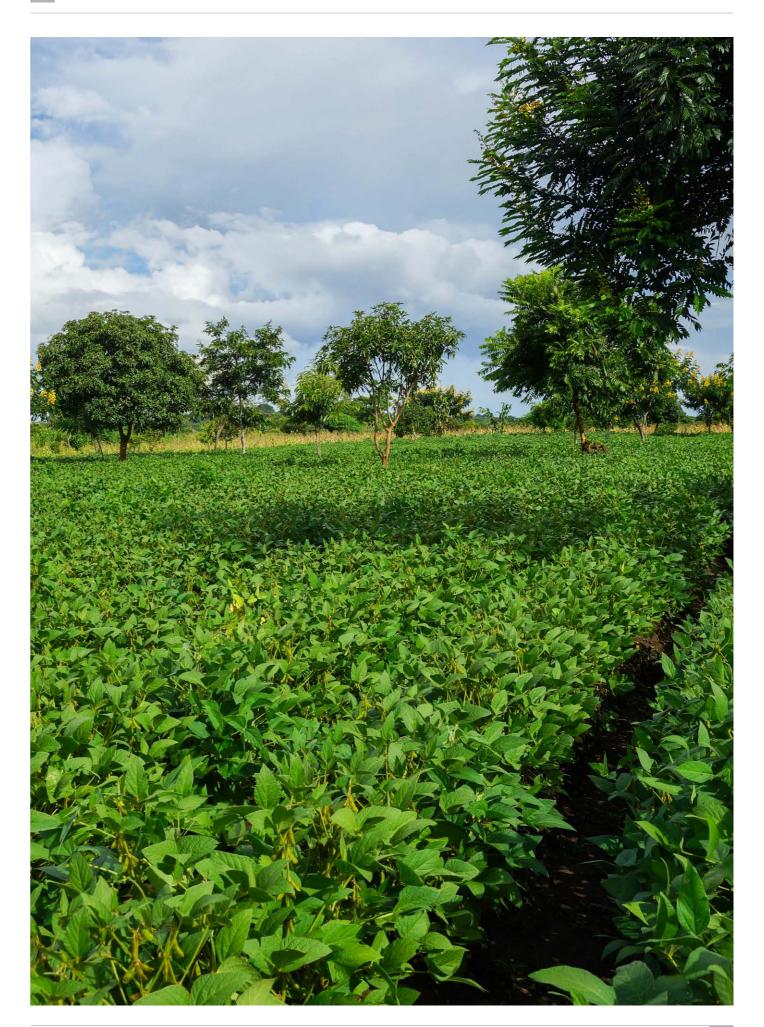
The Kenyan Government having noticed the devastating effects of COVID-19, locusts' invasions and floods which have disrupted the food system – has proposed a number of fiscal and monetary measures to cushion the population against imminent hunger. The measures include:

- 100% PAYE tax relief for persons earning a gross monthly salary of up to \$222;
- Reduction of the income tax rate (pay-as-you-earn) from 30% to 25%;
- Reduction of resident income tax (corporation tax) from 30% to 25%;
- Reduction of the turnover tax rate from the current 3% to 1% for all micro, small and medium enterprises (MSMEs); and
- Appropriation of an additional \$92.6 million to the elderly, orphans and other vulnerable
- members of the society through cash-transfers to cushion the public from loss of livelihoods and price increases.

TABLE 11: NUTRITION RELATED KEY OUTPUT INDICATORS IN CIDP

KEY OUTPUT (KO)	CIDPII 2018-22			
KET OUTFUT (KO)	BASELINE 2017	TARGET 2022		
#students receiving capitation	34,120	38,380		
#of functional community health units	32	52		
#Performance-based incentives received	0	250		
Reduce underweight, under-5	12%	7%		
Reduce under 5 mortality rate per 1,000 live births	43	35		
% of population screened for non-communicable disease	2%	25%		
Children under-5 years who are stunted	32%	20%		
% Vitamin A supplemented children	-	45%		
% Households supplemented Powers (MNPs)	-	9000(%)		
% of exclusive breastfeeding of children	30%	40%		
% Iron Folic Acid (IFA) supplemented	27.30%	50%		
# Functional community units established	32	52		
# Performance-based incentives received	0	250		
# Referrals from community units strengthened	230	800		
Healthy behaviors and practices promoted	87.4	80		
Skilled deliveries	52.4	67		
Antenatal care (ANC) visits improved	25	40		
Reduce food insecurity	20% (300HH)	15% (1000HH)		
# Farmers producing and consuming bio-fortified food crops	100	5,000		

Source: Extracted from Kenya's CIDP, 2018-2022



4.5.2.4 Inter-Sectoral Budgetary Allocation

An inter-sector analysis of the 2020/21 budget revealed that the Kenyan Government has ranked education as the most prioritised sector with a provision of \$4.61 billion, representing 18% of the total national budget. Transport ranks second with an allocation of \$1.59 billion – representing 6% of the budget with security which includes all security agencies such as the army, prisons and national police force coming third with a budgetary provision of \$1.56 billion (6% of the budget). Health, which is at the core of driving nutrition agenda was allocated \$1.04 billion making it the fourth prioritised sector with a share of about 4%. The remaining sectors included: Water – \$814.8 million (3%); Agriculture – \$490.7 million (2%); Manufacturing – \$166.7 million (0.6%); Housing – \$1.4 million (0.6%); ICT – \$1.29 million (0.5%); among others. Some resources were allocated to various Government agencies such as County government (\$3.4 billion – 14%), Judiciary (\$346.3 million – 1%) and (\$166.7 million – 0.6%). The situation generally implies that some sectors that are key to championing food security and nutrition are neglected at the expense of others e.g. security which over the years has seen over 45% growth in government expenditure. Government must consider reallocating some of the resources from such sectors towards sectors such as agriculture and health.

4.5.2.3 Nutrition Responsiveness of the Budget

a. Agriculture Sector

As already alluded to, agriculture in Kenya falls outside top-most (top 5) priority sectors for the country despite being key in driving the country's economy and also attaining food security – about 80% of the farmers rely on smallholder farming for their livelihood and 40% of the population are directly or indirectly employed in the sector. Sadly, the sector produces less than what is required to feed the entire population thereby relying on other countries to supplement its production capacity. For example, in 2019 alone, the country imported about 2 million tonnes of wheat (unmilled); 1 million tonnes of animal and vegetable products; 600,000 tonnes of rice; 230,000 tonnes of maize; among others (Economic Survey, 2019). The situation is attributed to lack of strategic investment by the national and county government to support farmers especially small-scale producers and women. The sector is also disregarded by policy-makers as being a contributor to the attainment of the "Big Four Agenda".

The ARUD sector in Kenya is made up of five sub-sectors namely: Ministry of Lands and Physical Planning (MoLPP), State Department for Livestock (SDL), State Department for Crop Development and Agricultural Research (SDCDAR), State Department for Fisheries, Aquaculture and the Blue Economy (SDFA&BE), and National Land Commission (NLC) and is mandated to drive food and nutrition security agenda through increased food production. These sub-sectors implement five key programmes of crops development, livestock, fisheries and development of blue economy, irrigation and agricultural research. The agriculture programmes are also implemented at County level. In the year under review, the sector was allocated \$445 million down from \$511.6 million allocated in 2019/20 financial year representing only 1.8% allocation to food and nutrition security against the total voted budget. It is sad to note that the trend has been unimpressive for the past 8 years with the sector getting less than 4% of the Total Voted Budget (TVB) since 2013/14. The situation is the same for county budgets where between 2013/14 and 2018/19 - less than 4% was allocated to food and nutrition security (FNS) except for the 2014/15 financial year when it received 5.2% – refer to table 12 below. The allocation is far below the Comprehensive Africa Agriculture Development Programme (CAADP) target which calls for a 10% allocation of national budgets to agriculture in order to achieve a 6% annual agriculture growth. Further to this, the allocation may affect attainment of 10% stunting and 5% underweight for under-five children by 2025 set out in the CAADP framework.

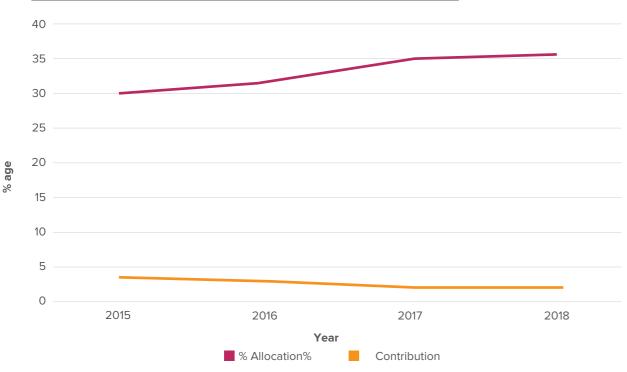
TABLE 12: TREND OF RESOURCE ALLOCATION FOR FNS PROGRAMME AT BOTH NATIONAL AND COUNTY LEVEL (\$ MILLION)

PROGRAMME	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Crops Development	133.5	101.2	109.0	174.5	171.8	176.1	283.0	257.7
Livestock	48.1	46.8	49.7	95.5	113.4	63.3	69.2	59.9
Fisheries	13.5	13.7	32.2	45.5	37.8	21.5	66.0	60.1
Irrigation	154.4	180.6	216.9	140.9	156.4	71.5	75.4	76.1
Agriculture Research	50.6	53.6	54.3	0	0	63.7	283.0	257.7
ARUD	604.0	682.4	598.8	408.7	422.0	428.1	511.6	445.3
Total Voted Budget	17,520	21,234	22,253	22,694	25,506	28,590	32,238	25,218
FNS expenditure (% of TVB)	3.4%	3.2%	2.7%	1.8%	1.7%	1.5%	1.6%	1.8%
County Government Allocation to Agriculture								
Agriculture	32.9	164.5	121.4	128.9	116.7	143.1	-	-
Total County allocation	1,844.5	3,143.8	3,445.7	3,483.6	3,330.7	3,937	-	370,000
% Allocation to FNS	1.8%	5.2%	3.6%	3.6%	3.5%	3.6%	-	-

Source: 2020/21 BPS Review Report

Further review of Government spending in the sector reveals that the share of spending on FNS has been declining while the contribution of agriculture to the nation's economic development has been increasing. This is a fundamental mismatch of resources to the sector in Kenya's economy that is responsible for producing food, and to contributing to nutrition. Over the past 5 years for example, there has been an increasing contribution of the ARUD sector to the growth of GDP but a declining financial commitment to the sector – see figure 9 below. The sector accounts for 35% of Kenya's GDP, employs over 40% of its population and has generated 80% of its merchandise exports since the year 2013 (Economic Survey, 2020). However, the public allocation of finance to the sector continues to decline with the budget allocated averaging below 5% of the total budget as demonstrated. This can be termed as under-investment in food security over consecutive years. This, consequently, has led to an inadequate public sector response to food and nutrition security. The poor investment is also in disregard of the importance of the sector to the leading role of contributing to the growth of GDP (BPS Review, 2020).

FIGURE 9: CONTRIBUTION OF ARUD TO GDP VS BUDGET ALLOCATION



Source: 2020 BPS Review Report

b. Health and Water and Sanitation Sector

The health sector in Kenya provides affordable and quality health care to all citizens and reduces mortality rates and disease incidences. In terms of nutrition, the sector focuses on interventions that are aimed at addressing malnutrition especially among under-five children such as the provision of food supplements and treatment of frequent infections, acute malnutrition and other illnesses such as diarrhoea. Worth mentioning is that some nutrition programmes are integrated with WASH thereby helping in addressing some nutrition indicators.

As regards financing, some of the programmes that are financed under the health sector aimed at addressing food and nutrition needs, include: provision of Vitamin A supplements (VAS), Breast Milk substitute, prevention and health promotion. In the year under review, the health sector was allocated \$1.04 billion (4% of TVB) making it the fourth most prioritised sector. Of this amount, \$463 million (45%) was for enhancing the universal health coverage; \$175.9 million for dealing with Malaria, HIV and Tuberculosis; and \$57.4 million for purchase of specialised equipment for public hospitals. A further \$38 million has been provided to enable women access free maternity services with the remaining amount allocated to Kenyatta National Hospital (\$138.9 million); Kenya Medical Training Centres (\$66.7 million); Kenya Medical Research Centres (\$23.1 million); among others. A review of the Ministry of Health's budget shows that the allocation to the Ministry increased from \$379.6 million for recurrent expenditure and \$152.8 million for development in the 2015/16 financial year, to \$538 million for recurrent and \$320.4 million for development in the 2019/20 financial year. However, the allocation for 2020/21 financial year is less than the sector requirement by \$398.1 million in recurrent and \$490.7 million in development - see table below. The significant reduction on the allocation in relation to the requirement before attainment of universal health coverage is highly unlikely to guarantee a healthy society as envisioned in the Big Four Agenda.

TABLE 13: ALLOCATION OF RESOURCES TO HEALTH AND WATER AND SANITATION SECTORS IN KENYA (\$ MILLION)

ECONOMIC CLASSIFICATION	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21 REQUIRED	2020/21 ALLOCATED	2020/21 FINANCING GAP
Recurrent Actual Expenditu	ıre (Health S	ector)						
Gross	446.4	469.4	508.5	473.3	575.1		581.0	41%
AIA	174.2	165.0	174.1	94.3	148.2		141.1	11%
Net	272.2	304.5	303.3	327.9	426.9		439.8	45%
Recurrent Actual Expenditu	ıre (Water ar	d Sanitation	1)					
Gross	40.6	36.9	32.4	40.2	64.5		58.3	33%
AIA	17.2	13.8	5.0	5.5	18.9		20.5	0%
Net	23.4	23.1	27.3	34.7	45.6		37.7	44%
Development Actual Expen	diture (Heal	th Sector)						
Gross	179.3	266.7	206.3	250.3	343.0		464.6	51%
GoK (Government of Kenya)	118.3	171.2	129.9	150.7	197.9		323.4	61%
Loans	30.7	38.0	35.2	30.5	68.1		63.7	0%
Grants	30.4	57.6	41.2	69.1	76.9	77.5	77.5	0%
Development Actual Expen	Development Actual Expenditure (Water and Sanitation Sector)							
Gross	317.6	363.2	292.8	473.5	648		601.6	34%
GoK	101.1	138.5	81.2	125.9	264.1		242.4	31%
Loans	190.3	214.5	195.8	322.0	344.0		321.7	38%
Grants	26.3	10.1	15.8	25.7	40.1	41.4	37.5	10%

Source: 2020/21 BPS Review Report

On the other hand, the Water and Sanitation sub-sector provides programmes such as water resource conservation, water storage, flood control and implementation of water infrastructure. These programmes enable crop production and good livestock body condition, and are essential for good nutrition, the prevention of infectious disease and hygienic food preparation standards. The Water and Sanitation sub-sector received allocation increases for both recurrent and development expenditures from \$34.3 million and \$270.4 million in the FY2015/16, to \$60.2 million and \$601.9 million for recurrent and development respectively in the FY2019/20. Expenditure on development in the water sector is notably higher than that of recurrent expenditure. The FY2020/21 allocation is below the sub-sector requirements by \$338 million and lower than the FY2019/20 by \$6.5 million. Efficiency in the absorption of this allocation as well as strategic choice of projects to implement, will determine the sector's success in contributing to the country's food security status.

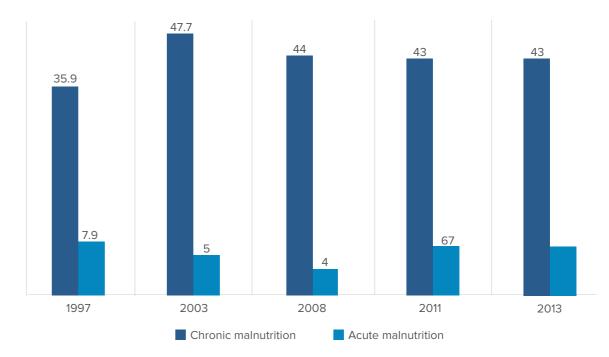
4.5.3 MOZAMBIQUE

Malnutrition in Mozambique, just as in many other African countries remains one of the major challenges the Government is grappling with.

According to data from Mozambique's Technical Secretariat for Food and Nutritional Security (SETSAN 2013), about 43% of children aged 6-59 months suffer from low height for age, an indicator of chronic malnutrition, and 7.0% low weight for height, indicator used to measure acute malnutrition – see figure 10 below. National statistics on chronic and acute malnutrition show that there has been no significant progress over the past 22 years, with an average of 42.8% and 5.7%, respectively. The highest percentage of children suffering from chronic malnutrition in Mozambique is concentrated in the central and northern areas of the country, where the percentages vary from 41% to 52%, in contrast to the southern area where the prevalence of malnutrition levels ranges from 26% to 39%. Comparing the prevalence of malnutrition between rural and urban areas, there is a higher incidence in rural areas (45% vs 39%), given the inadequate and reduced availability of health services, sanitation and lack of access to drinking water sources (SETSAN, 2013).

ACCORDING TO DATA FROM MOZAMBIQUE'S TECHNICAL SECRETARIAT FOR FOOD AND NUTRITIONAL SECURITY (SETSAN 2013), ABOUT 43% OF CHILDREN AGED 6-59 MONTHS SUFFER FROM LOW HEIGHT FOR AGE, AN INDICATOR OF CHRONIC MALNUTRITION, AND 7.0% LOW WEIGHT FOR HEIGHT.

FIGURE 10: TRENDS IN MALNUTRITION RELATED INDICATORS IN MOZAMBIQUE SINCE 2013



Inequality between regions is strongly related to the distribution of resources, particularly for public resources. In Mozambique, urban areas, as is the case in most ESA countries, are more privileged than rural areas, given investments in social and economic infrastructure. An important factor is that according to the 2017 Population Census, 66.6% of the Mozambican population is in rural areas, while investments in economic and social infrastructures are always more concentrated in urban areas, so it will be difficult to change malnutrition reality in the country. Regarding Acute Malnutrition, as with Chronic Malnutrition, the highest prevalence is found in the central and northern areas of the country, ranging from 6% in Manica and Niassa to 12% in Nampula. In the south, the percentage varied between 3% in Maputo Cidade and 4% in Maputo.

The discrepancy between malnutrition rates in the center and north of the country compared to the south, can be justified by the multiplicity of factors, for example, although the data suggests the existence of greater production in the north, the quality of the diet and/or hygiene and sanitation conditions, limited access to safe water, high rates of early pregnancies and premature marriages (forced marriages), care for pregnant women and children, among other factors, contributes negatively to the high rates. In contrast, in the southern zone, the nutritional situation of children and women is relatively good, but infant feeding recommended practices are not adequate, which may be related to urban living conditions, among other factors.

Chronic malnutrition increases the mortality rate in early childhood and affects the physical and cognitive development of these children. The results of the study on the "Cost of Hunger" (SETSAN, 2017) indicate that with the current malnutrition rates in Mozambique, about one third (26%) of mortality registered in children under five is associated with malnutrition, close to a fifth (19%) of school failures are associated with chronic malnutrition (delay in school education of 4.7 years); two-thirds of the adult population (60%) suffered from chronic malnutrition as a child, and that the annual loss associated with malnutrition is equivalent to 11% of the Gross Domestic Product (GDP), that is, about \$1.03 billion. A comparative analysis of malnutrition rates worldwide shows that Mozambique has one of the highest rates of malnutrition. This finding is possible to verify in the 2016 World Report on Nutrition that made an analysis of 136 countries, placing Mozambique in position 123 in the classification of the prevalence in the delay of growth.

The data from the same report also shows that at the SADC region level the average of chronic malnutrition is 33%, with Mozambique (43%) having the highest rate followed by the Democratic Republic of Congo and Malawi, with 42.6% and 42.4%, respectively. The country still has high ratios for acute malnutrition and anaemia in women of reproductive age, both being among the top 3 in the region with 7.9% and 44.2%, respectively (see Annex 2).

In the context of combating malnutrition in Mozambique, several policies have been taken by the Government over the years to improve its efficiency and effectiveness, which are described in Annex 3, since the approval of the first Food and Nutrition Security Strategy (ESAN I) in 1998, until the present instrument, the Multisectoral Action Plan for the Reduction of Chronic Malnutrition, object of the analysis carried out in the present study.

4.5.3.1 Nutrition Policy Landscape

Evolution of nutrition related policies in Mozambique dates back to 1998 when the first Food and Nutrition Security Strategy (ESAN I) was approved through an internal resolution, the aim of which was to halve hunger by 2015. However, the worsening of chronic malnutrition and the need to adapt to the new national, regional and international context forced the Government to review ESAN I. In this regard, ESAN II was developed and took into account various issues pertaining to nutrition. Most importantly, ESAN II made Human Right to Adequate Food (DHAA) a fundamental right, reinforced the institutional and political coordination mechanism of Food and Nutritional Security (SAN) through Technical Secretariat for Food and Nutritional Security (SETSAN). Within the same period, the Food and Nutrition Security Action Plan (PASAN) was created and emerged as a strategic instrument of ESAN II to materialise multi-sectoral actions of SAN.

In 2010, the Multi-Sectoral Plan for the Reduction of Chronic Malnutrition (PAMRDC) was approved by the Council of Ministers. The plan aims at reducing chronic malnutrition in under-five children from 44% in 2008 to 30% in 2015 and 20% in 2020. These targets were found too ambitious/not realistic, therefore reviewed in the last five-years Government Plan 2015-2019 Plano Quinqenal do Governo (PQG), where the Government pledged to reduce stunting to 35% by 2019. Nevertheless, the last data in stunting is from 2013, meaning that there is not updated information to assess whether the targets were met. This lack of data might have unfortunately caused the omission of a specific goal for reducing stunting in the current PQG (2020-2024).

The Government of Mozambique is currently developing ESAN III whose common commitment is to achieve Food and Nutrition Security in Mozambique for the period spanning 2020-2030. ESAN III will aim to continue the efforts of the Government to eradicate hunger and promote SAN, based on the experience and lessons learned from the implementation of the previous ESAN I (1998) and ESAN II (2008). The document is the main planning tool for Mozambique and with a 5-year time horizon, this instrument is aligned to Agenda 2025, Sustainable Development Goals (SDGs), New Partnership for Africa Development (NEPAD) and other instruments. The document generally points to the development of human and social capital as its second priority, with the strategic objective ii: "expanding access and improving the quality of health services, reducing maternal mortality, morbidity and mortality from chronic malnutrition, malaria, tuberculosis, HIV, noncommunicable diseases and preventable diseases". Moreover, SETSAN is also developing the first National Policy for Food Security and Nutrition.

It is important to highlight that Mozambique has taken a huge step in 2018, creating a highest-level decision-making forum for nutrition, the National Council for Food Security and Nutrition (CONSAN), led by the Prime Minister with participation of line ministers, SUN CSN, academia and private sectors. In 2020, in the inaugural discourse of the elected president of the Republic, he committed to allocate at least 10% of national budget to agriculture sector with the objectives to reach Zero hunger, contribute to food security and to reducing stunting.



4.5.3.2 Brief Overview of Methodology for Mozambique's Budget Analysis

A study commissioned by SUN CSN in Mozambique with EU funds, adopted a mixed methods approach which included normative views and perceptions. Primary and secondary data was collected from key informants and various sources of state documents. The primary sources of data include interviews with key informants in the nutrition sector including focal points of the PAMRDC technical group, signatory and non-signatory sectors of the PAMRDC. On the other hand, secondary data was collected from reports on budgetary and financial execution of the implementing sectors; State Financial Administration System (e-SIS-TAFE) and general state accounts spanning the period from 2010 to 2018. These documents constitute the most comprehensive sources of data executed "on budget, on and off-cut". These sources cover the operating component, internal and external investments, including donor funds. The budget data was analysed quantitatively.

4.5.3.3 Nutrition financing in Mozambique

Financing of malnutrition programmes through the state budget in Mozambique is based on a multi-sectoral and integrated approach where priorities, support pillars and cross-cutting themes are integrated at the level of five governance priorities and the three support pillars. For PAMRDC, the signatory sectors plan their actions in the programme called "PG21 Seguranca alimentar e nutritional" under the CFMP Elaboration Methodology (2015-2017), where all actions to combat malnutrition regardless of the sector are codified at budget level in the same priority, programme and sub-programme. For example, the overall budget of PAMRDC is equal to the sum of all budgets programmed in the different signatory sectors. The approach has proven to be advantageous in that it allows several sectors implementing PAMRDC to schedule actions that contribute to the fight against malnutrition and at the level of e-SISTAFE (Sistema de Administracao Financeria do Estado) to be easily identified and systematised, even though the resources are dispersed. As regards donor financing, currently most cooperation partners have opted for the "off-budget offcut" modality where resources are channeled directly to the sectors implementing various nutrition sensitive or specific interventions with an execution model defined between the partner and the sector. However, this modality has posed difficulties in monitoring the progress of efforts to combat malnutrition and in assessing the quality of the resources allocated to PAMRDC.



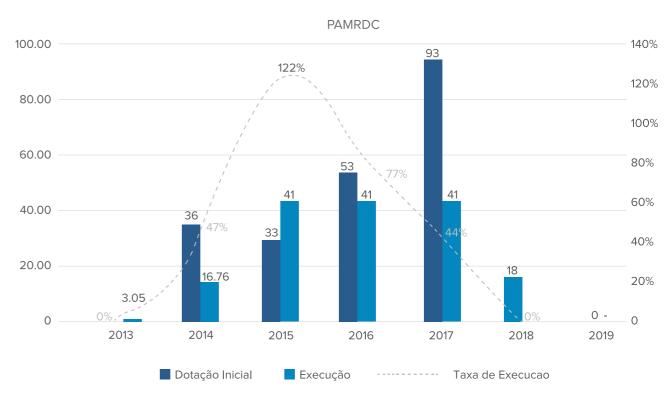
HUNGER IS ACTUALLY THE WORST WEAPON OF MASS DESTRUCTION. IT CLAIMS MILLIONS OF VICTIMS EACH YEAR.

LUIZ INACIO LULA DA SILVA, PRESIDENT OF BRAZIL



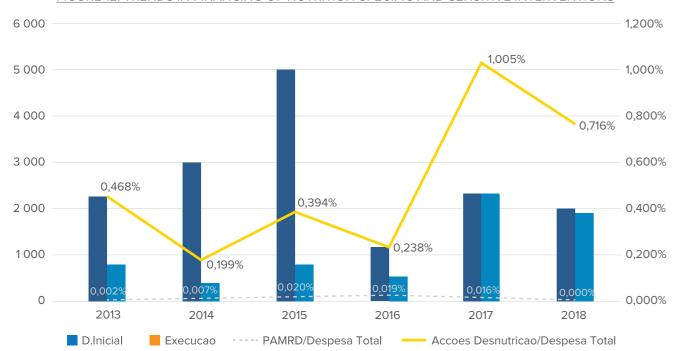
Based on the understanding above, the study established that resources programmed and executed ("on budget, on and off-cut") within the scope of the PAMRDC actions for the period 2013 to 2019 shows that between 2013 and 2017 there was an increase in the level of resources destined to fight chronic malnutrition with an upsurge recorded in 2015 largely on account of on-set of the Government's five-year programme (2015-2019). However, for the period beginning 2017, allocation to nutrition for the execution of the PAMRDC has drastically declined with a zero-execution level registered in 2018 and 2019 despite about \$300,000 and under \$14,084 being programmed in the same years respectively. The decline was on account of withdrawal of direct support to the state budget by the cooperating partners, the restriction of liquidation by the state and the departure of DANIDA (Danish Development) in Mozambique – one of the main donors of PAMRDC interventions. Further, despite the PAMRDC being approved in 2010, its effective execution at the level of state budget only started in 2013.

FIGURE 11: TRENDS IN RESOURCE ALLOCATION TO PAMRDC



On financing of nutrition sensitive and specific interventions, the study established that there was mixed behaviour in the period under review with increasing trends registered in 2017 and 2018 – refer to figure 12 below. The increase was attributed to increased allocations to water supply programmes, the programmes' productive social action as well as those related to the management of natural resources. However, even with these increments, in analytical terms, if resources for nutrition actions are added to those allocated to PAMRDC, the level of budget allocation for combating malnutrition in the country has been only 0.013%, far away from the average of \$10/child/ year recommended by the World Bank, which would correspond to about one percent (1%) of the total state budget. This is against the recommended 3% annual increase in General Government Expenditure (GGE) on nutrition for 3 years in order to accelerate the process of reducing chronic malnutrition.





As regards financing on nutrition actions as set out in the PQG (2015-2019), the study has established that in average terms, the State should invest around 1.1% of the State Budget for nutrition actions. Overall, the Government's efforts to allocate budgets to programmes to fight chronic malnutrition must be reinforced, since they do not reach the average of 1% of the State budget, and are closely associated with the external component that has proved to be very volatile in the last few years which may compromise the achievement of the goals established in the PQG (2015-2019), with little less than a year to finish.

The table below shows the estimate of the optimal level of resources recommended for combating malnutrition in Mozambique. The results presented in the table were estimated based on data from population projections from the National Statistics Institute (2014-2018). Data were collected on the number of children under 5 years old, multiplied by USD10 for each year. An exchange rate of 60MT/USD was assumed for data conversion.

TABLE 14: OPTIMAL LEVEL OF EXPENDITURE FOR NUTRITION ACTIONS

	2014	2015	2016	2017	2018
Number of Children (0-4)	4,325,645	4,411,096	4,488,579	4,557,840	4,622,215
Budget Required (\$)	2,595	2,647	2,693	2,735	2,773
State's budget (\$)	227,049	200,491	220,627	250,514	289,890
Ratio	1.1%	1.3%	1.2%	1.1%	1.0%

Source: 2018 Nutrition budget analysis report

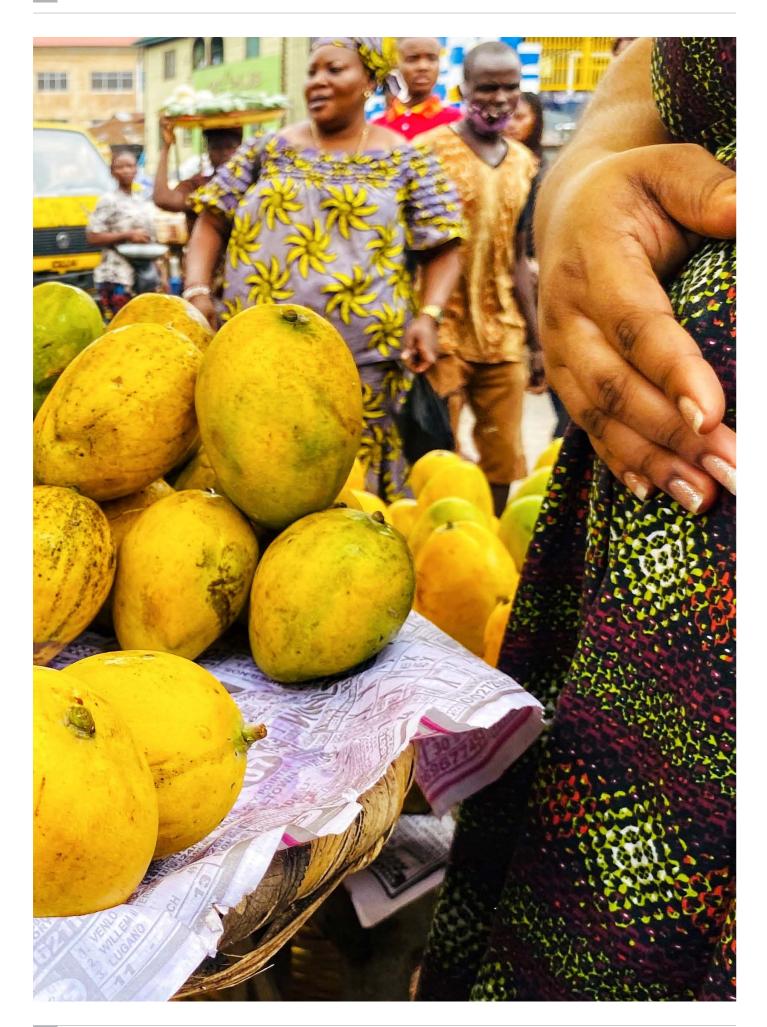
4.5.4 ZIMBABWE

The National Nutrition Survey (2018) estimates that as of 2018 nearly 1 in 324 children under the age of five in Zimbabwe are experiencing episodes of chronic under-nutrition. Further to this, 21% of children between 6 to 59 months suffer from shortage of Vitamin A, 72% do not have adequate iron in their bodies and 32% suffer from anaemia (micronutrient survey). UNICEF also estimates that as of 2020, over 1 million young children in Zimbabwe are not eating well enough to thrive, 93% of children between 6 months and 2 years are not consuming the minimum acceptable diet and cases of Pellagra – a deadly disease linked to micro-nutrient deficiency are also on the increase. In addition, with Zimbabwe battling the double burden of droughts and economic hardships, over 7.7 million people are assumed to be at risk of food insecurity. The 2020 global nutrition report also ranks Zimbabwe as the second country (after Lesotho) in the World with the largest sex gap in childhood and adolescent underweight (gap now at 17.5%: 32.5% for boys and 15% for girls) and overweight (gap now at 15.8%: 6.7% for boys and 22.3% for girls).

4.5.4.1 Nutrition Policy Landscape in Zimbabwe

Government and development partners have made efforts to combat the vice including the various sources of hunger in the country. Key notable interventions include: the development and launch of the National Food and Nutrition Security Policy (FNSP, 2013) whose main goal is to promote and ensure adequate food and nutrition security for all people at all times particularly amongst the most vulnerable groups; development/inclusion of the FNSP into the National Nutrition Strategy (NNS, 2014-2018) — an overarching strategy aimed at ensuring nutritional security for all people in the country through the implementation of interventions within a broad public health framework including health services, water and sanitation; and the launch of a combined "Zero Hunger Strategic Review" in 2015 by the World Food Programme and Government. This review provided an overview of the food and nutrition security in the country and established an understanding of the country's demographic and socioeconomic context. Despite these interventions, however, there has been very little progress or impact as evidenced from the statistics presented above a situation which may be correlated to poor financing of such interventions by other multiplier interventions by Government.

THE NATIONAL NUTRITION SURVEY (2018) ESTIMATES THAT AS OF 2018 NEARLY 1 IN 4 CHILDREN UNDER THE AGE OF FIVE IN ZIMBABWE ARE EXPERIENCING EPISODES OF CHRONIC UNDER-NUTRITION.



4.5.4.2 Brief Overview of Methodology for Zimbabwe's Budget Analysis

The study adopted the 3-step approach in conducting budget analysis proposed by the SUN Movement. The approach consists of 3 steps namely – identification, which involves identifying the relevant budget lines (such as programmes or departments) through a key word search; categorisation of identified lines to assess whether the programmes are nutrition specific or sensitive; and weighting in which a percentage is given to the allocated budget to nutrition based on the categorisation and a judgement call by the budget analysis expert. The analysis mainly focused on four sectors with a mandate in nutrition namely health and childcare; lands, agriculture, water, climate and rural resettlement; public service labour and social welfare; and primary and secondary education.

4.5.4.3 Zimbabwe's National Budget and its responsiveness to Nutrition

The 2020 budget for Zimbabwe was estimated at \$197.5 million thus excluding retentions which were estimated at \$6.5 billion. Revenues were estimated at \$182.0 million implying a budget deficit of around \$15.5 million which is about 1.5% of GDP. Statutory funds were projected at \$8.1 million. According to the 2020 budget statement, the Government has 5 key priority areas to be implemented in the year under review and they include: productivity and growth; jobs creation; competitiveness; promotion of more sustainable and inclusive development; and export diversification and import substitution. Sadly, nutrition was not amongst such top priorities.

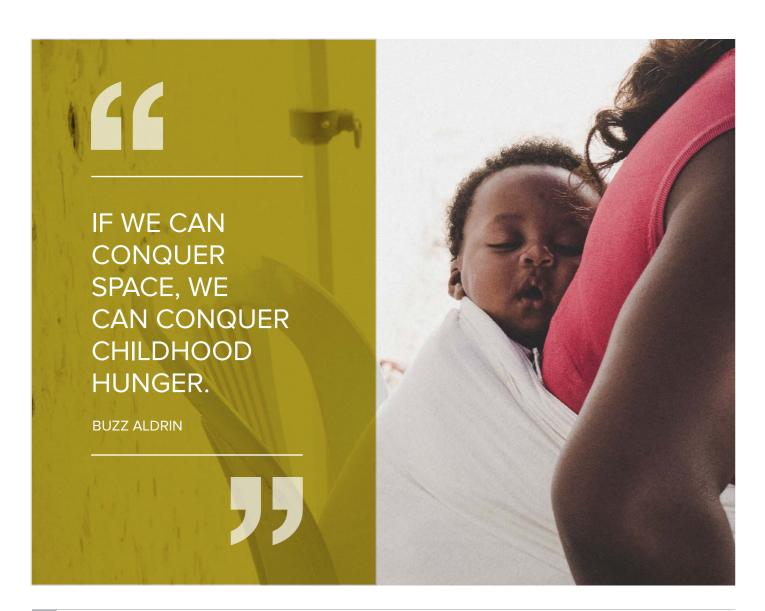
As regards to allocations to Ministries and commissions, the Ministry of Lands, Agriculture, Water, Climate and Rural Resettlement which chairs the National Food and Nutrition Security Committee and is responsible for the production of safe and nutritious foods in the country was ranked first on overall allocations with an allocation of \$35.1 million representing 18% of the national budget. Ministry of Primary and Secondary Education which supports school feeding, health and hygiene in schools ranked second with an allocation of \$26.4 million (13% of national budget) whilst Ministry of Health and Child Care emerged third getting an allocation of \$20.5 million (10% of national budget – up from 9%). Ministry of Public Service, Labour and Social Welfare which is responsible for social protection programmes was the 9th ranked Ministry and received \$7,435 in 2020. On a global scale, the allocations have a mixed performance against set targets with the allocation to agriculture exceeding the 10% CAADP target; allocation to health falling short of Abuja declaration by 5%; education falling short of UNESCO's target by 2% and social protection registering an insignificant expenditure of 0.26% of its GDP against the social policy for Africa's recommended target of 4.5%.

In terms of nutrition programming and spending, a review of the four highlighted Ministries revealed that generally there has been low spending on nutrition across all mandated sectors with an estimated \$5.3 million going towards the same representing 2.6% of the total 2020 national budget. A total of 39 budget lines (down from 45 in 2019 – due to merging of some sub programmes in 2020 budget) were identified to be contributing towards nutrition in the 2020 budget. Of the 39 lines identified, none were specific to nutrition while all the 39 were sensitive to nutrition interventions – see table 15 below. Agriculture has the largest number (15) of budget lines with a corresponding allocation of \$1.5 million (28% of total contribution to nutrition) seconded by health (11%) which has the lion's share of total contributions to nutrition i.e. \$1.9 million (36%). The least Ministry is education as it has 6 budget lines, however, in terms of financing the Ministry contributed 22% of funding towards nutrition.

TABLE 15: DOMESTIC INVESTMENT IN NUTRITION (\$ MILLION)

CLASSIFICATION	NO. OF IDENTIFIED BUDGET LINES	POTENTIAL ALLOCATION	WEIGHT	ACTUAL ALLOCATION	% SHARE OF TOTAL NUTRITION BUDGET
Nutrition Specific					
	0	0	0	0	0
Nutrition Sensitive					
Agriculture	15	\$6.04	0.1	\$1.5	28%
Education	6	\$11.5	0.1	\$1.2	22%
Health	11	\$19.4	0.1	\$1.9	36%
Social Protec	7	\$7.4	0.1	\$0.7	14%
Total		\$44.34		\$5.3	100%

Source: ZCSOSUNA (Zimbabwe Civil Society Organisations Scaling Up Nutrition Alliance) 2020 Budget Analysis Report



4.5.5 ZAMBIA

Malnutrition in Zambia is a major burden on the country's health care system and contributes to low human capital. Stunting rate for under five children stands at 35% and is characterised by significant provincial disparities, ranging from 29% in Western Province to 45.8% in Northern Province (UNICEF 2019). Further to this, stunting is highest (54%) in children 18-23 months and lowest (14%) in children under 6 months. Children in rural areas (42%) are also more likely to be stunted than those in urban areas (36%). In addition, according to the 2018 Zambia Demographic and Health Survey (ZDHS), 12% of children are underweight, 4% are wasted and 25% are severely wasted. By province, wasting is highest among children in Luapula (13%) and lowest among children in Muchinga, Northern and Southern (4% each) – USAID, 2018.

Zambia is also experiencing a double burden of malnutrition with 23% of women and 6% of children under 5 years suffering from overweight and obesity. Exclusive breastfeeding from 0-5 months has reduced from 73% in 2014 to 70% in 2018; and also dropped to 42% among children 4 to 5 months. Further to this only 12% of children 6 to 23 months receive a minimum acceptable diet (2014 and 2018 ZDHS).

Childbearing in Zambia also begins early. According to USAID, between 2013 and 2014 about 56% (up from 55% recorded in 2007) of adolescent girls had begun childbearing by the age of 19. The situation has serious consequences as adolescent girls are more likely to be malnourished and have a low birth weight baby who is more likely to become malnourished, and be at risk of illness and death than those born to older mothers. The risk of stunting is also 33% higher among first-born children of girls under 18 years (USAID, 2018).

High morbidity, limited access to health services, poverty, poor water and sanitation, food insecurity and high HIV prevalence (now at 13% among adults 15-49 years – 15% being women and 11% being men) are the major determinants of undernutrition especially among children (UNICEF, 2019). Currently, Zambia ranks 134th out of 157 countries in progress towards meeting SDGs. Infant and under-5 mortality rates are 45 and 75 deaths per 1,000 live births, respectively implying that 1 in every 22 Zambian children dies before the age of 1 and one in every 13 children does not survive to his or her fifth birthday.

STUNTING RATE FOR UNDER FIVE CHILDREN STANDS AT 35% AND IS CHARACTERISED BY SIGNIFICANT PROVINCIAL DISPARITIES, RANGING FROM 29% IN WESTERN PROVINCE TO 45.8% IN NORTHERN PROVINCE (UNICEF 2019).

TABLE 16: NUTRITION INDICATORS FOR ZAMBIA

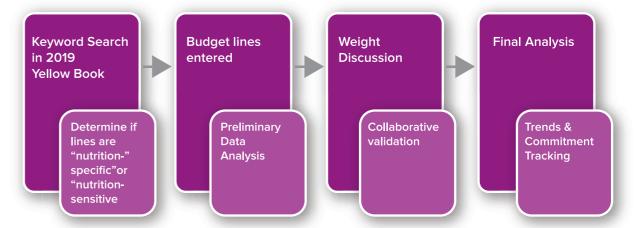
INDICATOR DESCRIPTION	DHS 2013-2014	DHS 2018	
Prevalence of stunting among children under 5 years old (0-59 months)	40%	35%	
Prevalence of underweight among children under 5 years (0-59 months)	15%	12%	
Prevalence of wasting among children under 5 years (0-59 months)	6%	4%	
Prevalence of anaemia among children 6-59 months	Not collected	58%	
Prevalence of anaemia among women of reproductive age (15-49 years)	Not collected	31%	
Prevalence of anaemia among pregnant women	Not collected	42%	
Prevalence of children 0-5 months exclusively breastfed	73%	70%	
Prevalence of children 4-5 months exclusively breastfed	45%	42%	
Prevalence of breastfed children 6-23 months receiving minimum acceptable diet	12%	12%	
Prevalence of overweight/obesity among children under five (0-59 months)	6%	5%	
Population 2018	16.9 million		
Population under 5 years (0-59 months) 2018 3 million			

Source: UNICEF's Nutrition Profile for Zambia

4.5.5.1 Brief Overview of Methodology for Zambia's Budget Analysis

Just as in Zimbabwe, the study adopted the 3-step approach (refer to figure 13 below) in conducting budget analysis proposed by the SUN Movement. The approach consists of 3 steps namely –identification, which involves identifying the relevant budget lines (such as programmes or departments) through a key word search; categorisation of identified lines to assess whether the programmes are nutrition specific or sensitive; and weighting in which a percentage is given to the allocated budget to nutrition based on the categorisation and a judgement call by a budget analysis expert. Thereafter, the data was analysed to depict various descriptive statistics presented in this report. Focus was on all Ministries with a mandate in nutrition. In this regard, a total of 11 Ministries/ Votes were reviewed to assess nutrition responsiveness of their sector budgets.

FIGURE 13: SUMMARY OF METHODOLOGY



4.5.5.2 Overview of Zambia's 2019 National Budget

The 2019 approved budget for Zambia was estimated at \$6.6 billion (29% of projected GDP) up from \$6.1 billion allocated in 2018 which represents a 22% increase in absolute terms. Though the budget is portrayed to have increased, the increase was largely on account of about 60% increase in debt servicing costs with about \$1.1 billion and \$656 million going towards payment of external and internal debt respectively. As regards prioritisation of allocations, majority of the resources (\$2.4 billion – 36%) were allocated to general public service (which covers allocations for debt servicing, revenue authority, and constituency development fund, among others). Economic affairs was the second highest ranked block with an allocation of \$1.6 billion (24%) whilst education came third with an allocation of \$1 billion (15%). Ministry of Health which is at the core of implementing nutrition related interventions got \$615 million – representing 9.3% of the total national budget. Social protection was the least funded sector getting only 2.3% (\$160.3 million) of the national budget. Among other programmes, the sector implements the food security pack programme (which had a target of 80,000 beneficiaries in 2019) and social cash transfer programme which intended to reach out to 70,000 beneficiaries in the year under review. Generally, the 2019 budget was rooted in 5 major pillars under the banner "key integrated multi-sectoral policies and interventions" in which Government focus was to diversify the economy and create jobs; reduce poverty and vulnerability; reduce development inequalities; enhance human development; and create a conducive environment for a diversified and inclusive economy. Nutrition did not appear as a key policy issue worth dealing with.

4.5.5.3 Nutrition Responsiveness of the 2019 National Budget

An analysis of the available data shows that an aggregate amount of about \$7.5 million was allocated to nutrition by Zambian Government in 2019 representing 0.11% (up from 0.09% allocated in 2018) of the total national budget. Despite being the highest allocation in a period of over 7 years, the allocation is far below the ESA CSN's 3% allocation of Government expenditure to nutrition. Further to this, the allocation is among the lowest when compared to other countries in the region. Worse still, the average spending per child remains low with the 2019 allocation at only \$2.5 against the \$23 that Government committed to be spending per child annually. Sadly, the situation has prevailed for over 7 years with allocations in some years going as low as \$1.2 per child. There is need therefore, for the Zambian Government to invest more resources in nutrition in order to implement effective nutrition interventions which if implemented are believed to save 43,951 lives of under-five children and a gain in \$5.2 billion as a result of reduced stunting (2018 budget analysis report).

TABLE 17: TREND IN NUTRITION SPENDING IN ZAMBIA

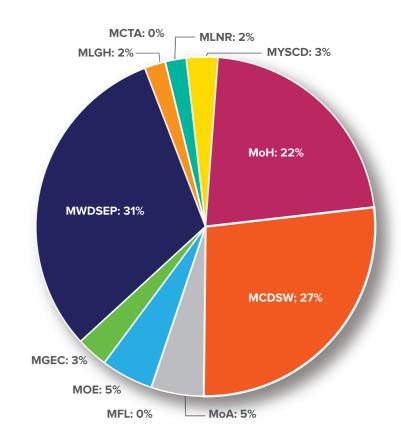
	TOTAL OF NUTRITION SPENDING (\$ MILLION)								
MINISTRY / SECTOR	2013	2014	2015	2016	2017	2018	2019		
Health	1,600.33	1,681.94	1,438.42	1,553.21	1,374.26	1,631.70	1,649.94		
Community Devt & Social Welfare	1,199.62	1,920.68	1,630.70	501.01	974.41	1,373.98	1,984.73		
Agriculture	285.47	1,540.06	1,035.79	424.04	346.18	420.53	355.66		
Fisheries & Livestock	9.18	4.96	8.94	3.35	0.72	10.04	57.79		
Energy	105.49	169.30	-	881.19	-	1,180.08	341.81		
General Education	501.28	503.93	397.20	342.60	223.13	215.32	192.75		
Water Devt, Sanitation & Environment	-	-	-	-	472.40	404.35	2,308.74		
Local Government	-	203.92	-	-	-	1.14	186.05		
Chiefs & Traditional Affairs	14.40	12.23	11.15	7.43	5.00	6.51	0.57		
Land and Natural Resources	-	-	-	-	-	-	180.56		
Youth, Sports & Child Development	2.40	2.04	1.59	-	-	-	205.41		
Total	3,715.78	6,037.01	4,522.20	3,712.83	3,396.05	5,243.65	7,078.04		

National Budget	6,128,756.29	6,962,811.44	6,084,297.36	5,260,972.81	64,510,302.31	6,073,106.90	6,626,556.81
% of nutrition spending	0.06	0.09	0.07	0.07	0.05	0.09	0.11
Number of children under five	2,841,000	2,909,184	2,979,004	3,050,501	3,123,713	3,198,682	2,841,001
Nutrition allocation per child (\$)	1.3	2.1	1.5	1.2	11.0	1.6	2.5

Source: Budget data

As regards sector contributions to nutrition, Water and Sanitation had the largest proportion to total nutrition budget with an allocation of \$2.3 million (up from \$366,412) representing 31% of total allocations – see figure 14 below. Community Development and Social Welfare was second with an allocation of \$2 million (up from \$1.2 million) representing 27% of the total nutrition budget. Resources for the sector/Ministry are used for training FISP farmers in nutrition. Health sector comes third with a proportional share of 22%. Sadly, the Ministry is failing to live by example in the fight against malnutrition despite pledging to improve nutrition through scaling up high-impact nutrition-specific interventions to cover at least 80% of the target population (National Health Sector Plan, 2017-2021). The Ministry of General Education (MGE) which implements the school feeding programme allocated about \$192,307 towards nutrition representing 3% of the sector contribution. The amount also implies that government is spending an average of about \$0.2 per learner on school feeding considering that it intended to reach out to 1,250,000 learners in 2019.

FIGURE 14: ALLOCATION TO NUTRITION BY SECTOR/MINISTRY



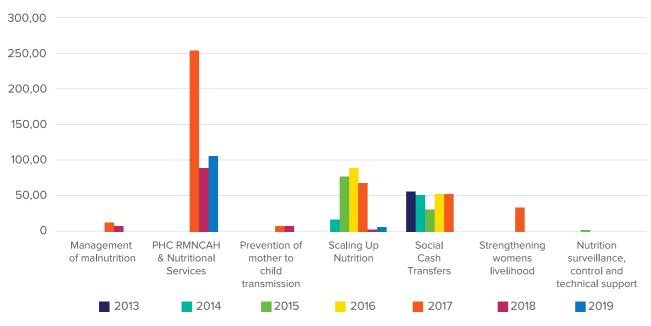
Source: Authors computation using available data

MINISTRY ABBREVIATIONS						
MLGH	Ministry of Local Government and Housing					
МСТА	Ministry of Chiefs and Traditional Affairs					
MLNR	Ministry of Land and Natural Resour					
MYSCD	Ministry of Youth, Sport and Child Development					
МоН	Ministry of Health					
MCDSW	Ministry of Community Development and Social Welfare					
MLF	Ministry of Livestock and Fisheries					
MOE	Ministry of Energy					
MOA	Ministry of Agriculture					
MGEC	Ministry of General Education					
MWDSEP	Ministry of Water Development, Sanitation and Environmental Protection					

4.5.5.4 Donor Financing

Donor financing in the nutrition sector has for the past 7 years surpassed Government contribution with donors contributing about \$76.3 million against \$24.6 million contributed by Government in the period under review – see figure below. In the 2019 financial year, about \$8.5 million (from \$9.2 million allocated in 2018) was donated as on-budget support. However, despite such support – concentration of the resources has been in a few programmes. For example, in 2019 financial year, the resources were meant to cover for implementation of only 2 programmes (down from 4 covered in 2018) namely PHC RMNCAH and Nutritional Services (\$8 million) and Scaling Up Nutrition (\$0.31 million – from \$0.34 million allocated in 2018).

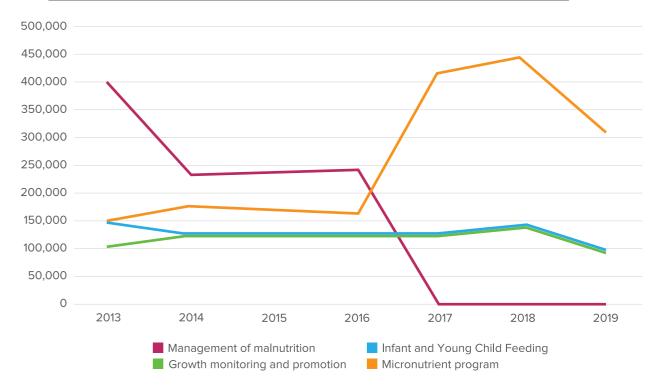
FIGURE 15: DONOR FUNDING FOR SPECIFIC BUDGET LINES



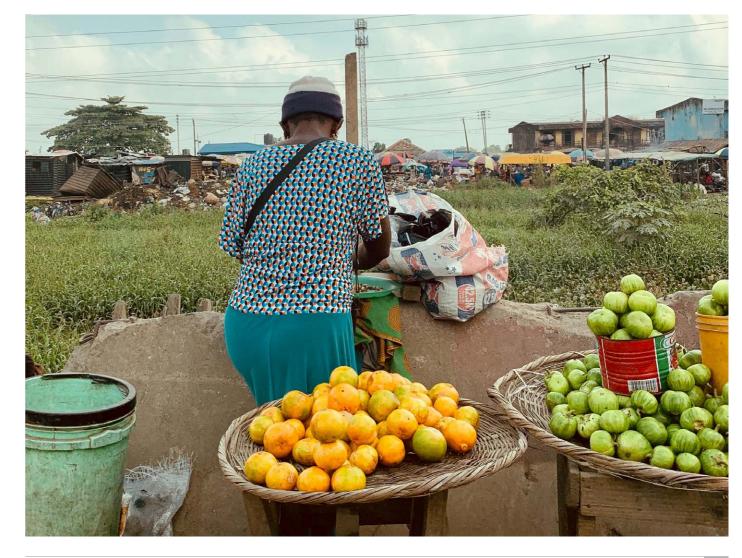
Source: Data from 2019 budget

Much as donors are complementing efforts by Government in addressing nutrition related challenges, but there is need for Government to take a leading role in financing its own nutrition agenda especially in critical under-five related programmes/interventions which as per the analysis seem to be slowly being neglected by Government. In the past 2 years, for example, some of these critical programmes have experienced decline in resource provisions with some getting no resources at all. Such programmes include micronutrient programme (received \$23.3 million in 2019 – down from \$37.5 million allocated in 2018); growth monitoring and promotion (received \$6.7 million – down from \$10.8 million); Infant and Young Feeding Programme (got \$6.9 million – down from \$11.6 million) and Management of Acute Malnutrition (no Government allocation for the past 3 years).

FIGURE 16: GOVERNMENT ALLOCATIONS TO UNDER-FIVE NUTRITION INTERVENTIONS



Source: 2019 budget data



4.5.6 TANZANIA

Tanzania has high levels of malnutrition among children and women. This *; is despite significant improvements in recent years as evidenced from results of the 2018 National Nutrition Survey (2018 TNNS). According to Tanzania Demographic and Health Surveys (TDHS), stunting prevalence among children under five years decreased from 50% in the 1990s to 34% in 2015 (34.8% for Mainland and 23.5% for Zanzibar). During the same period, the prevalence of underweight among children under five years decreased from 25% to 14% (13.6% for Mainland and 13.8% for Zanzibar), and the prevalence of global acute malnutrition among children under five years decreased from 8% to 5% (4.4% for Mainland and 7.1% for Zanzibar). Prevalence of anaemia among children decreased from 72% in 2005 to 59% in 2010, but stagnated at 58% in 2015/16 (57.4% for Mainland and 64.5% for Zanzibar). Prevalence of anaemia among women of reproductive age decreased from 48% in 2005 to 41% in 2010, but increased again to 45% in 2015/16 (TDHS) (44.3% for Mainland and 60.1% for Zanzibar). Additionally, Tanzania is now facing the double burden of malnutrition, with the effects of overnutrition - including overweight obesity and diet related non-communicable diseases – being increasingly visible in Tanzania. For example, according to the TDHS 2015/16, 28% of women of reproductive age are overweight and obese (28.1% for Mainland and 38.9% for Zanzibar); in the highest wealth quintile, 47% are overweight and obese. Generally, rural areas are more affected by undernutrition, while urban areas are more affected by overweight and obesity. The prevalence of stunting among children living in urban areas was 24.7% compared to 37.8% for children living in rural areas.

In 2018, Tanzania conducted its second National Nutrition Survey (NNS, 2018) in order to assess the nutrition status of children aged 0-59 months and of women aged 15-49 years, determine infant and young child feeding (IYCF) practices, and assess coverage of micronutrient interventions. The survey revealed improvements in various nutrition indicators highlighted above. On stunting in children under five years of age, the survey showed a sharp decline of about 2.9% (from 34.7% to 31.8%) based on the 2014 data when the first TNNS was conducted. The reduction in the target to 31.8% meant that the country was on track to achieving the aspiration set in the National Multi-Sectoral Nutrition Action Plan (NMNAP, 2016-2021) which among other targets aims to reduce the percentage of stunted children in Tanzania to 32% in 2018-19 and to 32% by 2021. Despite this progress, however, the survey estimates that more than 2.7 million children under five years of age are stunted in 2019.

ACCORDING TO TANZANIA DEMOGRAPHIC AND HEALTH SURVEYS (TDHS), STUNTING PREVALENCE AMONG CHILDREN **UNDER FIVE YEARS DECREASED** FROM 50% IN THE 1990S TO 34% IN 2015 (34.8% FOR MAINLAND AND 23.5% FOR ZANZIBAR).

The survey further revealed that prevalence of global acute malnutrition among children under five years decreased from 3.8% in 2014 to 3.5% in 2018. In 2019, it is estimated that approximately 420,000 children under five years will suffer from acute malnutrition. Among them approximately 85,000 will suffer from severe acute malnutrition with high risk of dying if they do not receive appropriate treatment. On coverage of vitamin A supplementation and deworming, the survey established that it was below 90% in all regions of Tanzania, and below 50% in Tanga, Rukwa, Shinyanga, Tabora, Kigoma, Manyara and Katavi. Regarding the breastfeeding practices some improvements were noticed as compared to the 2014 survey results (timely initiation of breastfeeding and exclusive breastfeeding under 6 months).

The survey also showed a significant improvement of the minimum dietary diversity and the minimum acceptable diet. The mid-term target from the NMNAP regarding the minimum acceptable diet was also met with a prevalence of 30% against a target of 25%. An important improvement was noticed regarding the proportion of pregnant women taking iron-folic acid supplements which has increased over time from 3.5% in TDHS 2010 to 28.5% in 2018. Also, the prevalence of anaemia among nonpregnant women significantly decreased from 44.8% in 2015-16 to 28.8% in 2018. On emerging forms of malnutrition such as overweight and obesity, the survey showed that about 31.7% of women 15-49 years were found to be overweight and 11.5% were obese with prevalence of overweight in Zanzibar exceeding 40%. Finally, on WASH related interventions, it was established that use of soap was 69.4% at national level and only 2.7% of the interviewed households members reported having used soap for handwashing at least at two critical times during past 24 hours (including "after defecating"). Fifty five percent of households in Tanzania used unimproved toilet facilities or had no toilet facilities at all, which increases the risk of disease transmission (55.9% in Mainland and 26.9% in Zanzibar).

4.5.6.1 Nutrition Policy Landscape in Tanzania

Implementation of national nutrition interventions in Tanzania is guided by a multi-sectoral Food and Nutrition Policy (TNFP 2016) which is also implemented through the National Multi-Sectoral Nutrition Action Plan (NMNAP) and complemented by efforts in the National Nutrition Strategy (NNS). The interventions are also mainstreamed in the country's long term strategy for growth and reduction of poverty (MKUKUTA) i.e. Tanzania Development Vision (TDV 2025) which among other key targets aims at reducing the prevalence of stunting from 42% in 2010 to 15% in 2025. The country's medium term strategy (Five Year Development Plan - FYDP 2016/17-2020/21) also reflects MKUKUTA and includes key nutrition targets to reach by 2020 and a summarised costing to reach these goals. Such commitments to nutrition are also reflected in local government plans and other sector specific policies and startegies in Health e.g. Health Sector Strategic Plans IV (2015-2020), Agriculture, Social Welfare and Food Security; and also programmes such as the Tanzania's Agriculture and Food Security Investment Plan and the Productive Social Safety Net under the Tanzania Social Action Fund (TASAF).

The NNS and Implementation Plan were developed as the first coordinated multisectoral approach to nutrition in Tanzania and included aspects of a Common Results Framework. The NMNAP covers the five-year period between 2016/17 and 2020/21. It is the current costed implementation plan for the updated TFNP and is anchored in FYDP II. The approach is consistent with the 2008 and 2013 Lancet series on Maternal and Child Nutrition. It was also informed by the international development agenda, particularly on nutrition, including Tanzania's international commitments made through the Sustainable Development Goals, the WHA Nutrition Targets 2025, the WHO Global NCD Targets 2025; the 2013 Nutrition for Growth commitments; the East Africa Food and Nutrition Security Policy and the Scaling Up Nutrition (SUN) Movement.

4.5.6.1 Brief Overview of Methodology for Tanzania's Budget Analysis

The analysis of Tanzania's public expenditure to nutrition for the period 2014/15 to 2015/16 adopted the SUN Movement's methodology of tracking nutrition spending with identification of nutrition related interventions (specific or sensitive) guided by the NNS and NMNAP. Focus of the study was on both national and sub-national level spending towards nutrition. As regards sources of data, national level data was sourced from an expenditure report generated by Ministry of Finance from the Integrated Financial Management Information System (IFMIS) based on specifications made by



the Public Expenditure Review (PER) team. At sub-national level, data was sourced from historical itemised commitments and expenditure reports from the 22 sampled Local Government Authorities (LGAs) which were generated from the Epicor and PlanRep systems. The data was categorised (nutrition specific or sensitive), weighted, consolidated and checked for consistency. The team however failed to collect related data for some Ministries e.g. Ministry of Education and Vocational Training (MoEVT) and Ministry of Agriculture, Livestock and Fisheries (MoALF); off-budget nutrition-sensitive ODA; and regional secretariats.

To reinforce findings from the review, interviews were also undertaken with key informants from the selected LGAs and nutrition-relevant MDAs to understand nutrition planning and budgeting processes; related institutional arrangements and also to validate the expenditure data to understand emerging trends.

4.5.6.3 Overview of 2015/16 Tanzania's Budget

The 2015/16 budget for Tanzania was estimated at \$11.04 billion which was to be raised through various sources including domestic taxes (\$6.01 billion); non-tax sources (\$802.4 million); grants and consessional loans (\$1.14 billion) and borrowing from both domestic and international market (\$3.03 billion). Of this amount, \$8.1 billion (73%) was allocated for reccurrent expenses and \$2.95 billion (27%) for financing of development projects in all ministries, independent departments, agencies, regions and local governments. Resources under recurrent items covered for expenses such as wages and salaries for public servants (\$3.2 billion -39% of recurrent budget); debt servicing (\$3.14 billion -38.7%); and other charges (\$1.82 billion -22%). As regards to allocation to sectors: about \$1.86 billion (17% of the national budget) was allocated to education; \$1.19 billion (11%) to transport; \$894.0 billion to health (8%); \$491.6 billion (4%) to agriculture; \$450 billion (4%) to energy and minerals; \$281.5 million (2%) to water; among others.

On central government fiscal transfers, a total of \$2.3 billion from the budget was transferred to LGAs of which \$2.0 billion was for other charges and \$328 million was for development expenditure. Allocations for sectors in LGAs were as follows: Education -\$1.31 billion; Health -\$278.3 million; Administration -\$286 million; Agriculture -\$60.3 million; Water -\$16.8 million; and Roads -\$16.75 million. This implies that education, just as at national level, was the most prioritised sector at subnational level.

4.5.6.4 Nutrition Responsiveness of the 2015/16 Budget

The allocation to nutrition in 2015/16 was estimated at \$531.2 million (4.8 % of the 2015/16 budget) representing a 19% increase from the \$444.3 million allocated in 2014/15. Though the amount is an underestimation due to some data gaps, the proportion share of the nutrition budget to nutrition is 1.8% points above the 3% expenditure on nutrition recommended by ESA CSN making Tanzania the only country on-track to achieving an annual 3% increase in allocation to nutrition as compared to the five other countries highlighted in this report i.e. based on available data. In terms of actual expenditure, the review established that in the period under review they grew by a more modest 5% overall mostly as a result of a 12% increase in central government spending on nutrition. Conversely, LGA spending on nutrition remained almost the same in norminal terms during the same period. Donor support (off-budget) towards nutrition registered an impressive growth within the period in question largely on account of increased spending on large-scale stunting reduction programmes. Further review also showed that donors continue to dominate financing of nutrition interventions over Government especially at central government level. For example, in 2015/16 about \$108.5 million (up from \$24.1 million allocated in 2014/15) was injected as on-budget support towards the TASAF (Tanzania Social Action Fund) Cash Transfer programme by the World Bank implying that without World Bank's contribution there could have been a decline in the central government nutrition expenditure of 45 per cent, from \$143.2 million to \$79 million.

	2014/15		2015/16		
Source	Approved estimates	Actuals	Approved estimates	Actuals	
Central Government	230.5	204.8	224.6	187.5	
LGAs estimate	308.9	282.3	301.5	230.5	
Off-budget donors	3.9	3.0	5.1	4.5	
Grand Total	543.7	490.1	531.2	422.5	

Source: 2014 – 2016 Nutrition PER Report

On spending towards meeting the 2025 global stunting targets, the World Bank calls for an investment of about US\$85 per child under the age of five. The investment covers the scale-up of high-impact, proven nutrition-specific interventions focused on the 1,000-day window from conception to the age of two years including improving maternal nutrition, IYCF practices and child nutrition through micronutrient supplementation. However, in the period under review, Government of Tanzania despite being a model in terms of financing of nutrition related interventions has failed to reach anywhere near such expenditure level allocating a negligible amount of about US\$3.9 million to cater for a population of about 7.9 million under-five children. The spending translates to a US\$0.50 per child (down from US\$ 0.51 allocated in 2014/15) which is only 0.6% of the World Bank's recommended expenditure levels. With such a meagre commitment, it is highly unlikely that Tanzania will meet such targets unless if efforts are intensified in financing of related interventions in the remaining period.



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GLOBAL NUTRITION REPORT 2020

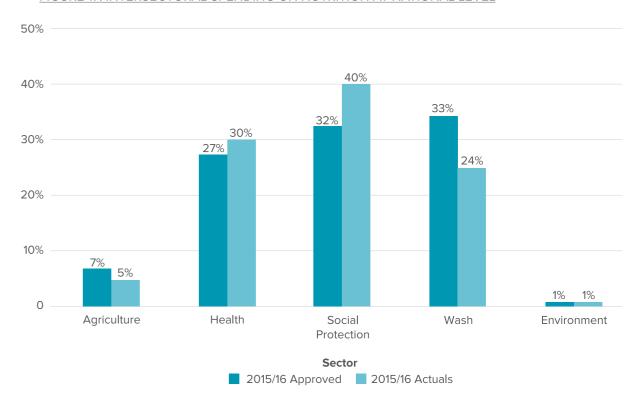


4.5.6.5 Intersectoral spending on Nutrition

In order to assess responsiveness of sector budgets to nutrition, the team revealed budgets of five sectors at national level with a mandate in nutrition. The sectors included health, WASH, social protection, agriculture and environment (to a lesser extent). The rationale of the assessment was based on expenditure lines of various nutrition interventions within these sectors some of which include: expenditures on Tanzania Food and Nutrition Centre (TFNC) vaccines, medicine, and family planning in health sector; development of water supply for urban and rural areas as well as water quality testing in WASH; cash transfer within TASAF in social protection; and research and development of new varieties of crops as well as diversification and training of farmers and extension workers in these methods in the agriculture sector.

Analysis of the sectors budgets revealed that in terms of approved allocations, WASH was the most prioritised sector getting 33% of the resources seconded by social protection which got 32% of the approved allocation. Health, which is the key Ministry in the implementation of nutrition interventions received 27% of total approved budget for these sectors making it the third most prioritised sector. On the contrary, however, the sectors had varying actual expenditure levels with some recording expenditures below the approved expenditures largely on account of unavailability and untimely disbursement of funds within the implementation period – see figure below. For example, Social protection had 40% of actual expenditure on nutrition seconded by health (30%) with WASH which had the largest proportion of approved expenditure getting 24% of actual expenditure making it the third sector which prioritised nutrition spending.

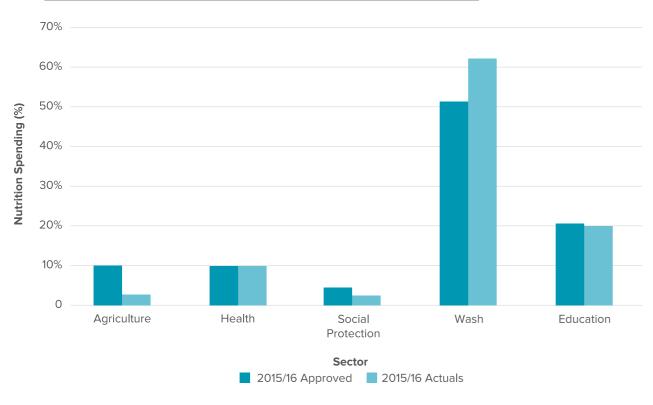
FIGURE 17: INTERSECTORAL SPENDING ON NUTRITION AT NATIONAL LEVEL



Source: Computed from 2015/16 PER Report data

At local level, the situation was contrary to that portrayed at national level with most of the sectors spending less than what was approved. Only WASH imitated national level trends with the approved estimates at around 52% of the whole budget and spending about 64% of the actual budget making it the most predominant sector at local level. Health budgeted represented 10% of local budgets and a similar proportion of spending. Education, whose data was not available at national level was the second both in terms of allocation (21%) and expenditure (20%). The largest proportion of underexpenditure was reported for social protection and agriculture sectors with spending falling from 5% and 10% respectively to around 3% of actual expenditure — see figure below.

FIGURE 18: INTERSECTORAL SPENDING ON NUTRITION AT LOCAL LEVEL



Source: Computed from 2015/16 PER Report data

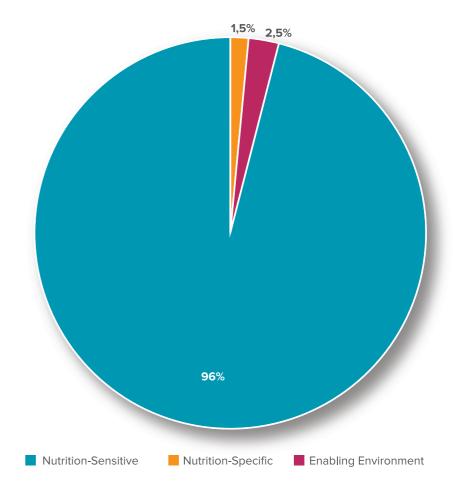


4.5.6.6 Expenditure by Nutrition Category

As expounded in the methodology for the country's nutrition PER, the analysis adopted the three-stage SUN approach which focuses on expenditure on nutrition in the three categories of nutrition-specific; nutrition-sensitive and an enabling environment. These categories also form part of nutrition policy framework for Tanzania with clearly estimated costs. Based on the data that was provided at both national and local level for the period under review, the analysis revealed that the vast majority of allocations (about 96%) was allocated towards implementation of nutrition-sensitive interventions which seek to address the underlying causes of malnutrition across a range of sectors. About 1.5% (1.2% for local budgets and 0.3% for national budgets) was for nutrition-specific interventions with the remaining 2.5% covering interventions aimed at building an enabling environment for the successful implementation of the two interventions stated (see figure below). Such interventions covered areas such as nutrition governance (including plans, policies, coordination and capacity) and nutrition surveillance, surveys and information management.

Though the expenditure on nutrition-specific interventions may sound low, it is however not far from the 2% of estimated budget for nutrition-specific activities in the NMNAP costing framework. Regardless of this commitment, however, there's need for Government to emphasise on costing those nutrition-specific interventions identified as having the greatest impact on stunting for all relevant target groups and ensuring that the required funds are budgeted for each year to implement. In this regard, Tanzania needs to continue its focus of emphasising allocation of funding for the scale-up of nutrition-specific interventions at the district level.

FIGURE 19: EXPENDITURE BY NUTRITION CATEGORIES IN TANZANIA

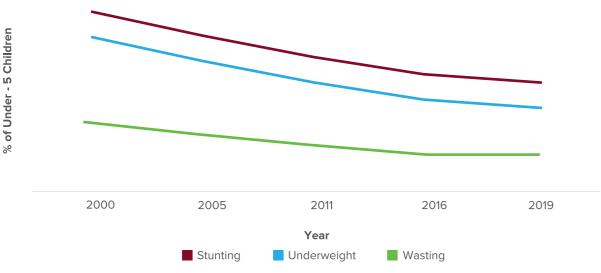


Source: Computed from the 2015/16 PER data

4.5.7 ETHIOPIA

Malnutrition is one of the main health problems in Ethiopia especially among women and children. The country's nutrition profile shows that it is one of the most affected countries as compared to the 7 remaining ESA Countries under review. However, despite being the most affected, the country has made remarkable progress on some nutrition indicators. According to the country's consecutive Demographic and Health Survey (DHS) findings (see figure 1 below), the improvements in the prevalence of selected under nutrition indicators have been recorded as: Stunting (58% to 37%), underweight (41% to 21%) and wasting (12% to 7%) between 2000 and 2019 respectively (Mini DHS 2019). Such progresses have contributed to the reduction of under-five mortality from 166 per 1000 children in 2000, to 55 per 1000 children in 2019. These and other developmental progresses backed Ethiopia to achieve the Millennium Development Goals and to improve the average life expectancy at birth from 45 years in 1990 to 64 years in 2016. Similarly, anaemia rates in women of reproductive age in the country has decreased from 27 in 2005 to 23 percent in 2016 (DHS 2016).

FIGURE 20: TRENDS IN PREVALENCE OF WASTING, UNDERWEIGHT AND STUNTING IN UNDER-5 CHILDREN



Source: Mini DHS 2019

THE IMPROVEMENTS IN THE PREVALENCE OF SELECTED UNDER NUTRITION INDICATORS HAVE BEEN RECORDED AS: STUNTING (58% TO 37%), UNDERWEIGHT (41% TO 21%) AND WASTING (12% TO 7%) BETWEEN 2000 AND 2019 RESPECTIVELY (MINI DHS 2019).

4.5.7.1 Nutrition Policy Landscape in Ethiopia

The Government of Ethiopia recognises that addressing malnutrition is crucial to achieving the Sustainable Development Goals. In recent years, the government of Ethiopia in collaboration with nutrition development partners and other stakeholders have been making improvements in the nutrition sector. Political commitments, multi-sectoral coordination, stakeholders' engagement and resource mobilisation have all been improved. Some of the promising achievements include: the development and approval of the first ever food and nutrition policy, the development of national food and nutrition strategy, the development of proclamation to establish the national and subnational Food and Nutrition Councils and agencies, the development of multi-sectoral performance monitoring and accountability scorecard, and uplifting the nutrition agenda high in the political structure of the country were among others. Furthermore, the government of Ethiopia launched the Segota Declaration in 2015, a commitment to end child undernutrition in Ethiopia by 2030.

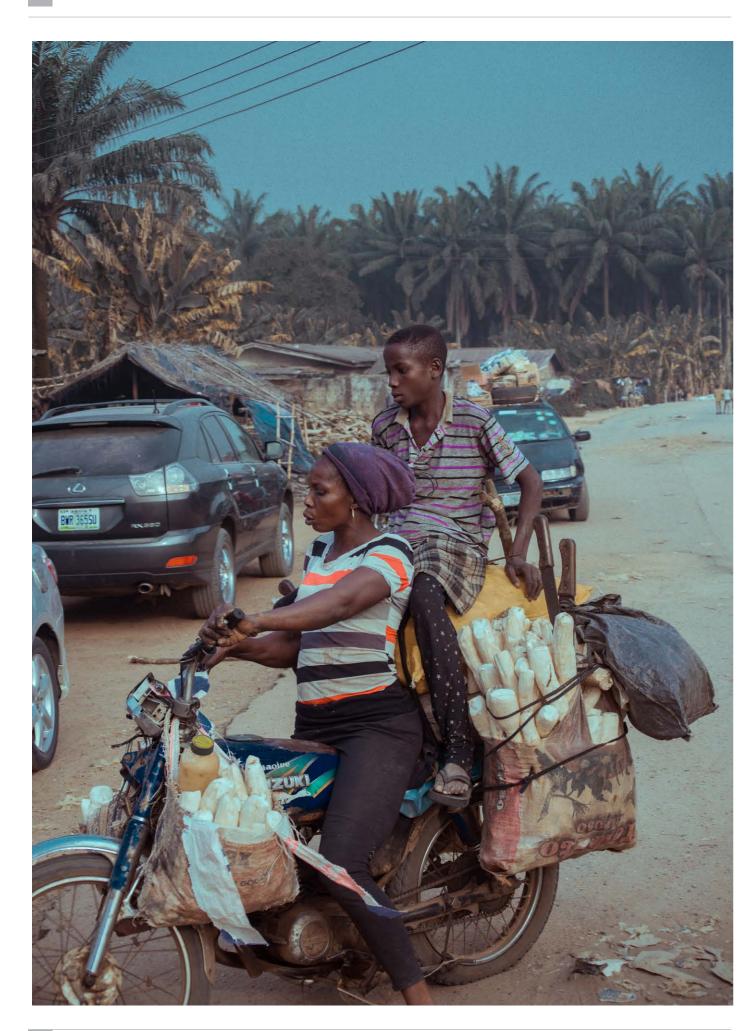
The Seqota Declaration builds on and supports the implementation of the National Nutrition Programme 2016-2020 (NNP-II). The NNP-II is a multi-sectoral nutrition programme that recommends the scale-up of evidence-based nutrition interventions using a life cycle approach focusing on improving nutrition in all stages of the life cycle. The NNP-II aims to improve multi-generational nutrition outcomes and targets to achieve optimal nutrition status for all Ethiopian citizens. The NNP-II has been serving as a guiding framework for all stakeholders working towards improved nutrition under the government's leadership.

Governance, communication and coordination of the NNP-II implementing sectors ministries and agencies have been supported by the National Nutrition Coordinating Body (NNCB) and the National Nutrition Technical Committee (NNTC). This governance structure enables leaders across sectors to oversee and discuss strategic directions for nutrition programming in Ethiopia. Recognising the importance of multi-sectoral nutrition coordination and implementation approaches for reducing both chronic and acute malnutrition in the last two National Nutrition Programmes (NNPs) was an important milestone. Using the lessons from the previous NNPs, the national food and nutrition strategy currently under development pending approval is expected to ensure effective and efficient implementation and coordination of nutrition-specific and nutrition-sensitive interventions.

4.5.7.2 Brief Overview of Ethiopia's Nutrition Budget Analysis and Tracking

Ethiopia has been utilising series of approaches to track nutrition resources from development partners. Federal Ministry of Health (FMOH), exercised the first comprehensive multi-sectoral resource tracking effort for 2014-2016. Then, FMOH through its Partnership and Cooperation Directorate mapped nutrition resources from health sector partners through annual resource mapping exercise including some non-health sector spending. The Partnership and Cooperation Directorate and the Nutrition case team collaborated on a supplemental tool and captures non-health spending on nutrition.

The data for 2017-2019 were collected through the ministry's disseminated Excel tool to the development partners. The number of partners that submitted their data timeously and their complete budgets varies across the years and resulted in significant budget variation. The ministry analysed the data using SPSS Statistics 20. Similarly, this report is supported by the assessment which was conducted from 2006-2008 Ethiopian Fiscal Years (EFY) in collaboration with Result for Development (R4D).



4.5.7.3 Brief Overview of Ethiopia's 2019/20 Budget

The total approved federal budget for the 2019/20 fiscal year was \$13.9 billion representing a 11.6% increment from the previous fiscal year. However, the high level of inflation undermines the rise in the budget. In real terms, the budget increase was only 1.8 per cent, and inflation reduction was a priority in the government's reform agenda. Around 80 per cent of the approved budget was planned to be financed from domestic sources in 2019/20, while the remaining 20 per cent was to be financed by external assistance and external loans. Of the total approved budget, 62.1 per cent was allocated for federal government expenditure, 36 per cent for general purpose grants to sub-national regional governments and 1.6 per cent for capital projects towards achieving the Sustainable Development Goals (SDGs) at regional level. The budget allocated for execution by the federal government continues to prioritise the social sectors with 21 per cent allocated for education, 7.3 per cent for water resources and energy and 5.3 per cent for health. The majority of national social sector spending is executed at the sub-national level by regional governments. The utilisation of the total federal budget declined over the years.

In terms of budget credibility, there was a wider variation between total federal expenditure and the adjusted federal budget than the total federal expenditure and the total budget originally approved. Federal domestic revenue collection as a proportion of planned federal revenue has been declining over the past few years. Since tax comprises around 80 per cent of the federal domestic revenue, effective tax policy and its implementation, tax compliance and tax administration should be given due attention to improve domestic revenue mobilisation (2019 Budget Analysis, UNICEF).

4.5.7.4 Nutrition Financing

Most funding for nutrition in Ethiopia is contributed by development partners. In 2015/2016, the budget proportion of development partners for nutrition programming was 89% (\$405 million) out of the total \$455 million from all financing sources. In the same year, 70 percent of all funding for nutrition was government-managed (\$320 million), though this varies by nutrition programme type. Of nutrition-sensitive funding, 83 percent was government-managed, primarily driven by large, multi-donor supported programmes managed by the Ministry of Finance and Economic Cooperation such as ONE WASH and PSNP-IV. Of nutrition-specific funding, 45 percent was government-managed, along with 30 percent of emergency response funding. All other funding was off-budget (\$135 million), meaning it was not channelled through public systems. Funds may be reported to the government via the FMoH Resource Mobilisation Directorate annual budget monitoring assessment, if programmes are delivered in the health sector.

Compared to the 2016 budget allocation, the development partners' budgeted amount for nutrition programming varies significantly on the subsequent years. The allocations for 2017, 2018 and 2019 were reported as \$11.7M, \$691M and \$15.8M respectively. Unlike the 2016 budget tracking process which employed a structured assessment procedure by the recruited consultant, the tracking process for 2017, 2018 and 2019 was done simply by sharing the Excel sheet to the implementing partners to submit their budget. Thus, the budget variations across the years might be due to lack of accountability and commitment by most partners to complete and submit their nutrition budgets explicitly. Based on the finding, the number of implementing partners that submitted their budget in 2018 was higher than the remaining years.

The government sectors budget allocation for nutrition programmes were not tracked during these assessments, as there was no routine mechanism to track and compile off-budget funding for nutrition across sectors to inform planning and priority setting discussions (FMOH, 2016). The forthcoming Food and Nutrition Council and Agency are expected to ensure the accountability and commitment issues through legal framework.

4.5.7.5 Nutrition Financing on nutrition-specific, nutrition-sensitive, and emergency response programmes over time

By 2015/2016, the overall nutrition budget allocation was reported as \$455 million, split across nutrition-sensitive programmes \$333 million (73%), nutrition in emergency response programmes \$68 million (15%), and nutrition-specific programmes \$54 million (12%). Nevertheless, the total budget allocated for developmental and emergency nutrition programmes during the three consecutive years (as depicted in the table below) were reported as: \$615.8M and \$102.8M respectively. Developmental and specific budget allocation for nutrition in 2017, 2018 and 2019 shows significant reduction as \$11.7M, \$691M and \$15.8M respectively. The increased funding during the former period was largely driven by investments in nutrition-sensitive programmes including the ONE WASH National Programme (which began in 2015) and the Productive Safety Net Programme-IV (PSNP-IV). In 2015/2016, the PSNP-IV's nutrition-sensitivity was enhanced by a change in programme design that tailored the programme more towards nutrition sensitive outcomes.

TABLE 19: NUTRITION SPENDING BY PROGRAMMES, 2017-2019

TOTAL BUDGET ALLOCATED VERSUS NUTRITION PROGRAMMES (USD)								
Nutrition programmes	EFY 2010 (2017)		EFY 2011 (2	2018)	EFY 2012(2019)			
reaction programmes	Actual budget	(%)	Actual budget	(%)	Actual budget	(%)		
Emergency	4,024,400	34%	97,767,167	14%	1,017,312	6.5%		
Developmental	7,674,601	66%	593,404,163	86%	14,752,601	93.5%		
Total	11,699,001	100%	691,171,330	100%	15,769,913	100.0%		

Source: Budget Books

As depicted in the table above, the proportion of budget allocation for developmental nutrition interventions was proportionally increasing as 66%, 86% and 94% in 2017, 2018 and 2019 respectively. Practically, most of the nutrition investment goes to emergencies and humanitarians' interventions when viewed from the programme implementations perspectives. However, it is assumed that the reduced funding for emergency programmes might be due to the poor budget submission by the donors and implementation partners which heavily work in emergency and humanitarian programmes.

4.5.7.6 Nutrition Financing by National Nutrition Programme (NNP) strategic objectives

According to the resources tracking and analysis conducted in 2016, expenditures to support NNP-II objectives nearly doubled from \$181 million in 2013/14 to \$330 million in 2015/16. NNP-II strategic objective 4 (Strengthen implementation of nutrition-sensitive interventions across sectors) received the greatest budget support (\$320 million; 70 percent) in 2015/16. This was followed by strategic objectives 1 and 2 (Improve the nutritional status of women, adolescents, and children; \$92 million, 20 percent), strategic objective 5 (Improve multi-sectoral nutrition coordination & capacity to implement NNP; \$36 million, 8 percent), and strategic objective 3 (Improve nutrition services for communicable & non-communicable/lifestyle related diseases; \$7 million, 2 percent) Federal Ministry of Health (FMOH 2016). Similarly, the budget allocations for the five strategic objectives during 2017-2019 are depicted in the following figure.

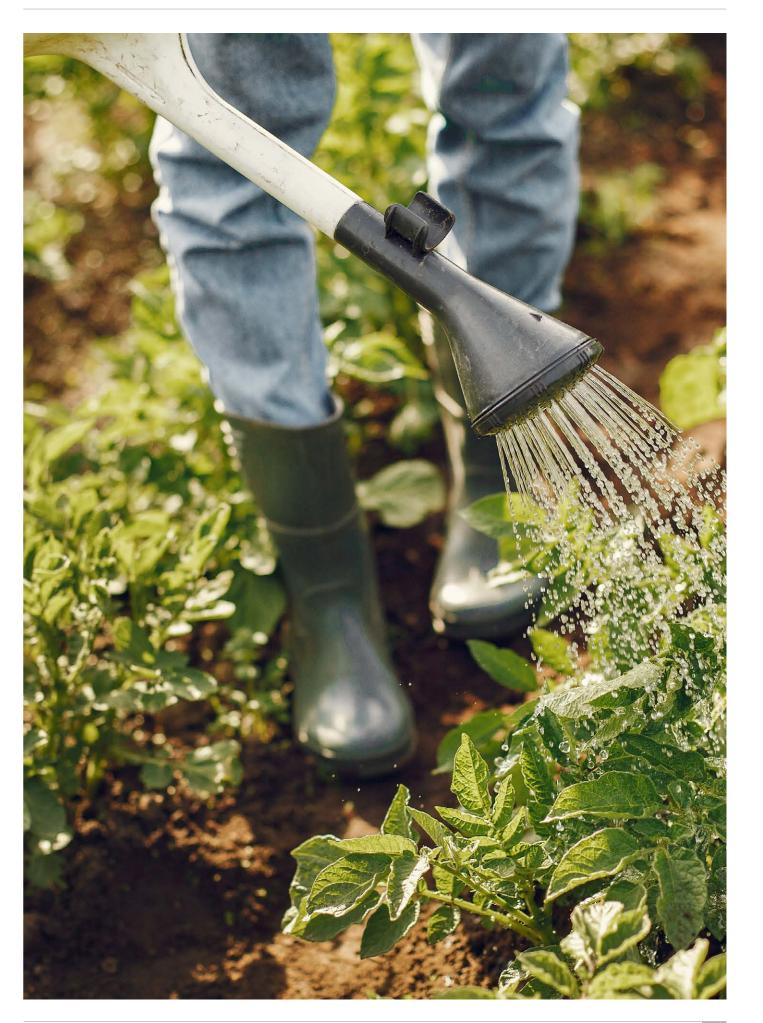
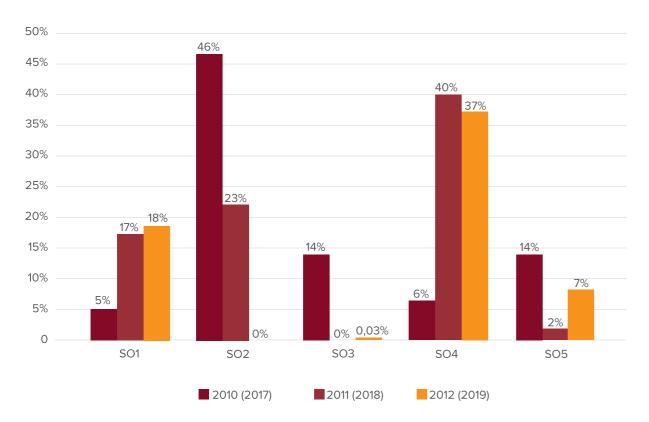


FIGURE 21: BUDGET SPENDING BY NNP II STRATEGIC OBJECTIVES, 2017-2019



Strategic Objective (SO1): Improve the nutritional status of women (15-49 years) and adolescents (10-19 years): As indicated in figure 2, the budget allocation for SO1 was increasing from year to year though it is not linear. Further analysis and interpretation should be done to explain investments on women and adolescents' nutrition.

Strategic Objective (SO2): Improve the nutritional status of infants (0-6 months), young children (6-24 months) and children under 5 years, with emphasis on the first 2 years of life: According to the above figure, there is good commitment for EFY 2010 (2017), but it has decreased by half in the next year (EFY 2010 (2018)) and by nothing for EFY 2011(2019). Though this needs further investigations, the inability of partners to disaggregate their budget across all strategic objectives is one of many reasons.

Strategic Objective (SO3): Improve the nutrition service delivery for communicable and lifestyle related diseases affecting all age groups: Except EFY 2010 (2017), the budget allocation for other years was nearly zero, which gives us the direction on how to work closely with communicable and non-communicable actors in the health sector.

Strategic Objective (SO4): Strengthen implementation of nutrition sensitive interventions in various sectors: Budget allocation for this SO showed relatively good progress across the years except the decline observed in EFY 2011(2019). Like the other SOs, further investigation and analysis should be done in comparison to national nutrition programme implementing signatory sectors.

Strategic Objective (SO5): Improve multi-sectoral coordination and capacity to ensure implementation of the NNP: As indicated in the figure above, the budget allocation for this SO is not smooth and not as high as expected. It is believed that this SO is the backbone for improvement of nutrition programme in NNP II and beyond. As a nation, there are two government owned projects to improve multi-sectorial nutrition platform. These are: Seqota Declaration and T(IPF) for nutrition components health SGDs programme. IPF is financed by World Bank and implemented via UNICEF and MOH, and has deployed 51 experts in different levels all around the regions and cities. Even though it was not tracked here, the government of Ethiopia has started allocating remarkable amount of budget for the national nutrition programme including the Seqota Declaration, showing programme ownership and commitment to end stunting in children under 2 years by 2030.

4.5.7.7 Nutrition Financing by Regional States

The budget analysis was made for 31 implementing partners (IPs) through Partnership and Cooperative Directorate (PCD) from EFY 2010 (2017) to EFY 2012 (2019). The analysis revealed that budget allocation by donors and implementing partners (IPs) sharply increased from year EFY 2010(2017) to EFY 2011(2018) in total the commitment across regions though it declined in EFY 2012(2019). There was no budget committed or submitted to the PCD for Benishangul-Gumuz region in year EFY 2010 (2017), Addis Ababa city administration in EFY 2011(2018), Gambella region in EFY 2011(2018) and EFY 2012(2019) and Somali region in EFY 2010(2017) and EFY 2012(2019). The figure also revealed that the resource distribution was not equitable across regions – see table 20 below.

TABLE 20: NUTRITION SPENDING BY REGIONS, 2017-2019

REGION	EFY2010(2017)	%	EFY2011(2018)	%	EFY2012(2019)	%
Addis Ababa	350,792	3%	-		8,758	0%
Afar	1,237,156	11%	105,076,377	15%	2,352,103	15%
Amhara	861,356	7%	182,780,931	26%	3,590,602	23%
Benishangul Gumuz	-		885,017	0.13%	16,454	0.10%
Dire Dawa	26,607	0.2%	218,800	0.03%	6,697	0.04%
Gambella	831,663	7%	-		-	
National/ Federal	3,788,031	32%	111,125,823	16%	2,888,500	18%
Oromia	1,061,870	9%	77,730,336	11%	4,857,400	31%
SNNPR	1,830,121	16%	88,782,579	13%	917,400	6%
Somali	-		64,433,223	9%	-	
Tigray	1,711,404	15%	60,138,244	9%	1,132,000	7%
Total	11,699,001	100%	691,171,330	100%	15,769,913	100%

4.5.8 RWANDA

Rwanda has made significant progress in the fight against malnutrition. According to the latest data as provided in the DHS (2014-2015), the rate of chronic malnutrition (stunting) among children under 5 years decreased from 44% to 38% with the data showing that the older a child gets the more likely they are to be stunted – just 18% of children between 6-18 months are stunted but this peaks at a staggering 49% for children aged 18 to 23 months. Boys are more likely to be stunted than girls, and children are more likely to be stunted if they live in very poor households or in rural areas (UNICEF, 2018). The national prevalence of under-five overweight is at 7.9%, which has increased slightly from 6.9% in 2010. Rwanda's under-five wasting prevalence is at 2.3% and 86.9% of infants under 6 months are exclusively breastfed. Rwanda's 2015 low birth weight prevalence of 7.9% has decreased slightly from 10.3% in 2000. The country's adult population also faces a malnutrition burden. 22.3% of women of reproductive age have anaemia, and 4.5% of adult women have diabetes, compared to 4.3% of men. Meanwhile, 9.3% of women and 1.9% of men are obese. Rwanda is on course to meet the global targets for under-five overweight, under-five wasting, and infant exclusive breastfeeding, but is off course to meet the targets for obesity and diabetes for both males and females and anaemia for Women of Reproductive Age (WRA).

RWANDA'S UNDER-FIVE WASTING PREVALENCE IS AT 2.3% AND 86.9% OF INFANTS UNDER 6 MONTHS ARE EXCLUSIVELY BREASTFED. RWANDA'S 2015 LOW BIRTH WEIGHT PREVALENCE OF 7.9% HAS DECREASED SLIGHTLY FROM 10.3% IN 2000.

4.5.8.1 Brief Overview of the 2018/19 Nutrition Budget Analysis Methodology

The analysis of Rwanda's nutrition budget adopted the SUN Movement's methodology of tracking nutrition spending. Focus of the study was on both national and sub-national level spending towards nutrition. As regards sources of data, the data was collected from national budget documents produced by the Ministry of Finance and covers both central level and decentralised data. At Central level, focus was on 7 Government Ministries, Departments and Agencies that formulate and implement nutrition-specific or sensitive interventions such as Ministry of Health (MINISANTE); Ministry of Education (MINEDUC); Ministry of Local Government (MINALOC); Ministry of Agriculture (MINAGRI); Ministry of Gender and Family Promotion (MIGEPROF); Ministry of Disaster Management and Refugee Affairs (MINIDAR); and Ministry of Infrastructure (MINENFRA). At local level, focus was on the 5 provinces i.e. Western, Eastern, Kigali City, Southern and Northern provinces that constitute local level functions. The data was categorised (nutrition specific or sensitive), weighted based on contribution to nutrition outcomes and consolidated to produce aggregate spending on nutrition. All agencies at district level were considered as nutrition-sensitive institutions.

4.5.8.2 Overview of 2018/19 Rwanda's budget

The total national budget for the fiscal year 2018/19 was projected at \$2.81 billion compared to the 2017/18 revised budget of \$2.5 billion, representing a 13% increase. Increase in domestic resource mobilisation as well as in external budget support funds justified the increase. Further to this, the increase was a good start for implementing a budget that responds to the National Strategy for Transformation (NSTI) which was developed as implementation instrument for the remainder of Vision 2020 and for the first four years of the Vision 2050. It also integrates far sighted, long-range global and regional commitments by embracing the Sustainable Development Goals (SDGs), the Africa Union Agenda 2063 and its First 10-Year Implementation Plan 2014-2023 as well as the East African Community (EAC) Vision 2050.

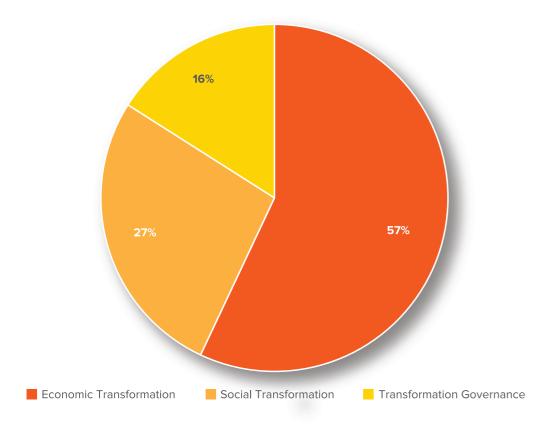
Domestic resources were projected at \$1.9 billion, which is 67% of the total budget and represented a 14% increase as compared to \$1.7 billion allocated in the 2017/18 revised budget. Tax revenue collections were projected at \$1.56 billion which show an increment of \$176 million (11%) over the revised budget figure of \$1.43 billion. The non-tax revenue projected figure of \$179.1 million is also 11% higher than the \$164.7 million in the revised 2017/18 budget.



In fiscal year 2018/19, external loans were projected at \$461.3 million, which is 16.4 % of the total budget. The total domestic resources and loans combined amount to \$2.4 billion which is about 84% of the entire budget while external grants total to \$456 million, which is 16% of the total budget. This was a good indication that grants financing the country's budget were declining and the country was on the right track towards achieving self-reliance.

As regards allocation based on three main pillars in the NTS (National Transformation Strategy) which guides the country resources allocation, 57% of the 2018/19 budget covered expenses for the economic transformation pillar which seeks to accelerate inclusive economic growth and development founded on the private sector, knowledge and Rwanda's Natural Resources; 27% was meant for the social transformation pillar which seeks to develop Rwandans into a capable and skilled people with quality standards of living and a stable and secure society; and finally the remaining 16% covered for expenses under transformational governance pillar which is aimed at consolidating good governance and justice as, building blocks for equitable and sustainable National development.

FIGURE 22: ALLOCATION OF RWANDA'S BUDGET BY NTS PILLARS



Source: 2018/19 Budget Analysis Report

Key sectors under economic transformation pillar include Public Finance Management (receiving 50% of the economic transformation allocation), Transport (17%), Energy (10%), Private Sector Development and Youth Employment (9%), Agriculture (9%), Environment and natural resources (3%), Urbanisation and rural settlement (2%), Financial Sector Development (0.5%) and ICT (0.3%). For social transformation, the sectors include Education (40% of social transformation allocation), Health (30%), Social Protection (15%), Water and Sanitation (7%), Sports and Culture (3%) and Urbanisation and Rural settlement (2%). Lastly, sectors in transformational governance: ICT (6% of the transformational governance allocation), Governance and Decentralisation (37%) and Justice, Reconciliation, Law and Order (77%).

4.5.8.3 Nutrition Financing in Rwanda

In 2018/19 financial year, a total of \$313.5 million (up from about \$57.5 million allocated in 2017/18) was allocated to nutrition – representing 11% (up from 2.35%) of total national budget and making Rwanda the only country out of the 8 countries under review to allocate such a huge share to nutrition. The huge increase in share of nutrition budget is on account of the commitment and resolution made by the senior government leadership at the 15th Senior Government Leadership Retreat which was held in February and March 2018 and called upon Government Institutions to multiply efforts to curb malnutrition and stunting in Rwanda. This influenced planning and prioritisation of the 2018/19 budget. In terms of distribution of the nutrition budget by levels of Government, about \$220.9 million (70%) was from central government whilst \$92.3 million (30%) was from local government. However, in terms of share of nutrition against total budget for each level of Government, local government had more resources (21.4%) allocated to nutrition as compared to central government (20.6%) – see table 21 below.

TABLE 21: NUTRITION SPENDING PER LEVEL OF GOVERNMENT (\$ BILLION)

LEVEL OF GOVERNMENT	TOTAL BUDGET APPROVED	NUTRITION BUDGET	% SHARE OF BUDGET
Central Government	1.07	0.22	20.6%
Local Government	0.43	0.09	21.4%
Total	1.50	0.31	20.9%
National Budget	2,814.4	0.31	11%

Source: 2018/19 Rwanda Budget Analysis Report

Further analysis of the budget shows that at central level, agriculture (MINIAGRI) had the largest share of the nutrition budget as it claimed about 33% of total nutrition budget. The sector was seconded by education (MINIEDU) and health (MINISANTE) which all claimed 24.3% of the nutrition budget. The least contribution was from construction/infrastructure sector – see figure 22 below.

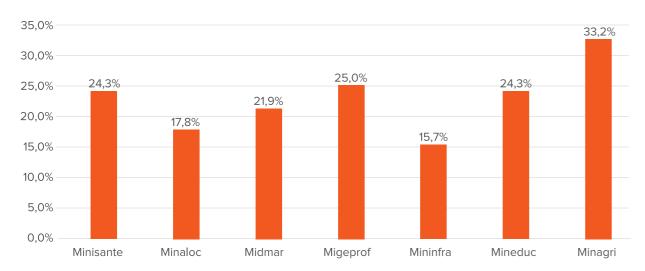


HUNGER IS NOT A PROBLEM. IT IS AN OBSCENITY. HOW WONDERFUL IT IS THAT NOBODY NEED WAIT A SINGLE MOMENT BEFORE STARTING TO IMPROVE THE WORLD.

ANNE FRANK



FIGURE 23: ALLOCATION OF NUTRITION BUDGET BY SECTOR AT CENTRAL LEVEL



Percentage of Nutrition Allocation for 2018/2019

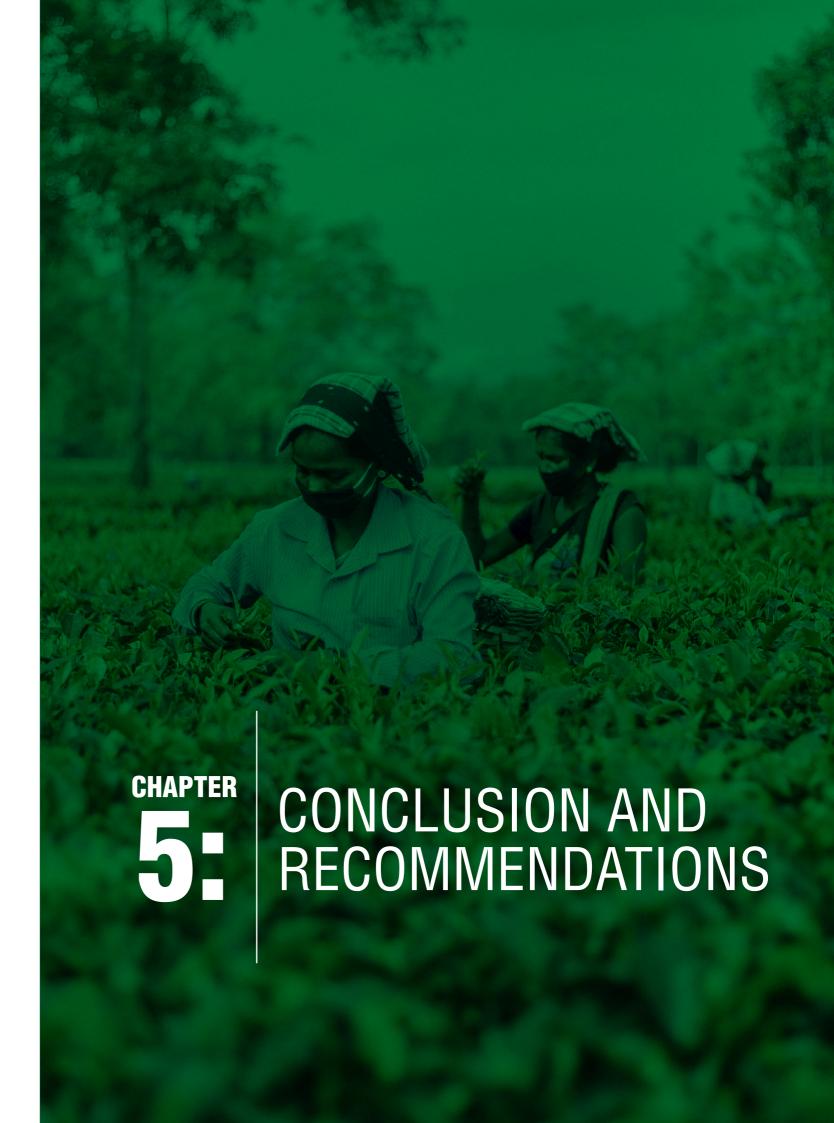
Source: 2018/19 Rwanda Budget Analysis Report

Al local level, Eastern Province committed more resources (23%) towards nutrition as compared to the remaining four provinces. Southern and northern provinces came second and third with a contribution of 22.1% and 21.4% respectively. The least contribution of about 16% came from Kigali City – see table 22 below. Further dissection into the Provinces shows that there were varying commitments among districts with some allocating as high as 25% of their budgets to nutrition e.g. Rulindo and Ngoma (both with 25.3%) from Northern and Eastern Provinces respectively whilst others allocated fewer resources e.g. Gasabo in Kigali City which only allocated only 14.5% of its budget to nutrition – see Annex 3.

TABLE 22: NUTRITION SPENDING BY PROVINCE (\$ MILLION)

PROVINCE	TOTAL BUDGET	NUTRITION ALLOCATION	% SHARE
Kigali City	32.7	5.1	15.6%
Northern	72.5	15.5	21.4%
Southern	111.2	24.6	22.1%
Eastern	104.5	24.1	23%
Western	109.4	24	21%

Source: 2018/19 Rwanda Budget Analysis Report



5.1 SUMMARY AND CONCLUSION

In summary, the report presented findings of the second regional budget analysis focusing on nutrition which was commissioned by the Graça Machel Trust (GMT) and Care International through the East and Southern Africa Nutrition Civil Society Network (ESA CSN). The study was carried out in 8 ESA countries namely Malawi, Kenya, Mozambique, Zambia, Zimbabwe, Tanzania, Ethiopia and Rwanda and largely involved a review of budget analysis reports that were shared by members of CSO SUN from the countries in question. Below are the key findings from the review:

- Generally, proportions of government expenditure directed to nutrition for many countries in the world remains low with many countries registering falling investments in nutrition with some countries allocating as low as 0.1% towards nutrition.
- Majority (about 69%) of Government nutrition spending (for both nutrition-specific and sensitive interventions) comes from outside the health sector with social protection claiming the largest share of 33%.
- There is massive donor support towards nutrition with an increase of 4% in the period under review, with more finances (92%) going towards nutrition-sensitive interventions and only 8% for nutrition-specific interventions.
- The study also established that there has been huge donor commitment towards financing of emerging forms of malnutrition i.e. overweight, obesity and diet-related Non-Communicable Diseases (NCDs) especially in low-income- and low-middle-income countries. About US\$39.8 million up from US\$7.3 million was contributed by donors through the N4G process representing an 80% increase.
- Further to this, the study also revealed that basic nutrition ODA has been inconsistent and unequal with many countries facing extremely high levels of stunting and anaemia (fragile countries) receiving very low per-person basic nutrition aid volumes compared to those better-off or less fragile. A case in point are countries such as Gabon, Eritrea and Papua New Guinea with anaemia in Women of Reproductive Age (WRA) of 59.1% (highest globally) and stunting levels of 52% and 49.5% respectively getting lowest amounts of basic nutrition ODA averaging less than half a cent; \$0.03; and \$0.01 between 2015 and 2017 respectively.
- On financing of World Health Assembly (WHA) targets, the study established that there has been
 a sizeable increase (US\$ 1.4 billion up from US\$ 1.1 per year 11% increase) in donor support
 particularly towards financing of priority package aid.
- In ESA region, a review of various budget analysis reports from 8 countries shows that just as
 at global level spending on nutrition is equally very low with about 6 out of the 8 countries
 spending less than the 3% proposed by ESA CSN and also the 3.5% IFN's recommended
 global spending on nutrition by country governments. Rwanda (11%) and Tanzania are the only
 countries in the region that managed to allocate a share that surpasses both the regional and
 global commitment to nutrition financing.
- Further to this, allocation of the health sector budget to nutrition in the region has been very low with agriculture and WASH sectors claiming the lion's share. WASH contributes as high as 60% of total nutrition spending in some member countries probably on account of high costs of infrastructures for implementing related interventions.

5.2 COUNTRY SPECIFIC RECOMMENDATIONS

Based on information sourced from the country specific reports below are some of the recommendations that would help address nutrition financing challenges:

MALAWI

a. Recommendations for Ministry of Finance (MoF)

- MoF should seriously put measures to grow the economy, expand resource base without which attainment of most of the nutrition related MGDS indicators and targets as they relate to SDGs will be a farfetched idea.
- MoF should consider allocating resources to various ministries, departments and agencies as
 that directly implement nutrition interventions especially those implementing nutrition specific
 nutrition interventions per MGDS III requirements as well as international recommendations
- MoF must task MDAs to align Performance indicators in the PBB to the existing nutrition strategic documents (MGDS III and MNNSP)
- MoF needs to revise targets in MGDS III indicators to match the MNNSP so that this development blueprint is nutrition responsive
- Ministries with missing targets should include nutrition targets in their votes

Recommendations for Ministry of Health (MoH) and Department of Nutrition (DNHA)

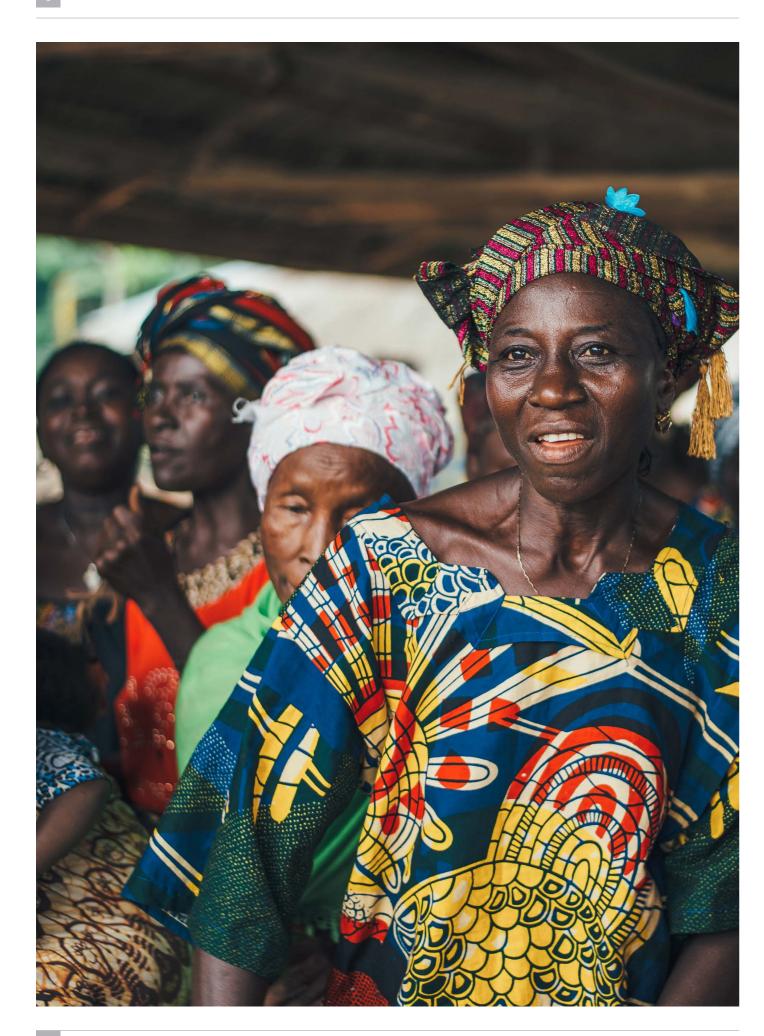
- DNHA should lobby for more funding to support nutrition interventions at various levels including district level
- DNHA should also seriously monitor implementation of various nutrition related interventions in other MDAs to ensure they are aligned to the NMNP and NMNSP
- MoH's budget must include nutrition related indicators for DNHA to easily track output or outcome targets in line with the NMNSP and MGDS III

c. Recommendations for MDAs

- Key MDAs in Nutrition (MoH, MoAFS, MoGCCD, MLGRD, MoEST) should consider revising their performance targets to reflect those in the MGDS as they relate to nutrition programming
- Nutrition Mandated MDAs must have specific budgets on nutrition
- MDAs should strengthen their monitoring capacity to ensure that there is comprehensive reporting of their achievements in the national budgets

d. Recommendations for Parliament

- Parliament must lobby for the revision of the allocation to some nutrition related interventions in poorly financed MDAs
- Parliament should scrutinise the budgets presented by the ministry of Finance Economic Planning and Development before passing them to ensure that they are in line with MGDS III and NMNSP requirements
- The various Parliamentary committees should also ensure that allocations made to the respective sectors they represent are in line with what the MGDS III and NMNSP requires and lobby for more
- Parliament should be assisting in tracking resource use to ensure they are used for their planned purpose
- Parliament should build their own capacity in Research and Nutrition budget analysis in order to
 ensure that sectors are properly held accountable for implementing MGDS III and NMNSP in a
 manner that is orderly and accounts for results in an inclusive way



e. Recommendations for Development partners and Civil Society Organisations

- CSOs and other development partners should further scale up implementation of nutrition interventions within their mandates particularly for outcomes that are left out by the MDAs
- Development partners should make sure that they provide for the funds they pledged towards the implementation of various nutrition related projects
- Development partners should support strong monitoring of the implementation of the MGDS III and NMNSP so that the funds they provide are accounted for

ZAMBIA

a. Make the political choice to end all forms of malnutrition

- Ending malnutrition is ultimately a political choice that leaders from governments, donors, civil society organisations, and businesses at international, national, and subnational levels need to take
- The Government of the Republic of Zambia (GRZ) needs to asses current nutritional standing and make Smart Measurable Achievable Realistic and Time-bound (SMART) commitments to nutrition to plot a different development trajectory for the country

b. Invest more and allocate better

- GRZ should start looking at nutrition investments as a means to economic growth rather than seeing better nutrition as a result of economic growth
- Continue to fund the 'whole of government' approach, invest in nutrition across ministries and sectors
- Increase funding to the NFNC (National Food and Nutrition Commission) to ensure ministries
 and sectors coordinate efforts to have the greatest impact on malnutrition. This funding must
 be sufficient enough to fund coordination, monitoring and evaluation, creating and sharing of
 information, resource mobilisation, communications and advocacy

c. Collect the right data to maximise investments

- Undertake a comprehensive review of public and donor expenditure on nutrition and establish an open system and database for consistent, well managed and regular tracking of nutrition financing
- Use a common results framework to hold all actors working on nutrition to account for achievements
- Revisit and reaffirm the N4G targets and ensure the data is readily available to measure and track them accurately

d. Invest in carrying out proven and evidence-informed solutions and identifying new ones

- Increase the budgetary expenditure on nutrition-sensitive interventions in line with the NFNC's recommendation of \$3.1 million per year
- Increase nutrition-specific interventions to meet the target of \$23/child under 5, per year
- Scale up high impact nutrition interventions (as outlined in the 2013 Lancet series) and those with emerging evidence of effectiveness in Zambia to reach 80% of the target population by 2021
- Address human resource constraints by filling the 24% of vacant nutrition positions in key line ministries and generating more, particularly at the level of service delivery

ZIMBABWE

- There is need to mainstream nutrition sensitive budgeting in all the ministries namely Health and childcare, public service labor and social welfare, agriculture and primary and secondary education
- A specific budget line or programme be set aside for nutrition in the national budget under vote
 14 as it is a clear indicator that nutrition is a priority within the parent ministry that is Ministry of Health and Child Care
- In addition to conducting budget analysis there is need to conduct public expenditure tracking since the blue book does not give much detail on programme activities
- There is urgent need to ensure that the government develops new costed Nutrition plans as the National Nutrition Strategy it is currently implementing came to an end in 2018
- Nutrition commitments need to be coordinated by a taskforce that includes multiple stakeholders and partners

TANZANIA

- Address the adequacy of budgets for nutrition to the following: MoFP, MDAs and LGAs (Local Government Authorities)
- Ensure better budget management and efficiency to MoFP and all implementing agencies
- Improve equity in nutrition allocations at the central and in LGAs
- Further incentivise nutrition expenditures to MoFP, and PO-RALG (President's Office: Regional Administration and Local Government)
- Strengthen the nutrition-enabling environment at LGA level
- · Improve sensitisation at the community level to (PO-RALG, LGAs, and Development Partners)
- Improve the financial management to better monitor nutrition spending in the following: MoFP, PO-RALG
- Establish a cross-sectoral financing mechanism for nutrition
- Routinely collect and collate nutritional data for the following entities: HLSCN, MoHSW and TFNC
- Adhere to recent PO-RALG guidelines on reporting on nutrition allocations and expenditures to local government and to Development Partners

KENYA

- Increase resource allocation towards the agriculture sector considering its vital role in achieving nutrition targets. Special focus should be given to the Land and Crops Development and Food Security Initiatives sub-programmes due to their importance in promoting food security
- Increase allocation to, and expand the cash transfer project which is currently being piloted in Nairobi to reach more vulnerable households in order to increase access to food and minimise chronic food insecurity and malnutrition witnessed in different parts of the country
- In responding to the increased demand for livestock products, it is recommended that allocations
 to key targets such as increasing Livestock Products Value Addition and associated marketing
 be increased
- Recognising the new situation that the East Africa region is facing with the desert locusts, it
 is recommended that the budget lines for Crop Research and Livestock Research be more
 equitably distributed, or that at least a greater amount is apportioned to Crop Research

MOZAMBIQUE

- Government should increase budget allocation and spending towards reducing malnutrition and further increase spending for the under-five children
- Technical Secretariat for Food and Nutritional Security should create a schedule to monitor
 the activities carried out by NGOs, partners and civil society, from its plans to the monitoring
 of the actions carried out with the aim of having greater knowledge of the activities, reducing
 duplication efforts and bringing these entities closer to government plans
- Technical Secretariat for Food and Nutritional Security should create a matrix to account for bilateral and multilateral donations and contributions (off-budget) that contribute to the fight against malnutrition (promised, allocated and executed)
- The Government should guarantee in the state budget the allocation of contingency resources to the sectors, in order to allow for a timely and adequate response to emergency situations
- Technical Secretariat for Food and Nutritional Security should continue with the periodic mapping of critical zones and the underlying factors of acute malnutrition to ensure that sectoral, provincial and five-year programmes have a greater focus on those zones, thus taking advantage of the results of the monitoring that is done.

ETHIOPIA

- Robust advocacy works need to be made to improve the system for accountability and commitment across all nutrition stakeholders including government signatory sectors. These can be made along with the nutrition council and agency establishment process
- Capitalise in systems strengthening and capacity building so that routine resource tracking across sectors is conducted sustainably through public systems
- Promote sustainable, on-budget financing options for nutrition with monitoring mechanisms that ensure that funds make it to priority interventions
- Use multi-sectoral nutrition financing data to support allocative decisions about human resources, capacity building, and programmatic scale-up, and to shape the nutrition governance agenda.
 Improved coordination of allocative choices can lead to efficiency gains in multi-sectoral programme implementation across stakeholders

RWANDA

- Rwandan Government must maintain the increasing trends towards nutrition spending in order to adequately curb malnutrition and stunting
- Provinces and consequently districts should also consistently increase their budget allocations on food security and nutrition specific and sensitive interventions
- Budget allocations should also target early childhood development programmes that also include pregnant and lactating mothers and under-five children
- There is need for coordinated nutrition interventions that are multifaceted
- There is need for allocation of resources towards information and communication materials on food security and nutrition which will be disseminated to communities to further enhance peoples understanding of nutrition issues.



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ANNEXES

ANNEX 1: VOTE BY VOTE ALLOCATION TO NUTRITION IN MALAWI (\$ MILLION)

MINISTRY	MGDS III 2017 REQUIREMENT	MGDS III 2018 REQUIREMENT	MGDS III 2019 REQUIREMENT	2017/18 PBB PROVISION	2018/19 PBB PROVISION	2019/20 PBB PROVISION	2017/18 % Allocation	2018/19 % Allocation	2019/20 % Allocation	2019
Ministry of Health	14.3	14.03	14.03	3.4	3.7	1.5	24%	26%	11%	1,649.94
Ministry of Agriculture	8.91	30.2	29.2	3.3	10.6	10.0	36%	35%	34%	1,984.73
Ministry of Education	0.45	1.5	1.5	-	1.95	-	-	130%	-	355.66
Ministry of Gender	31.8	31.2	31.2	-	0.17	0.34	-	0.6	1	57.79
Ministry of Trade	-	2.11	2.11	-	-	0.4	-	-	18%	341.81
Ministry of Information	-	1.3	1.3	0.65	0.05	-	-	0.04	-	192.75
Department of Disaster	-	-	-	1.43	1.41	1.41	-	-	-	2,308.74
Malawi Prison Service	-	-	-	0.3	0.36	0.27	-	-	-	186.05

ANNEX 2: TANZANIA NATIONAL NUTRITION INDICATORS

SURVEYS	TNNS 2014	TNNS 2018
CHILDREN 0-59 Months %		
Acute Malnutrition [WHO 2006 Growth Standards]		
Global Acute Malnutrition [GAM]	3.8	3.5
Moderate Acute Malnutrition [MAM]	2.9	3.1
Severe Acute Malnutrition [SAM]	0.9	0.4
Oedema	0.07	0.03
Overweight	3.5	2.8
Stunting [WHO 2006 Growth Standards]		
Total Stunting	34.7	31.8
Severe Stunting	11.5	10.0
Programme Coverage		
Vitamin A supplementation within past 6 months with card or recall [6-59 months]	72.2	63.8
Deworming within past 6 months with card or recall [12-59 months]	70.6	59.0
Diarrhoea		
Diarrhoea in last 2 weeks	n/a	14.0
Low birth weight		
Births with a reported birth weight less than 2.5 kg	n/a	6.3
All births with a reported birth weight	n/a	80.9
CHILDREN 0-23 Months %		
Infant and Young Child Feeding indicators		
Children ever breastfed	98.4	96.6
Timely initiation of breastfeeding	50.8	53.5
Exclusive breastfeeding under 6 months	41.1	57.8
Continued breastfeeding at 1 year	90.0	92.2
Continued breastfeeding at 2 years	48.2	43.3
Timely introduction of complementary food	89.5	86.8
Minimum dietary diversity	24.5	35.1
Minimum meal frequency	65.7	57.4
Minimum acceptable diet	20.0	30.3
WOMEN 15-49 years %		
Nutritional Status		
Overweight [BMI≥25.0]	29.7	31.7
Obesity [BMI≥30.0]	9.7	11.5
Underweight [BMI<18.5]	5.9	7.3
Low MUAC [MUAC < 220mm – pregnant women only]	n/a	1.6
IFA supplementary		
Women 15-49 years of age with children under five years of age who took IFA supplementary during pregnancy for the past birth for 90 days or more	17.5	28.5
Anaemia [non-pregnant]		
Total Anaemia [Hb<12.0 g/dl]	n/a	28.8
Mild [Hb 11.0-11.9 g/dl]	n/a	16.1
Moderate [Hb 8.0-10.9 g/dl]	n/a	11.7
Severe [Hb<8.0g/dl]	n/a	1.0
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SURVEYS	TNNS 2014	TNNS 2018
HOUSEHOLD %		
SALT		
Households with salt adequately iodised	n/a	61.2
WASH		
Households with soap	91.4	69.4
Households who report having used soap for hand-washing at least at two critical times during past 24 hours	11.7	2.7
Household that use an improved excreta disposal facility [improved toilet facility, not shared]	n/a	25.0
Household that use an [improved excreta disposal facility, 2 households or more]	n/a	19.9
Household that use an unimproved toilet [unimproved toilet facility or public toilet]	n/a	55.1
Households with children under three years old that dispose of faeces safely	n/a	87.1



ANNEX 3: NUTRITION SPENDING PER DISTRICT IN RWANDA IN \$USD

PROVINCE	DISTRICT	TOTAL BUDGET ALLOCATED	NUTRITION ALLOCATION	% SHARE OF NUTRITION
	Nyarugenge	6.3	1.1	16.9%
Kigali City	Kicukiro	10.6	1.7	16.0%
	Gasabo	11.6	1.7	14.5%
Total	Total		4.4	15%
	Burera	13.4	2.8	20.7%
	Gicumbi	14.2	2.7	19.1%
Northern	Musanze	11.8	2.7	23.2%
	Rulindo	11.2	2.8	25.3%
	Gakenke	12.4	2.5	19.8%
Total		63.0	13.5	21.4%
	Huye	11.5	2.8	24.4%
	Nyamagabe	13.8	2.8	20.4%
	Gisagara	13.2	3.0	22.6%
Southern	Muhanga	11.8	2.6	22.5%
Southern	Kamonyi	10.7	2.3	22.2%
	Nyanza	10.9	2.6	23.7%
	Nyaruguru	13.1	2.5	19.4%
	Ruhango	11.8	2.6	22.3%
Total		96.6	21.4	22.1
	Ngoma	13.8	3.5	25.3%
	Bugesera	15.1	3.8	24.9%
	Gatsibo	15.1	3.0	19.7%
Eastern	Kayonza	11.1	2.7	24.2%
	Kirehe	10.5	2.5	24%
	Nyagatare	14.5	3.3	22.9%
	Rwamangala	10.7	2.2	20.3%
Total		90.8	20.9	23%
	Rusizi	13.5	3.2	23.0%
	Ngororero	15.8	3.7	24.0%
	Nyamasheke	15.0	3.1	21.0%
Western	Rubavu	12.3	2.6	21.0%
	Karongi	13.8	2.7	20.0%
	Rutsiro	12.3	2.2	18.0%
	Nyabihu	12.4	2.4	19.0%
Total		95.1	20.0	21%



