**Tracking of Nutrition-Relevant Budget Allocations**

Accelerate efforts to report on nutrition-relevant budget allocations among the countries in the SUN Movement

**Workshop Report:** 21st - 22nd April 2015

**Introduction**

Having reliable data is critical for policy makers to prioritise, plan and make informed decisions on resource allocation for nutrition in national budgets. It is here that governments make fundamental choices about spending for improved nutrition, which can lay the groundwork for the nation’s future. Tracking nutrition-relevant investments is not an end in itself but can help to bring stakeholders together to increase the performance and efficiency of budget allocations and spending. It can empower governments to make evidence based decisions on nutrition spending, inform the public and allow civil society advocates to engage in meaningful debate.

On behalf of the UN Network, UNICEF organised four regional workshops to provide a platform for discourse on accelerating SUN country tracking of nutrition-relevant budget allocations. Participants from 7 Anglophone Africa countries met in Entebbe, Uganda between 21st and 22nd April for this meeting. Technical support during the workshop was on hand from representatives of the Institute of Development Studies; Results for Development Institute; Global Nutrition Report Secretariat; USAID-SPRING and Emergency Nutrition Network (ENN).

Ghana, Kenya, Lesotho, South Sudan, The Gambia, Uganda and Zambia have been participating in the process and have progressed to a reporting stage. They were invited to the workshop to share their preliminary data.

Below is a summary of the workshop proceedings, key challenges and recommendations for the way forward.

Contents

[Session 1: 2](#_Toc419548363)

[Introduction, Background and Overview. 2](#_Toc419548364)

[Welcome Remarks 2](#_Toc419548365)

[Aida Girma, Country Representative, UNICEF, Uganda Country Office 2](#_Toc419548366)

[Background and Objectives for the Workshop 3](#_Toc419548367)

[*Pura Rayco-Solon, Nutrition Specialist, UNICEF, ESARO* 3](#_Toc419548368)

[Overview of the Process 4](#_Toc419548369)

[Alam Khattak, Policy Advisor, SUN Movement Secretariat 4](#_Toc419548370)

[Session 2: 5](#_Toc419548371)

[Evidence for Implementation at Scale 5](#_Toc419548372)

[Session Chair: Maureen Tumusiime Bakunzi, Policy Implementation, Office of the Prime Minister, Uganda 5](#_Toc419548373)

[Background and Conceptual Framework for Nutrition 5](#_Toc419548374)

[Pura Rayco-Solon, Nutrition Specialist, UNICEF, ESARO 5](#_Toc419548375)

[Malnutrition: Current Status and Trends in Key Determinants 6](#_Toc419548376)

[Khomal Bhatia, Global Nutrition Report (GNR) Secretariat, Entebbe, Uganda 6](#_Toc419548377)

[Establishing Cost Estimates and Financing Strategies to Achieve the WHA Nutrition Targets 7](#_Toc419548378)

[Mary D’Alimonte, Results for Development Institute (R4D) 7](#_Toc419548379)

[Evidence on Implementation of Nutrition Interventions in Uganda 8](#_Toc419548380)

[Ibrahim Kasirye, Economic Policy Research Centre (EPRC) 8](#_Toc419548381)

[General Discussion 8](#_Toc419548382)

[Session 3: 9](#_Toc419548383)

[Presentation of Country Preliminary Findings 9](#_Toc419548384)

[Session Chairs: Rebecca Alum William, Director of Nutrition, Ministry of Health, South Sudan and Modou Cheyassin Phall, Executive Director, National Nutrition Agency (NaNA,) The Gambia 9](#_Toc419548385)

[Zambia 9](#_Toc419548386)

[Plenary 9](#_Toc419548387)

[Lesotho 10](#_Toc419548388)

[Plenary 10](#_Toc419548389)

[Ghana 10](#_Toc419548390)

[Plenary 11](#_Toc419548391)

[Uganda 11](#_Toc419548392)

[Plenary 11](#_Toc419548393)

[Session 4: 12](#_Toc419548394)

[Group Work Presentations: Advance in Weighting 12](#_Toc419548395)

[Session Chair: Patrizia Fracassi; Facilitators: Edwyn Shiell and Khomal Bhatia 12](#_Toc419548396)

[General Discussion 12](#_Toc419548397)

[Session 5: 13](#_Toc419548398)

[Continuation of Country Presentations 13](#_Toc419548399)

[Session Chair: Mubita Luwagelwa, Policy and Planning Director, MoH, Ghana 13](#_Toc419548400)

[Kenya 13](#_Toc419548401)

[Plenary 14](#_Toc419548402)

[The Gambia 14](#_Toc419548403)

[South Sudan 15](#_Toc419548404)

[Plenary 15](#_Toc419548405)

[General Discussion 15](#_Toc419548406)

[Session 6: 15](#_Toc419548407)

[Dissemination and Advocacy at Different Levels. 15](#_Toc419548408)

[Session Chair: Marjorie Volege, SUN Coordinator, MoH, Kenya 15](#_Toc419548409)

[Overview of the Emergency Nutrition Network (ENN), 15](#_Toc419548410)

[Marie McGrath, Technical Director, ENN 15](#_Toc419548411)

[Using Budget Analysis for Advocacy and Communication, 16](#_Toc419548412)

[Edwin Shiell, SUN Network Secretariat 16](#_Toc419548413)

[General Discussion 16](#_Toc419548414)

[Reactions 17](#_Toc419548415)

[Session 7: 18](#_Toc419548416)

[Closing 18](#_Toc419548417)

[Conclusions and Recommendations, 18](#_Toc419548418)

[Patrizia Fracassi and Khassoum Diallo 18](#_Toc419548419)

[Closing Remarks, 18](#_Toc419548420)

[Hon. Florence Mutyabule, Member of Parliament, Uganda 18](#_Toc419548421)

[Note of Thanks, 19](#_Toc419548422)

[Representatives from Lesotho and Ghana 19](#_Toc419548423)

[Annex I: Agenda 20](#_Toc419548424)

[Annex II: Participants’ List 22](#_Toc419548425)

[Annex III: Country Discussion Notes – Group Work 25](#_Toc419548426)

[Annex IV: 28](#_Toc419548427)

[Annex V: Presentations 28](#_Toc419548428)

Day 1: 21st April, 2015

*MC: Edwyn Shiell, Policy and Strategy Advisor, Advocacy and Communication, SUN Movement Secretariat.*

# Session 1:

## Introduction, Background and Overview.

*Session Chair: Khassoum Diallo, Sen. Research and Evaluation Specialist, UNICEF Eastern and Southern Africa Regional Office.*

Mr. Shiell welcomed the participants to the workshop whose overall aim was to discuss how to communicate evidence-based information to improve nutrition and help to develop evidence-based nutrition financing research. Key issues raised would be:

* How nutrition financing is weighted;
* How it can be improved; and
* Best practices and identification of new in-roads.

Mr. Shiell then led the participants through a discussion of their expectations for the two days. In country groups, the following expectations were identified as the most important in order of priority:

1. Learn more about how nutrition-specific and nutrition-sensitive funding can be tracked at different levels.
2. Get a better understanding on how the data can be used for advocacy with key decision-makers following the workshop.
3. Learn about nutrition budget allocations from other SUN countries.
4. Determine which key sectors are investing or have potential to invest in nutrition
5. Build widespread consensus on how to define nutrition-relevant budget allocations, especially the nutrition-sensitive ones.
6. Network with participants from other SUN countries.
7. Network with participants from Global SUN Networks and expert groups.
8. Validate the nutrition budget allocation findings to increase dialogue and alignment across sectors.

Khassoum Diallo, the session chair stated that it was important during any process to stop and take stock so that lessons can be learned from each other’s experiences. He introduced and welcomed Aida Girma, Country Representative, UNICEF Uganda; and Patrizia Fracassi, Senior Nutrition Analyst and Strategy Advisor, SUN Movement Secretariat. He passed on apologies for Simon, Director for Information and National Guidance, Office of the Prime Minister, Uganda who was running late. Simon would be representing the Permanent Secretary.

## Welcome Remarks

## Aida Girma, Country Representative, UNICEF, Uganda Country Office

Ms. Girma welcomed the participants and congratulated them on their efforts in advancing the nutrition agenda. She stated however, that in the midst of the progress that has been made, millions of children are still being left behind. Although malnutrition has reduced, there are more stunted children in the world today than there were 20 years ago, and malnutrition contributes to 45% of all under 5 deaths. To address the complex causes of malnutrition, a multisectoral approach must be used instead of the conventional vertical one that has been previously employed. The Copenhagen Consensus has set the scene by identifying nutrition as the single most important cost effective means of advancing human wellbeing. It should become a top priority for policy makers and philanthropists as the costs of inaction are much higher than the costs of action. The Consensus recommends an additional 3 billion dollars of predictable and multi-year funding to reduce under nutrition.

Ms. Girma encouraged the participants to continue to develop a system for tracking nutrition financing to monitor, fund and further disseminate information on mulnutrition. She hoped that this workshop would provide input to move the agenda forward, and wished the participants fruitful deliberations.

*Patrizia Fracassi, Senior Nutrition Analyst and Strategy Advisor, SUN Movement Secretariat*

Ms. Fracassi begun by stating that although tracking nutrition-relevant financing is a complex issue, the SUN countries have made great progress in engaging decision makers; and thus have more experience on how this works. There is clear evidence that cost-effective, high impact actions are available. The next strategic phase is to garner the political support needed to include nutrition in all development issues so as to move the agenda forward. Since 2015, 30 SUN countries have increased on their reporting and the Global Nutrition Report (GNR) shows that no single country has a monopoly on the challenges or the solutions to address them. This therefore provides an opportunity for everyone to work towards achievable targets. With coordinated support and political will, it has been shown that nutrition targets can be achieved.

*Simon , Director for Information and National Guidance Office of the Prime Minister, Uganda.*

Mr. Simon stated that malnutrition is an impediment to the promise of development and the demographic dividend. The economic cost of hunger in Uganda has been estimated at about 5.4% loss in economic gains and yet simple investments in human capital such as vitamin A supplementation and exclusive breastfeeding could make a difference now, which would otherwise take generations to address.

“For our countries to grow, our children must grow.”

He stated that Uganda was making progress and that the Uganda Nutrition Action Plan 2011-2016 (UNAP) considers nutrition a high level priority which is a major milestone in political commitment. Additionally, a multisectoral approach involving the country’s health, education, agriculture, sanitation, and social protection sectors is being employed. Simon highlighted that the Uganda approach had been successful in curbing the HIV/AIDS epidemic in the eighties. He proposed that the same three-pronged strategy for coordination could be employed in addressing nutrition issues in other participating countries. This would require having one framework, one authority and one M+E body to coordinate all activities in the country.

Finally, Simon appealed to the participants to recommend solutions to the problem of stunting in south western Uganda. Despite the relative prosperity in the region, 44% of children in this area are stunted and chronically hungry.

## Background and Objectives for the Workshop

## *Pura Rayco-Solon, Nutrition Specialist, UNICEF, ESARO*

Some countries are accelerating their efforts to report on nutrition-relevant budget allocations by looking at historical changes over time. The main objective of this workshop was to provide an opportunity for Ghana, Kenya, Lesotho, South Sudan, The Gambia, Uganda and Zambia to present their figures and trends. Ms. Rayco-Solon begun by emphasizing the World Health Assembly global nutrition goals (Figure 1) and proceeded to set out the context for this work.

She presented the specific objectives as:

* Identify key sectors that are ‘investing’ or have ‘potential to invest’ in Nutrition.
* Estimate the total and relative budget allocation for nutrition across key sectors (specific and sensitive).
* Discuss how these estimates should be part of a wider effort to track financial resources for Nutrition.
* Discuss how these estimates can be used for advocacy (nationally and globally).

For the first day, SUN Secretariat would provide an overview of the process and evidence for implementation at scale would be presented to set the scene. Zambia, Lesotho, Uganda and Ghana would then share their preliminary findings and then later break into country discussion groups. On the second day, each country would make plenary presentations from their group work. A panel discussion on dissemination and advocacy to guide participants on possible ways to carry the agenda forward would precede the final presentation on conclusions and recommendations.

***Figure 1: Global Targets to Improve Martenal Infants and Young Child Nutrition.***



## Overview of the Process

## Alam Khattak, Policy Advisor, SUN Movement Secretariat

Mr. Khattak began his presentation by sharing some of the key highlights from the Global Nutrition Report. He stated that the nutrition context is dynamic and malnutrition is a complex problem influenced by multiple factors. Separating the concept of malnutrition into under nutrition and overweight/obesity is a false dichotomy as early malnutrition may be a risk factor for obesity as well as some type of chronic diseases in adults. Non-communicable diseases (NCD) are projected to generate a global output loss of USD 47 trillion over the next 20 years. Preliminary findings of the GNR indicate that 45% of countries are suffering a ‘new normal’ combination of nutrition burden which includes the coexistence of under nutrition and obesity. He stated however, that all hope was not lost since nutrition can be considered as both an input for and an output of a sustainable development agenda. For every dollar invested in nutrition, there is an average return of 16 dollars. Mr. Khattak pointed out, however, that there is a need to scale up nutrition-specific interventions so that targets are reached. Although these have previously been untracked, they are not un-trackable. This was the motivation for the three-phase SUN initiative that led to this workshop.

**“Good nutrition is an input for and an output of a sustainable development agenda”**

**“According to a study by the World Economic Forum, US$ 47 trillion over the next 20 years will be lost to NCD”**

30 countries responded to a call for interests and with support from GNR/IDS; R4D and SPRING, they begun the tracking process. The 3-step approach involves:

* **STEP 1**: identification of nutrition-relevant budget allocations through a key word search which all countries have now completed
* **STEP 2**: categorisation of nutrition-specific, nutrition-sensitive or potentially nutrition-sensitive allocations, which is the focus of this workshop; and
* **STEP 3**: weighting of nutrition-sensitive allocations by assigning a reasonable percentage of the amount to allocations based on their categorisation using a scale from 10% (potentially nutrition-sensitive) up to 100% (nutrition-specific). This will require a lot more work.

He cautioned the participants to note that the process cannot be harmonised across countries as each has a different budget and different governance systems. It is important however to note that the process is just as important as the results and focus should be put on accountability and replicability. When analysing the data, Mr. Khattak called for extra attention in untangling specific interventions since allocations are often in an aggregated form.

Highlighting the challenges encountered by the process so far, Mr. Khattak stated that these were compounded by the difficulties that come with remote, online support. The challenges included: poor access to online and on ground information; little in-depth knowledge of programmes; poor communications with the sectors and translation of the work into advocacy asks.

He summed up his presentation with a call to the participants to build the investment case for nutrition as their starting point. He also encouraged them to work closely with civil society, the media, parliament and private sector through appropriately targeted information to build consensus and increase accountability.

# Session 2:

# Evidence for Implementation at Scale

# Session Chair: Maureen Tumusiime Bakunzi, Policy Implementation, Office of the Prime Minister, Uganda

In this session four panelists presented accessible and practical evidence on implementing nutrition-specific interventions at scale; and maximizing the nutrition-sensitivity of large-scale investments in agriculture, social protection, water supply and education. Below are summaries of the presentations and discussions that followed.

## Background and Conceptual Framework for Nutrition

## Pura Rayco-Solon, Nutrition Specialist, UNICEF, ESARO

Ms. Rayco-Solon provided an overview of the UNICEF Conceptual Framework for Malnutrition, 1990 highlighting that the outcome of nutritional status was heavily dependent on the levels of poverty at individual households, but also constrained by the overarching economic, political and institutional structures of the country. To defeat malnutrition, countries must focus on adopting nutrition-specific as well as nutrition-sensitive interventions, noting the fundamental importance of an enabling political environment, and a well-coordinated framework for actions to achieve optimum fetal and child nutrition and development. The framework for actions to achieve optimum fetal and child nutrition and development if adopted in 10 of the 34 countries that account for 90% of the global malnutrition burden could translate into huge leaps and bounds for the agenda. Particularly focus should revolve around the 10 nutrition-specific interventions presented in Figure 2.

**“Countries will not be able to get out of poverty without adopting nutrition-specific and nutrition-sensitive interventions.”**

If these 10 proven nutrition-specific interventions were scaled-up from current population coverage to 90%, 900,000 lives in 34 high burden countries could potentially be saved. The number of children with stunted growth and development could also be reduced by 33 million. Nutrition-sensitive strategies should also be applied in the agriculture, water, education, health and emergency sectors. She summed up with a list of the potential benefits of this strategy which include: boosted GNP by 11% in Africa and Asia; improved school attainment by at least one year; increased wages by 5-50%; reduced poverty as well-nourished children are 33% more likely to escape poverty as adults and empowerment of women through an additional 10% more likely to run their own business.

***Figure 2: Packages of 10 Key Nutrition Interventions.***

******

## Malnutrition: Current Status and Trends in Key Determinants

## Khomal Bhatia, Global Nutrition Report (GNR) Secretariat, Entebbe, Uganda

Ms. Bhatia shared findings from the 2014 GNR report (Actions and Accountability to Accelerate the World’s Progress on Nutrition.) She stated that the global malnutrition problem has reached alarming rates, with large differences across populations and geographic regions. Maternal and child under nutrition persist alongside the increasing prevalence of chronic lifestyle diseases. According to the report, 122 countries have between 1 and 3 coexisting problems. She noted however, that the key determinants (food supply, water and sanitation, social protection, health systems and female education) have greatly improved. Additionally, budgets to the agriculture and education sector have almost doubled in Africa and Asia over the years.

Ms. Bhatia surmised by stating that sustainable approaches must be developed that will help to translate information into investments to influence global advocacy and planning for nutrition. This would require an increase in nutrition-relevant allocations by governments.

|  |
| --- |
| Summary: Current Status and Trends in Key Determinants of Malnutrition |
| * Maternal and child malnutrition remains a major problem
* Nutrition-related chronic diseases are an emerging threat
* Overlaps of different forms of malnutrition is the “new normal”
* Despite poor global picture, many countries are making good progress
* Underlying determinants are improving gradually
* Enabling environment needs to be strengthened
 |

## Establishing Cost Estimates and Financing Strategies to Achieve the WHA Nutrition Targets

## Mary D’Alimonte, Results for Development Institute (R4D)

Ms. D’Alimonte’s presentation revolved around how to establish costing needs in order to scale up nutrition-specific interventions. She stated that it is important to be able to translate information gathered regarding financing into communication to influence global advocacy and planning.

To achieve this, each country should be able to identify the appropriate interventions, cost the needs, identify the resource gap, and then scale up (Figure 3). This approach is further supported if the financing patterns and possibilities for each country are understood. Information requirements for each country include:

* Unit costs information
* Funding for nutrition – current and future allocations
* Are the proposed scenarios appropriate and meaningful? (Involving maximum effort; moderate expansion of effort; continuation of current trends and flat-lining
* How can nutrition funding be increased in your country? (Reallocation of existing budget from either within health or from other sectors; increasing donor investment or new innovative sources.)

***Figure 3: Approach***



For each country, it would be necessary to establish which interventions have a direct impact on stunting. The Lives Saved Tool (LiST) provided can be used to estimate impact. As a nutrition-sensitive framework is developed, the following key questions should remain at the forefront of the implementers’ minds:

* What are optimal (fair and feasible) donor & domestic spending targets?
* How will total resource needs and allocation of spending across sources change over time?
* How can financing become sustainable over time, with a focus on domestic sources?
* If funds are insufficient to do everything, what areas should be given the higher priority?

Finally, it is important to explore and analyse nutrition spending patterns of a country to discover how it is being influenced. This information would be helpful in further developing the approach and finding ways to translate ideas into money.

## Evidence on Implementation of Nutrition Interventions in Uganda

## Ibrahim Kasirye, Economic Policy Research Centre (EPRC)

Mr. Kasirye presented an overview of the nutrition status of children and women; the causes and possible solutions; financial allocations to key sectors; and nutrition interventions in Uganda. On the status of malnutrition in children, he commented that although stunting had been reduced by 12% between 2000 and 2011, the actual numbers translated to an estimated 12 million affected children. Even where progress has been made it is insufficient. For instance 360 infants die daily and nutrition interventions can save only 120 infants of these.

**“71% of Ugandan MPs are ignorant about nutrition. If the people who are making the decision about health spending are ignorant, then what hope do we have to make a difference?”**

He highlighted the key causes of malnutrition as poor feeding for both mothers and children; low political support from Parliament; lack of prioritization within the health sector. He stated however possible solutions are underway as evidenced by the existence of the Uganda Nutrition Action Plan (UNAP); and planned implementation within the health and agriculture sectors.

|  |
| --- |
| Evidence on Implementation of Nutrition Interventions: Summary  |
| * Malnutrition remains a big challenge in Uganda
* A multisectoral response is called for
* Challenges of tracking nutrition expenditures within health, education, and water budgets still exist
* Short-term interventions are predominantly funded by external partners
 |

The session chair opened up the floor for questions and comments.

## General Discussion

**Recent trends indicate increased funding for family planning interventions**: One of the participants inquired on whether these recent trends could be taken advantage of as potential investments into nutrition financing. Ms. D’Alimonte responded that if a connection could be made between family planning and nutrition, it would be worthwhile understanding it and knowing where the investments are being made. Furthermore, stronger coordination would help to comprehend what and where investments are being made. She offered to look further into the issue.

**Financial vs. non-financial investments**: It was discussed and agreed within the plenary that although scaling up requires financial investment by default, leveraging of other inputs that may not necessarily be monetary was also important.

To a request for more information on mapping tools that have been used by other countries, Ms. Bhatia stated that initiatives such as this workshop are evidence that efforts are being made to promote inter-partner learning. Tools that have been successful in other countries could be adjusted to fit similar situations. For instance Zambia’s example of a strong coordinating body that sits within the Ministry of Health means that they have a better way of lobbying the government directly. This can be adopted within other countries in the region.

# Session 3:

# Presentation of Country Preliminary Findings

# Session Chairs: Rebecca Alum William, Director of Nutrition, Ministry of Health, South Sudan and Modou Cheyassin Phall, Executive Director, National Nutrition Agency (NaNA,) The Gambia

Each country presented preliminary findings based on the compiled templates and according to the decisions made during in-country group discussions. Practical examples on dealing with and overcoming difficult situations and key challenges were shared. Zambia, Lesotho, Gambia and Uganda made their presentations on the first day.

## Zambia

The country presentation discussed the status of nutrition in Zambia which included the problems; their determinants; and interventions. The presenter also discussed possible opportunities for increasing funding for nutrition and the challenges faced through the process. The major problems were stated as: stunting at 40%; underweight at 15%; wasting at 6% and various micronutrient deficiencies. Zambia is also experiencing an increase in overweight and obesity especially among women from 19% in 2007 to 23% in 2014. On the determinants of malnutrition, it was noted that poverty (66% of the population is considered poor) was the biggest determinant. Other determinants include inadequate dietary diversification and poor water and sanitation.

Regarding interventions, it was noted that 14 interventions are currently being prioritised for implementation but that these are limited in terms of coverage and scale. However, coordination has been eased by a government pledge to support the nutrition committee which is chaired by the Secretary to Cabinet. The Secretary has the power to directly supervise Permanent Secretaries which clearly aids policy implementation. The committee will soon have legal status as a stand-alone entity.

Challenges that arose from the information gathering process were listed as:

* Funding sources not included in Yellow Book
* Cross cutting nutrition budget lines
* Unclear expenditure reports with no delineation for nutrition
* Duplicated budget lines

Finally, budgeting discrepancies continue to be reflected with cases of double counting; actual versus planned expenditure; and political versus technical decisions on who spends on what.

### Plenary

One participant raised a question on the sudden increase reflected in Zambia’s health budget specifically targeted to nutrition between 2012 and 2013 and then the sudden drop again towards 2014. The country team explained that deliberate action by the government to plan for food safety meant that money was being spent directly on school feeding programmes. During 2014 however, that money was diverted back to the maternal child health department under community health and hence the drop.

Discussing the nutrition committee, the team explained that the Ministry of Health provides a grant from which the human resource is paid salaries. They are currently dealing with problems of capacity. Although funding is available, it is difficult to find the right staff to carry out community implementation. They currently rely on committee members who are generally more suited to policy work. Mr. Eneya Phiri, a member of the committee also explained further the structural coordination of the committee. Because the Permanent Secretary of the Ministry may be commissioned by the Cabinet Secretary (Board chair) to parliament, there is a system for checks and balances. The biggest challenge however remains the discrepancy between what is budgeted and what is actually spent. Mr. Diallo explained that experiences from many countries within the region have shown that many times only half of what is budgeted is actually spent. The tendency to double count is also very common.

## Lesotho

The presentation provided a synopsis of malnutrition trends in Lesotho in stunting (33-33.2), underweight (15.8-10.3) and wasting (2.4-2.8) in the period from 1992-2014. Budget allocation for nutrition for the FY 2014/2015 demonstrated that the highest allocation was within the Ministry of Education (12 %.) This was explained as being a result of school feeding programmes that the government was carrying out. Allocation from external sources accounted for 82% of the Ministry of Health budget targeted for nutrition. It was noted that external funding from external sources appeared to be declining over the last three years. This could however be due to the reluctance of development partners to share their budget projections. The Ministry of Justice and the Ministry of Agriculture and Food Security both have a budget for nutrition under their sectors of food systems and food security respectively. From their analysis, the country team explained that according to their analysis, 99% of the budget allocation was geared to nutrition-sensitive interventions while 1% is nutrition-specific.

Discussing the data collection process, the presenter explained that it was useful in helping to define some of the nutrition parameters further. The major challenge experienced was the breakdown of budgets into specific programmes because of reluctance of custodians to share information fully.

### Plenary

The plenary questioned the nutrition-sensitive versus the nutrition-specific budgeting ratio of 99% to 1% and wondered how it had come about. The Zambia team explained that most of the data analysed did not include areas such as human resource or infrastructure. Most of the information was obtained from the school feeding programmes of the Ministry of Education and some on diet diversification under the Ministry of Agriculture.

Regarding external funding, a participant from Zambia commented that it was difficult for them to investigate the exact funding amount from donors. He requested for further elucidation on how the team in Lesotho had done it. The presenter explained that nutrition funding for the country was largely targeted for school feeding projects. This is an entirely domestic programme funded by the government. It was pointed out however by Ms. D’Alimonte that it was worth investigating whether the school feeding programme was entirely a government initiative or a donor-driven decision.

## Ghana

The presentation from Ghana indicated a decline in the under-5 mortality rate over the years and an improvement in poverty levels and GDP from 1990 - 2012. Malnutrition rates were represented in children under-5 at 18.8% for stunting and 11% for underweight. An overall trend of increased obesity in women was noted. The key determinants of malnutrition were related mainly to availability of food and ratio of population to number of health workers. Other determinants were gender related and were demonstrated by the increase in enrolment of females to secondary school. Intervention coverage was highest for immunisation (92%) and lowest for vitamin A supplementation (17 %.)

Regarding budget analysis for opportunities to improve nutrition, 13 programmes (excluding health) were identified. They fell under the Ministry of Water Resources, Works and Housing, Ministry of Fisheries and Aquaculture Development (MFAD) and Ministry of Food and Agriculture (MoFA.) All interventions were identified as nutrition-sensitive. The following items were considered to be missing from the budget: school feeding; school agriculture/science (purchase of books); food subsidies for senior high boarding schools; special education programmes; school health and education program (training of teachers); food ration in three northern regions; and science and technology programmes for schools.

From the budget overview, highest nutrition related spending in 2014 was under MFAD (79%) and the lowest was under the Ministry of Gender, Children and Social Protection (12%). Overall, external input was higher than domestic funding. For both sources, highest spending was within the Ministry of Food and Agriculture.

Overall, the process indicated a high reflection of budgeting on nutrition-relevant programme due to the nationwide school-feeding programme. The uniqueness of Ghana’s budgeting system means that policy objectives can change every 4 years, giving opportunity for adjustments at policy and programme levels.

### Plenary

Participants questioned the high percentages that were attributed to nutrition in the varying departments. For instance one member asked how it was possible that a Local Government could have a 71% budget allocation. They wondered if particular programmes within these sectors were clearly earmarked for nutrition. In response, the Ghana team explained that although different sectors have different objectives overall, these could be linked directly to nutrition-specific interventions. All objectives within the National Development Plan are coded and can thus be tagged to nutrition-specific or nutrition-sensitive areas. It was also pointed out that Ghana is going through a decentralization process and therefore has relatively large budgets at the LG level. These are budgets are then disseminated to various sectors with a large proportion going into school feeding programmes.

**“To be described as nutrition-sensitive, a programme must be aimed at nutritionally vulnerable individuals; include a nutrition objective or indicator; and contribute to nutrition-sensitive outcomes.”**

Ghana was unable to utilize data preceding 2014 because their budgeting system has recently been changed. It was therefore not possible for them to clearly reflect trends over the past years.

At the end of the presentation, Ms. Fracassi informed the plenary that the templates being used for analysis are not necessarily developed to ensure comparability across different countries but instead provide a basis for accountability and sustainability. Once it is agreed upon which data the country wants to use, this must be standardised and the same parameters stuck to in all areas.

## Uganda

Malnutrition in Uganda was shown to represent a worrying trend in the levels of stunting among children in the south and south western regions. Despite the relative economic prosperity exhibited in the region, high levels of underweight among children still persist, while the tendency for overweight among their parents is increasing. Stunting in this region is at similar levels to that in the lowest economic quintile of Karamoja. The presenter stated one of the major determinants as a possible socio-gender dynamic that means children are feeding separately from their parents and this is affecting their nutrition.

In Uganda nutrition has been a focus of national policies since 1995 as demonstrated in the Constitution and in the Uganda Food and Nutrition Policy, 2003. It is the responsibility of government to ensure food security and nutrition of population. Among the major programmes developed for this is the National Agriculture Advisory Services (NAADS). The Ministry of Agriculture is also currently involved in a dietary diversification programme. Budget allocation for this was however not included in the analysis. Nutrition interventions are carried out across various multisectoral platforms and include awareness raising and water and sanitation initiatives. The total budget allocation for nutrition is 5% of the total budget.

### Plenary

Discussion revolved around the discrepancy demonstrated between wealth and under nutrition in the south west region. It was additionally noted that this area receives the largest number of nutrition interventions. The team explained that current programmes are now focusing on more locally developed initiatives. Decentralisation has contributed to the success of these initiatives because multisectoral District Nutritional Committees provide technical advice so that each district is able to develop a separate plan, relevant to its population.

One participant commented on the high levels of malnutrition evident in the Karamoja region. She queried why this was the case yet there was clear evidence of donor focus towards development in the area. The presenter responded that as the data shared was over 4 years old, improvements could have been missed that are a result of the recent Northern Uganda Social Action Fund NUSAF) project of which the region is a beneficiary. It was noted however that cultural challenges remained the major determinant of malnutrition in Karamoja.

# Session 4:

# Group Work Presentations: Advance in Weighting

# Session Chair: Patrizia Fracassi; Facilitators: Edwyn Shiell and Khomal Bhatia

Country group discussions were carried out to seek consensus on interventions and or programmes across various sectors would be considered nutrition-specific or nutrition-sensitive. (Notes attached as Annex 3). The sectors considered were health, agriculture, social protection and education. The purpose of this work was to clearly define which areas would be tracked to ensure that the sector has ownership of the frame work. It is hoped that this forum would be used to develop standards that could fit in the overall conceptual framework. Consensus was reached in the following areas:

* Emergency: Consensus but a better definition should be provided
* Salaries for sector workers: Weighting should be considered depending on the exact level of involvement
* Disease prevention and management: May require more consensus building.
* Diet Diversification: Consensus
* School feeding: Consensus

## General Discussion

The plenary discussed and agreed that all interventions that were directly targeted such as the 1000 days campaign could be defined as nutrition-specific. If there was any doubt regarding interventions, these should be defined as nutrition-sensitive. A similar definition had been agreed upon in the Bangkok regional meeting.

Ms. Fracassi pointed out that where programmes were not originally defined as contributing to nutrition, it was the duty of analysts to identify the connection. For instance taking the Uganda case as an example where all 8 sectors of the NDP are related to increase in production, the overlap between the budget and the Uganda National Action Plan (UNAP) must be identified. There is a need to dig deeper into the budget narrative to find these connections.

Day 1: 22nd April, 2015

Participants continued the previous day’s discussion to try and get a clear understanding of which areas/interventions should be weighted as nutrition-specific or nutrition-sensitive and what is therefore relevant to be included in budget tracking. It was noted that funds should be tracked at the level of parliamentary approval of budget as post-disbursement tracking could become quite intricate and complicated. Although the 5 relevant sectoral domains are already determined and agreed upon (Lancet, 2013) it was pointed out that Local Government Ministries could also be considered for inclusion as key sectors.

Within their country groups, participants identified examples of nutrition interventions identified in their country budgets. These are presented in the table below.

| **Country**  | **Intervention** |
| --- | --- |
| **Lesotho:**  | Supply of food stuffs Provision of rations to vulnerable households |
| **Ghana:**  | School feeding Livelihood Empowerment Adjustment Programme (Leap 1000) for pregnant womenSubsidies to high school students for food and utilitiesCommunity programmes with Local GovernmentsSupplementary feeding of vulnerable women and childrenFree maternity care  |
| **Kenya:**  | School feeding in food insecure regionsSmall scale gardening within schoolsKitchen gardening and agri-business support in semi-arid areasSupplementary feeding and vitamin A in early childhood programmesAwareness for pregnant womenManagement of malnutrition in PLWA.  |
| **Uganda**: | School feeding particularly in KaramojaSchool gardeningNutrition curriculum and training incorporated at all levels of education systemGirl education  |
|  | Awareness through MH, immunisation and community health programmesCommunity-led sanitation programme for access to clean water and latrines Pension plan (SAGE)National Agriculture Advisory project with bio-fortification of crops and livestock diversity |
| **The Gambia:** | Food security programmeDietary diversificationScholarships for girls Women’s adult literacy Food supplementation to vulnerable households Feeding in emergenciesImmunisation |

# Session 5:

# Continuation of Country Presentations

# Session Chair: Mubita Luwagelwa, Policy and Planning Director, MoH, Ghana

## Kenya

An overview of the nutrition situation in Kenya was represented as stunting (26%); wasting (11%); low birth weight (5.6%); exclusive breastfeeding (61.4%); overweight (4.7%). Regional disparities are evidenced with the most affected among minority pastoralists groups.

The presenter stated that Kenya as a country considers nutrition as a priority agenda and has in place a relatively enabling environment. Policies such as the National Food and Nutrition Security Policy, 2012; Costed National Nutrition Plan of Action (2012-2017) and existence of various policy statements; guidelines and detailed work plans are evidence for this. Efforts are coordinated through civil society, donor, business, government and UN SUN networks. The current SUN patron is the country’s First Lady.

On financial tracking of the budget, the presenter stated that 88% was spent on nutrition-specific interventions; 4% on nutrition-sensitive and 8% on strengthening governance across 11 strategic objectives. Overall, 57% of the national budget is inclined towards nutrition for the year 2014-2015. Although nutrition is not an outcome in any ministry objective, nutrition related allocations account for 11.3% of the sectoral budgets of which 99% are nutrition-sensitive. 99.8% of allocations are from external sources while the government covers only 0.2%. The high share of ‘off budget’ donor funds undermines strategic prioritisation.

The challenges experienced by the team during the process include:

* Weak inter-sectoral coordination structure due to low understanding of linkage between other sectors
* Limited prioritisation of nutrition in political and economic agendas.
* Programme strategies are vertical in nature and lack nutrition as an outcome indicator
* Insecurity in Arid and Semi-Arid Lands (ASAL) counties inhibiting access
* Inadequate funding of nutrition programmes by government
* Off-budget tracking

### Plenary

One participant questioned the relatively high budget that seemed to be allocated to nutrition-sensitive interventions. The team explained that a large amount of funding from external partners is channeled to malnutrition management of PLWA. The money is disbursed through the national treasury and is therefore reflected on the budget. These inputs from the Global Fund are the only ‘external’ funds that were tracked for this process. Other off-budget donor funds were not captured.

A participant from Uganda requested for shared lessons on the relative success in tackling stunting within the Turkana region. The population is very similar to the Ugandan Karimojong pastoralists, but over 10 years of targeted programming has not caused much improvement in malnutrition. The presenter explained that interventions under several vertical programmes in the West Pokot region have all been mainly addressing wasting. Groundwork on policy implementation is currently being done and lessons learned will be shared.

## The Gambia

The overview of nutrition status in the country is presented as stunting (25%); wasting (11.5%); underweight (17%); EBF Rate (48%); Vitamin A Supplementation (69%); and Household consumption of Iodized salt (74%).

The National Nutrition Agency (NaNA) is charged with the coordination of all nutrition related activities in the country. The Agency is also responsible for the coordination of the implementation of the Food Act, 2005 and is the secretariat to the National Codex/Sanitary and Phytosanitary Committee (NCSPSC).

Nutritional interventions in The Gambia are implemented through: community nutrition programming; mainstreaming nutrition into development policies, strategies and programmes; policy implementation framework; promoting effective nutrition education; and resource mobilisation. It however wasn’t clear to the team which particular objectives were nutrition-specific or nutrition-sensitive. Programmes identified as being 100% nutrition-specific are:

* Maternal and Child Nutrition Programme (Baby Friendly Community Initiative; Baby Friendly Hospital Initiative; Gambia Nutrition Surveillance Programme; and Integrated Management of Acute Malnutrition
* Micronutrient Deficiency Control Programme (Vitamin A Deficiency; Iodine Deficiency Disorders, and Iron Deficiency Anaemia)
* Prevention and Management of Non- Communicable Diseases
* Nutrition Education Programme
* Institutional Strengthening and Capacity Building

## South Sudan

An overview of the nutrition status for the country was presented as stunting (31%) and exclusive breastfeeding (45%). The country is fairly new with frequently recurring political and tribal conflict. As a result, there exists a strong nutrition cluster with around 45 NGOs implementing nutrition-specific Interventions. The SUN Movement was launched in 2013 and is chaired by the Vice President. Current stakeholders include the Ministry of Health; UN Agencies; civil society actors and the donor community. Since November, 2014, the country has been involved in SUN Network activities and is in the process of developing a SUN roadmap.

### Plenary

The session chair, Mr. Phall advised the team to seek for support from UNICEF and the SUN Network Secretariat as a first step to identify a project line. Focus should initially be on capacity building but later expand to include a coordination aspect. The plenary generally agreed that through the SUN Network, South Sudan could be partnered with other countries that have already completed the first phase of the exercise. Lessons could be learnt from Kenya and Uganda which have made progress particularly in communication and advocacy of nutrition related messages.

## General Discussion

A general plenary discussion to close of this session highlighted the following emerging issues:

* Wasting and stunting are closely related and directing interventions towards wasting could actually be the answer to curbing wasting. This was mentioned in reference to the progress made in the relative success of interventions in ASAL regions of Kenya compared to the Karamoja region in Uganda. It was suggested that Uganda and Kenya design a case study to further investigate this.
* Wasting and stunting programming should be brought closer together for better results. Recent research has proved that this may be more effective. (Khara, T., & Dolan, C. (2014). Technical Briefing Paper: Associations between Wasting and Stunting, policy, programming and research implications. Emergency Nutrition Network, June, 2014.)
* In many of the countries, a new trend in the increase of obesity is creating a new normal for the malnutrition burden of the countries. It was noted that the mortality rate from combined malnutrition is higher than the risk of severe waiting.

# Session 6:

# Dissemination and Advocacy at Different Levels.

# Session Chair: Marjorie Volege, SUN Coordinator, MoH, Kenya

Several panelists shared experience in advocacy and communication of nutrition messages. The purpose of the session was to suggest recommendations, particularly from international practitioners that would help to strengthen and drive the global response further.

## Overview of the Emergency Nutrition Network (ENN),

## Marie McGrath, Technical Director, ENN

The ENN was established in 1996 to manage knowledge from humanitarian contexts. Its scope later expanded to include high burden contexts and emergency-development interface. The core activities of ENN are research and reviews; technical consultations and meetings; guidance; and capacity development through three core projects (Field Exchange; Nutrition Exchange; and en-net.)

The Field Exchange is mainly consumed by academia in the postgraduate, international audience and produces 4,100 print copies to 130 countries; 3,000 e-copies and 124,535 articles online. Nutrition exchange targets national authors and has a strong capacity building element. It is produced in 3 languages and distributed in 87 countries. En-net is an online technical support forum divided into 12 thematic areas such as assessment; livelihoods; micronutrient malnutrition; and coverage. Current research activity is a 3 year research programme to examine the nutritional impact and cost-effectiveness of cash and/or voucher-based food assistance interventions.

The presenter informed the participant that ENN was currently preparing the 51st edition of Field Exchange. She stated that willing countries could contact her for an informal interview to ‘unpack’ experiences; extract areas of interest and key learning points as well as identify co-authors for articles in the magazine. She would be able to review drafts and produce final articles. (See Annex IV for full call for content.) Ms McGrath stated that publishing in the Field Exchange could be a great opportunity for creating linkage between programmers and policy makers.

## Using Budget Analysis for Advocacy and Communication,

## Edwin Shiell, SUN Network Secretariat

Mr. Shiell’s presentation focused on the next steps to take so as to determine that information gathered from budget analysis is translated into nutrition advocacy. Before developing an advocacy approach findings must be prioritised in terms of importance, relevance and linkage with the broader malnutrition narrative in the country in order to build the investment case. A strategy can then be developed around the findings. Strategic alliances must then be built and ‘champions’ selected across sectors. These can include technical and or political personalities. They must be able to understand and internalsie the key message. Specific actions such as public hearings, score cards and demonstrations should then be planned in tandem with the budget cycle. Communication should be packaged in the most appropriate channels for specific audiences. The whole process must be constantly monitored and feedback generated should be employed for streamlining and improving the systems and processes employed in budget planning and analysis.

|  |
| --- |
| **Examples of Advocacy Tactics and Tools**  |
| LobbyingPetitionsMedia CampaignsPublic events Public lectures/ discussionsPolicy briefs | Position papersScore cardsVideos/ multi-mediaTestimonialsSocial media and mobile (U Report, Uganda) |

The presenter pointed out the media and members of Parliament as crucial key partners who can be influential in driving the nutrition agenda. Parliamentarians are able to probe budgets before they are passed and hence ensure adequate allocation for nutrition at this level. It is wise to invest in capacity building of champions to ensure that they clearly understand key messages and can explore issues. All advocacy work must be done in close cooperation with civil society actors and a united front must be presented within the whole sector.

### General Discussion

**Panelists:** Modou Cheyassin Phall, The Gambia; Florence Mutyabule, Uganda, representative from the Parliament; Eneya B. Phiri, Zambia, representative from the Civil Society Alliance; Hjordis Ogendo, Kenya, representative from the Donor Network EU; Florence Naluyimba, Uganda, representative from the media; Lilian Selenje, Ghana, representative from the UN Network

**Reactors:** Alexis D’ Agostino, World Bank; Mary D’Alimonte, Results for Development and Khomal Bhatia, Global Nutrition Report.

The discussion revolved around the following key issues:

**Arguments for investing in nutrition:**

The plenary highlighted that as economic strength is a human right, key messages around nutrition should focus on elaborating the link between investment in nutrition and economic gains. It is also important to reach out to people in various sectors whose focus tends to be on economic growth. Mr. Diallo explained that disbursement of funds to different sectors is a highly competitive process and policy makers must be convinced of the potential high turnover from investing in nutrition. Nutrition should be considered as a developmental, cross-cutting issue in order to be prioritised. He stated that health tools are available to use for costing. They can be used to quantify the benefits of nutrition, thus increasing its priority on the development agenda. Mr. Eneya stressed that all different sectors within the government must be lobbied to have nutrition-relevant allocations within their budgets in order to make the investment stronger.

**Developing a powerful advocacy message:**

A well-developed advocacy message must be easy to understand and strongly build the case for investment. Additionally factors such as timing can play an important role. Mr. Eneya shared an experience from Zambia where a civil society campaign was implemented during the elections period. The then President-elect was put under pressure to give answers on how his government would support nutrition. He is now in office and can be held responsible to these commitments.

**Working with partners and champions:**

Advocacy can be boosted through close media engagement. Capacity building of the media helps them understand the topic intimately, making them able to translate the statistics into human interest stories that easily grab attention. Ms. Naluyimba recommended that experts should provide simple message without professional jargon that are easily translatable into local languages and situations. Efforts must be made to make nutrition newsworthy.

Ms. Mutyabule reflected on her role as a nutrition champion in Uganda and demonstrated the power of partnering with parliamentarians. She became a champion through campaigning for children affected by malnutrition within her constituency. 2000 children were saved and she now tags malnutrition issues to all the work she does within the parliament. Parliamentarians can promote the advocacy agenda through legislation: advocating for nutrition-related Bills; budgeting: building the investment case to increase allocations to nutrition. For instance, in Uganda, the Nutrition Action Plan only requires four billion Uganda shillings yet it is still un-funded while 1.8 trillion is spent on malnutrition annually. With training from partners like UNICEF, she is able to speak authoritatively on the issue to other parliamentary committees.

**Strongly coordinated advocacy messages:**

The participants agreed that there is a need to work across the political, technical and civil society arenas with different experts in order to present one unified and coordinated strategy for nutrition. Ms. Ogendo provided an example from the Kenya SUN Network who have championed the First Lady as their patron. Through a national symposium, champions, media representatives and various government representatives were trained in nutrition to ensure that advocacy messages are coordinated.

***‘It is important that we speak with one voice and support government policies.’***

Mr. Eneya pointed out that there is a tendency to make the nutrition agenda civil society driven sometimes forces governments to take an adversarial stand and fail to work together for a common cause. Journalists need to be trained so that they are able to move the agenda forward, not as a civil society issue, but instead as a national one. Strong synergies must be created between various sectors. Fora such as this one create valuable opportunities for collaboration and clarity in communication.

***‘Nutrition is not a political issue, it’s a progressive issue.’***

The plenary discussion was concluded with suggestions on how the work from this workshop could be moved forward on the advocacy agenda in the respective countries. For example, lessons in nutrition advocacy from Uganda and Kenya could be adapted to fit the situations in the other regional countries. From another angle, the UN agencies have an advantage of representation across most sectors. Outputs from this workshop can be shared through the UN agencies in host countries to extend reach of advocacy.

### Reactions

Reactions to the session highlighted that it was vital to clearly analyse nutrition budgeting in order to identify the gaps in allocation. It is important to produce high quality research that demonstrates how cases for investment are being made in other regions so as to move the agenda forward. To achieve this, nutritionists and policy makers (financiers) must work as a team to efficiently analyse budgets.

Finally, Ms. Bhatia explained that the data gathered for this exercise would be used to feed into the Global Nutritional Report. This report is mainly descriptive and does not provide ranking of countries.

# Session 7:

# Closing

# Conclusions and Recommendations,

# Patrizia Fracassi and Khassoum Diallo

Ms. Fracassi and Mr. Diallo presented the following as key conclusions and recommendations drawn from the sessions over the two days:

1. Malnutrition presents a cross-cutting, dynamic burden that calls for a multi-pronged approach.
2. Nutrition is one of the most important cost effective means of advancing human wellbeing and should be made a top priority across the board. Everyone has a role to play.
3. Emphasis must be put on the case for investment. For every dollar invested in nutrition, there is a return of 16 dollars. This should be the underlying driver for advocacy and communication regarding nutrition financing.
4. To defeat malnutrition, countries must focus on adopting nutrition-specific as well as nutrition-sensitive interventions noting the fundamental importance of a well-coordinated and politically enabling environment. Stronger coordination would help us to understand what and where investments are being made
5. 45% of countries are suffering a ‘new normal’ combination of nutrition burden which includes the coexistence of under nutrition and obesity. There is coexistence and overlap of different problems both across and within regions. This changes the landscape for future programming and policy.
6. Results from country preliminary findings revealed common challenges across the region that includes: unclear expenditure reports with no delineation for nutrition; reluctance to share information by data officers; duplicated budget lines; and difficulty in determining nutrition-specific versus nutrition-sensitive interventions. Consensus was achieved by the end of the workshop on weighting.

Documentation and information sharing is important for advocacy. Messages must however be tailored to suit different audiences and must be simple and clear.

Countries interested for inclusion in the 2015 Global Nutrition Report were reminded that the deadline for submission of findings is 30th April, 2015.

# Closing Remarks,

# Hon. Florence Mutyabule, Member of Parliament, Uganda

Ms. Mutyabule welcomed the participants to Uganda and promised a taste of the culture next time they visited. She appreciated the opportunity that had been offered by UNICEF and the SUN Network to learn and share ideas on how to move the nutrition agenda forward. She urged them to continue to promote the case for investment in nutrition, particularly for children, because they are the most vulnerable and represent the future ***‘Let us invest in children’s nutrition for a productive continent’***

# Note of Thanks,

# Representatives from Lesotho and Ghana

The representatives thanked the organisers on behalf of all the participants. They pledge to apply the skills gained from the workshop in future budget analysis and to use the shared learning experiences to influence budget allocations for nutrition.

They also thanked Uganda for hosting the workshop and promised to return for another visit to experience the culture more fully.

**“If you want to know your present situation, you must look back at your past. Your current situation is a consequence of your past actions. If you want to know your future, you must take action now.”**

# Annex I: Agenda

|  |
| --- |
| **Day 1: Tuesday 21st April** |
| 8:00 - 8:30  | Registration of participants |
| 8:30 - 9:00     | Welcome Remarks |
| Aida Girma, Country Representative, UNICEF Uganda Country Office |
| Sansa Mugenyi, Representative from host country |
| Patrizia Fracassi, Senior Nutrition Analyst and Strategy Advisor, Scaling Up Nutrition  |
| 9:00 – 9:15  | Introductions and Expectations |
| 9:15 – 9:20 | Background and Objectives for the WorkshopPura Rayco-Solon, Nutrition Specialist, UNICEF ESARO |
| 9:20 – 9:30  | Overview of the Process Alam Khattak, Policy Advisor SUN Movement Secretariat |
| 9:30 – 10: 30 | Speakers:Evidence for Implementation at ScalePura Rayco-SolonKomal BhatiaMary D’AlimonteIbrahim Kasirye |
| 10:30 – 10: 45 | Break |
| 10:45 – 12: 30 | Presentation of Preliminary Findings: Zambia and Lesotho |
| 12:30 – 13:30  | Lunch |
| 13:30 – 15: 30  | Presentation of Preliminary Findings: Uganda and Ghana |
| 15:30 – 15:45  | Break |
| 15:45 – 17:00  | Group Work |
| 17:00 – 17:30 | Summary and close of day 1 |
| **Day 2: 22nd April, 2015** |
| 8:30 – 10:30 | Group Work |
| 10:30 – 10: 45 | Break |
| 10:45 – 12: 30 | Presentation of Group Work: South Sudan/Uganda/ ZambiaLesotho/The Gambia/Kenya/Ghana |
| 12:30 – 13:30  | Lunch |
| 13:30 – 16: 00 | Dissemination and Advocacy at Different Levels |
| 16:00 – 16:15  | Break |
| 16:15 – 17:00` | Conclusions and Recommendations |
| 17:00 – 17:15 | Closing Remarks |
| 17:15 – 17:30 | Note of Thanks |

# Annex II: Participants’ List

| **Country** | **Name** | **Sector**  | **Organisation** | **Email**  |
| --- | --- | --- | --- | --- |
| Lesotho | Mr. Tiisetso Elias | SUN Government Focal  | Food & Nutrition Coordinating Office: *Programme Officer (SUN Focal Point)* |  qondaelias@gmail.com  |
| Lesotho | Ms. Thithidi Diaho  | Government person with expertise on policies and programs in nutrition | Ministry of Health: Senior Nutritionist  | dthithidi@yahoo.com   |
| Lesotho | Ms. Lineo Mathule | Representative from the civil society, academia or development partners. | UNICEF Health & Nutrition Specialist  | lmathule@unicef.org |
| Lesotho | Ms. Moipone Lehloara | Senior Economic Planner  | Ministry of Development Planning  | lehloara5@gmail.com |
| Kenya | Gladys Mugambi -  | Governement  Focal Person | MoH-SUN Focal Point | gladysmugambi@gmail.com |
| Kenya | Marjorie Volege | Government- SUN Coordinator | MoH | mvolege@unicef.org  |
| Kenya | John Mwai | Government, policy expert | MoH | kiriromwai@gmail.com |
| Kenya | Grace Gitau | Civil Society Alliance | National Coordinator , Scaling Up Nutrition Civil Society Alliance National Secretariat | Grace\_Gitau@wvi.org |
| Kenya | Godfrey Ndenge | Public Finance Expert | UNICEF Health & Nutrition Specialist  | gndenge@unicef.org |
| Kenya | Hjordis Ogendo | Donor Network Chair and Head of Social Affairs and Environment Section | EU Delegation, Kenya | hjordis.ogendo@eeas.europa.eu |
| Kenya | Faith Thuita | Consultant- University of Nairobi | EU Consultant | fthuita@uon.ac.ke |
| Zambia | Lee Chileshe | Health | Ministry of Health, | chileshelee@yahoo.com |
| Zambia | Mr. Eneya B. Phiri (CC: Mr. William Chilufya-chilufya@csosun.org) | Civil Society Scaling Up Nutrition  | National Coordinator     Lusaka  | eneya@csosun.org    |
| Zambia | Mr. Lazarous Mwelwa | Ministy of Finance | Senior Budget  Analyst | laz\_mwelwa@yahoo.co.uk |
| Zambia |  Mr. Musonda J. Mofu |  National Food and Nutrition Commission | Deputy Executive Director | mmofu@yahoo.com  |
| South Sudan | Mrs. Rebecca Alum  | Ministry of Health | Director of Nutrition | alumwilliam@gmail.com |
| South Sudan | Mr. Simon Ngor Awecjok  | Ministry of Finance and Economic Planning  | Deputy Director for Budget | simonngor@yahoo.com |
| South Sudan | Joseph Senesie  | UNICEF | Nutrition Specialist | jsenesie@unicef.org |
| Gambia | Fatou Kinney Jobe | Ministry of Finance and Economic Affairs | Senior Fiscal Officer | fatouKjobe@gmail.com |
| Gambia | Mr. Modou Cheyassin Phall | NaNA/ SUN Focal Point | Executive Director | modoucheyassinphall@yahoo.com |
| Gambia | Mr. Lamin Njie | NaNA | Financial Management Specialist | laminfranknjie@yahoo.co.uk |
| Gambia | Annet Birungi | WFP | WFP | annet.birungi@wfp.org |
| Gambia | Ismaila Barry | WFP | WFP | ismaila.barry@wfp.org |
| Gambia | Hayrullo Malikov | UNICEF | UNICEF | hmalikov@unicef.org |
| Gambia | Stanley Mwase | UNICEF | UNICEF | srmwase@unicef.org |
| Gambia | Ms Haddy Badjie | Ministry of Health and Social Welfare | Senior Economist | haddybadjie1977@yahoo.com |
| Ghana | Mr. Anthony Nyamiah | Budget Support Unit) Ministry of Finance (MOF) | Ministry of Finance | nyamiah63@yahoo.com |
| Ghana | Ms Esi Foriwa Amoaful | Deputy Director – Nutrition in Ghana Health Services | Ghana Health Services | esiforiwa@gmail.com |
| Ghana | Dr. Richmond Aryeetey  | University of Ghana School of Public Health (UG-SPH) | University of Ghana | raryeetey@ug.edu.gh |
| Ghana | Peter Ahlijah  | Head of Planning, (Policy, Planning, Budget, Monitoring and Evaluation) Ministry of Education (MOE) | Ministry of Education | AHLI-Lipet@yahoo.com |
| Ghana | Nii-Odoi Odotei | Technical Assistant (SUN Secretariat, Development Policy Division) National Development Planning Commission (NDPC) | National Development Planning Commision | niiodoi.odotei@ndpc.gov.gh |
| Ghana |  Lilian Selenje | Nutrition Specialist UNICEF  | UNICEF | lselenje@unicef.org |
| Uganda |  Florence Mutyabule, | MP |   |   |
| Uganda |  Florence Naluyimba | Media | NTV (U) | f.mujaasie@gmail.com |
| Uganda |  Mrs Rosetti Nabbumba Nayenga | Deputy Head : Technical Monitoring Officer - Agriculture | Ministry of Finance, Planning & Economic Devt | rnabbumba@gmail.com |
| Uganda |   Mr Kefa Kawanguzi | Monitoring Officer – Health | MOFPED | kefa.kawanguzi@finance.go.ug |
| Uganda | Ms. Maureen Bakunzi  | Office of the Prime Minister | Assistant Commissioner | bakunzi@gmail.com |
| Uganda | Mr. Boaz Musiimenta | Office of the Prime Minister |   | musiboazi@gmail.com |
| Uganda | Dr. Ibrahim Kasirye | EPRI |   | ikasirye@ |
| Uganda | Brenda K. Muwaga | UNICEf | Consultant | Brenkk@hotmail.com |
| Uganda | Lucie Rwomushana |   | Rapporteur | lucierwomushana@gmail.com |
| Uganda |  Maricar Garde | UNICEF | Rapporteur | mgarde@unicef.org |
| Uganda | Esther Wamono | UNICEF | Nutrition Officer, UNICEF | ewamono@unicef.org |
| Uganda | Nelly Birungi | UNICEF | Nutrition Specialist, UNICEF | nbirungi@unicef.org |
| Facilitator | Patrizia Fracassi | SUN Movement Secretariat | Senior Nutrition Strategy Adviser | patrizia.fracassi@undp.org |
| Facilitator | Pura Rayco- Solon | UNICEF ESARO | Nutrition Specilaist | praycosolon@unicef.org |
| Facilitator | Khassoum Diallo | UNICEF ESARO | Senior Research & Evaluation Specialist | kdiallo@unicef.org |
| Facilitator | Alam Khattak  | SUN Movement Secretariat |   | alam.khattak@undp.org |
| Facilitator | Edywn Shiell | SUN Movement Secretariat |   | edywn.shiell@undp.org |
| Facilitator | Mary R. Ail D’Alimonk  | Results for Development (R4D) |   |   |
|   | Clara Picanyol | OPM | Senior Consultant | clara.picanyol@opml.co.uk |
| Admin | Edith Ngugi | UNICEF ESARO | Programme Assistant | engugi@unicef.org |
|   | Khomal Bhatia | IDS/GNR | Global Nutrition Report | k.bhatia@ids.ac.uk |
| UK | Marie McGrath | Nutrition | ENN | marie@ennonline.net |
|   | Alexis D’ Agostino | Spring | USAID | adagostino@jsi.com |
|   | Abel Muzoora | Spring | Spring | amuzoora@spring-nutrition.org |
|   | Hilary Rogers | R4D |   | hrogers@r4d.org |

# Annex III: Country Discussion Notes – Group Work

Zambia

**Health:**

Separate disease prevention and management

Prevention is nutrition-sensitive.

**Management is nutrition-specific.**

* Nutrition interventions in emergencies are SPECIFIC.
* Proportion of the salary is specific while the rest is sensitive.

**Diet diversity as a nutrition outcome**

**Criteria**

* Conduct nutrition deficiencies survey.
* Design a diet diversity program to address the nutrition needs.
* Integrate with other social systems.
* Current one for Zambia is not same as above.

**Dietary supplementation through school feeding program**

**Criteria:** Yes for all 3

* The budget lines do not have allocations for school feeding criteria

**Nutrition-sensitive**

* Cash transfer – sensitive recommendations should be accompanied by nutrition messages.
* Backstopping and nutrition
* Food-processing and storage.
* Conduct mapping to make training meaningful.

Uganda

**Disease prevention and management (Health)**

* Interventions that have elements focusing on nutrition for children and mothers.
* Interventions in emergencies are nutrition-specific in short term and nutrition-sensitive in long term.
* Salaries should be categorised as nutrition-specific.
* Concern – it can be abused.

**Agriculture (dietary diversification as a nutrition outcome)**

* relevant for analysis
* Yes
* Yes

**Social protection and Education**

1. Safety net programs in Uganda are very limited. Need to consider social protection in general more broadly in relation to the questions.
2. No consensus.

**Example from Uganda (Education)**

* School Feeding in Karamoja
* Nutrition curriculum and training at all levels (MOES).
* Girls education (access and retention)

**Health**

* Malaria control program
* ACP (Aids Commission)
* Community health promotion programs and health promotion services.(child health; maternal health; reproductive health; NCDs)

**WASH**

* Water quality testing - NWSC
* Access to clean water [min W and E]
* Latrines [schools and health facilities]
* Hand washing [ schools, communities ]
* Hygiene promotion [CLTS ] Min KI and E

**Social protection**

* SAGE [elderly ] – National budget
* Public works [Karamoja] targeting vulnerable households. – [KALIP , NUSAF ]
* NUSAF
* Youth livelihood and empowerment [min. of gender

**AGRIC**

NAADS [seeds, animals , etc. ]

Bio fortification.

Extension services [transfer of technologies to communities] – NAADS , NAGRIC , MAAIF .

Ghana

* Both – nutrition-specific – supplements need to be disaggregated
* Sensitive – contributes to disease prevention, promotes productivity, food security etc.
* Yes but may not translate to output
* Yes, more flexibility.

**Education**

* School feeding program [sensitive ]
* LEAP 1000 [ livelihood empowerment against poverty (1000 ] sensitive
* Senior high school boarding subsidy sensitive
* CLTS [ Community led total sanitation ]
* Supplementary feeding for vulnerable children and women
* Food processing for agriculture
* National health insurance –free maternity care

Q. Depending on activities or tasks covered in HIV/TB in IMCI programmes – EPI – specific

Q – Specific – NIE

Q – Salary – specific

**Nutrition-sensitive**

* GENDER; Policy and systems [ contribute to Education policies ]
* Children`s welfare and women ; Develop social protection framework
* WATER SUPPLY; To maintain/ rehab infrastructure.

# Annex IV:

Call for Content for Field Exchange, ENN

# Annex V: Presentations

Advocacy and Communication ENN

Advocacy and Communication SUN

Background and Objectives

Ghana

Kenya

Lesotho

South Sudan

The Gambia

Zambia

Group Work Discussion

Overview of the Process

Panel Evidence for Implementation UNICEF

Panel Evidence for Implemntation EPRC

Panel Evidence for Implemntation GNR

Panel Evidence for Implemntation R4D

Weighting Group Discussion