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Supplement

## Planning and Financing Nutrition Programmes in ECOWAS

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update session

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### *Supplement on the 12th ECOWAS Nutrition Forum*





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*The production of this publication has been coordinated by Sabrina Ionata Granheim, with contributions from Lina Mahy and Denise Coitinho. We would also like to thank Angeline Chatelan and Ana Mayen Chacon for their support towards the production of this supplement.*

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## PREFACE



### **EFFICIENT POLICY DEVELOPMENT AND PROGRAMMING TO IMPROVE FOOD AND NUTRITION SECURITY IN ECOWAS**

**Placido Cardoso**

**Director General of WAHO**

West Africa is facing the double burden of over- and undernutrition in the context of the global and regional financial crises. Climate change and the demographic transition add further complications to the challenges that the Economic Community of West African States (ECOWAS) Member States face as they strive to achieve the Millennium Development Goals (MDGs). Nutrition is now “a matter for everyone and anyone”.

The West Africa Health Organization (WAHO) and its partners need to plan and finance nutrition interventions at this critical time, recognizing the roles of the different sectors that need to be involved in a multisectoral and multidisciplinary approach. In addition, the organization needs to strengthen its efforts by involving partners, relevant institutions, and all stakeholders in the public, private and civil society sectors. No West African government can, alone, solve all issues related to health and nutrition, which further emphasizes the necessity of collaboration among partners and regional institutions.

The Copenhagen Consensus ranks nutrition high on its list of priorities, emphasizing that proven, cost-effective nutrition interventions can contribute to development. However, investments in this area are still low in the West Africa region.

The technical update provided to participants of the 12<sup>th</sup> ECOWAS Nutrition Forum will increase understanding of the challenges to be found in mastering implementation, including tracking nutrition expenditures in health, agriculture and education sectors, among others, and monitoring and evaluation of programmes. The deliberations in the session will contribute to strengthening the programme and financial management skills of nutrition and agriculture programme managers. It will also provide guidance to WAHO to enable it to strengthen advocacy and mobilize resources for nutrition and food security in West Africa. This will allow WAHO to contribute effectively towards improved nutrition and food security in West Africa.

The findings contributed by the United Nations Children’s Fund (UNICEF) and other partners and country teams will contribute towards assisting ECOWAS Member States, to make strategic shifts in their programs, in consideration to the close deadline for achieving the Millennium Development Goals (MDGs).

We encourage partners and countries to continue to work together by implementing the recommendations of the forum and we look forward to learning about the progress made during the next ECOWAS Nutrition Forum, to be hosted by the Republic of Guinea-Bissau in 2012.

On behalf of WAHO and the West African Community, we thank all the partners who supported this technical update session of the 12<sup>th</sup> ECOWAS Nutrition Forum.

In conclusion, inspired by the Universal Declaration of Human Rights (San Francisco, 1948), human rights, social justice and equity will continue to underpin all efforts to address health, nutrition and food security challenges. Through this we strive for an ECOWAS region free of malnutrition and poverty.

## TWELFTH NUTRITION FORUM OF THE ECONOMIC COMMUNITY OF WEST AFRICAN STATES (ECOWAS) COORDINATED BY THE WEST AFRICAN HEALTH ORGANIZATION (WAHO)

Report on the Technical Update Session:

### Planning and Financing Nutrition Programmes in ECOWAS

20-24 September 2010, Grand Bassam, the Republic of Cote d'Ivoire

#### BACKGROUND

The Nutrition Forum of the Economic Community of West African States (ECOWAS) is held every two years in order to share experiences and practices that have contributed to improving the nutritional situation in ECOWAS countries, to review actions since the last forum and to develop action plans to further improve the nutrition situation in the region. Each Forum also includes a technical update session, which is planned and facilitated by one of the partner agencies. For the 12<sup>th</sup> Session, the theme selected at the 11<sup>th</sup> ECOWAS Forum in 2008 was planning and funding of multisectoral nutrition and food programmes. The United Nations Children's Fund (UNICEF) planned the meeting in collaboration with Dr Ismael Thiam of the West Africa Health Organization (WAHO), and UNICEF's consultant, Dr Milla McLachlan. The technical update session was chaired by Shawn Baker, Helen Keller International (HKI) Vice-President and Regional Director for Africa. The rapporteurs were the Republic of Cape Verde, the Republic of Côte d'Ivoire and the Federal Republic of Nigeria.

The session was introduced by Milla McLachlan and Ismael Thiam. They outlined the objectives of the meeting, and set the

context by highlighting the opportunities and challenges for making significant progress on alleviating malnutrition<sup>1</sup> in West Africa.

The objectives of the session were:

- to provide an overview of key principles of planning and financing of nutrition programmes, including multisectoral collaboration and partnership;
- to increase understanding of the processes of planning and financing nutrition programmes at different levels;
- to share information about tools for costing and to assess their applicability in different contexts; and
- to agree on capacity building priorities to strengthen planning, budgeting and financing of nutrition programmes in ECOWAS countries.

#### CONTEXT FOR A FOCUS ON PLANNING AND FINANCING

Malnutrition<sup>1</sup> is one of the most serious but also most neglected health problems in the world. The cost of malnutrition in terms of human lives and economic losses is enormous. It is estimated that undernutrition, in interaction with infectious diseases, leads to 3.5

million preventable maternal and child deaths every year. In addition, lost productivity and economic growth as a result of malnutrition stifle the development of individuals and nations. The estimated 171 million young children who suffer from chronic malnutrition worldwide represent a silent emergency of enormous proportions (De Onis, Bloessner and Borghi 2011). In addition, an estimated two billion people are vulnerable to the hidden hunger of micronutrient deficiencies (Micronutrient Initiative 2009). It is estimated that one fifth of maternal deaths worldwide are due to iron deficiency anaemia (Micronutrient Initiative and UNICEF n.d.). Readily preventable deficiencies of Vitamin A, iron and iodine can cost African countries up to 2% of GDP per year in lost productivity and disability. At the same time, and often in the same communities and households, overweight and obesity contribute significantly to the incidence of chronic diseases, including diabetes, cancers and coronary artery disease (Garrett and Ruel 2005). While the economic cost of undernutrition is considerable, noncommunicable diseases associated with poor diets and sedentary lifestyles also contribute to poverty and slow down economic growth

<sup>1</sup> The concept malnutrition refers to all forms of inadequate nutrition, including chronic and acute undernutrition, micronutrient deficiencies and overnutrition. The financing and planning issues discussed in this meeting pertain to all forms of malnutrition.

(Beaglehole et al. 2011). Unfortunately, however, until recently few country leaders have regarded addressing malnutrition as a development priority.

Over the past few years, a number of global trends, including food and financial crises and severe weather conditions, have conspired to intensify food and nutrition insecurity in many countries, including those in the West African Region (Egal, Thiam and Cohen 2010). In Sub-Saharan Africa, food price riots broke out in several countries, including the Federal Democratic Republic of Ethiopia, the Republic of Madagascar, the Republic of Mozambique and the Republic of Senegal. For poor people who already spend 60-80% of their income on staple food, the high prices have meant fewer meals of poorer quality (Naylor 2008). After slow but steady declines during the 1990s, about 925 million people were estimated to be food insecure in 2010 (FAO 2010). While the relationships between poverty, food insecurity and malnutrition are complex, there is a growing understanding that persistent malnutrition increases vulnerability to food security shocks, and that a rise in malnutrition levels is also a consequence of food insecurity (Kurz and Thiam 2010). Malnutrition is also closely linked to child mortality, which remains a significant challenge in Africa. It is estimated that 4.6 million young children die in Africa each year, mostly due to common, preventable conditions, including infection, malnutrition and neonatal complications (WAHO 2007). It has become clear that most countries will not achieve national and global development goals, and

most notably several of the Millennium Development Goals (MDGs), without intensified, multisectoral and coordinated action to address malnutrition and related conditions.

**The opportunity:** Both at global and regional levels, there is now greater awareness of the role of nutrition in national development and several high-level initiatives are under way, leading to a renewed interest among country leaders and development partners in supporting nutrition, health and food security actions. At a global level, there is broad consensus around a framework for action to scale up nutrition. The [Scaling Up Nutrition \(SUN\) Framework](#) calls for immediate and intensified support for a political movement to tackle undernutrition effectively, and for scaling up investments at the country level. It acknowledges that country action is the primary driver of improvement in nutrition, and that country strategies and programmes, while drawing on international evidence of good practice, must be country-owned and based on country needs and capabilities. It calls for scaling up evidence-based cost-effective interventions to address undernutrition, focusing particularly on pregnant and lactating women and children under two years of age. At the same time, it calls for a multisectoral approach integrating nutrition into related sectors, particularly agriculture, social protection, health, sanitation and hygiene, and addressing key cross-cutting issues, such as gender and governance.

In Africa, the Executive Council of the African Union has endorsed the [Revised African Regional Nutrition Strategy 2005–2015](#)

(ARNS) (African Union n.d.), encouraging Member States to mobilize all sectors of the economy to accelerate implementation of the Plan of Action of the ARNS and to use it as a blue-print for developing their own National Plans of Action for Nutrition. The Council also urges international partners to continue to provide support towards attaining the objectives of the strategy. The key objective of the ARNS is mainstreaming nutrition security into strategies for socioeconomic development. It covers eight priority areas, including monitoring the food and nutrition situation, advocacy and communication, policy and institutional framework, strengthening programme implementation, integrating nutrition dimensions into the development agenda, strengthening capacity for nutrition at all levels, promoting community participation and involvement, and resource mobilization.

At continental level, the [New Partnership for Africa's Development \(NEPAD\) Planning and Coordinating Agency \(NPCA\)](#), as the technical body responsible for implementing the development agenda of the African Union, through Pillar 3 of the Comprehensive African Agriculture Development Plan (CAADP), supports the realization of the principles and goals of the African Regional Nutrition Strategy. This strategy advocates a two-pronged approach – firstly, accelerating and scaling up proven cost-effective interventions, with a focus on priority vulnerable groups; and secondly, using the Nutrition Lens tool to mobilize a broad range of sectors to address malnutrition by integrating nutrition objectives into relevant sector strategies and using nutrition



indicators to monitor progress on national development (African Union n.d.). In his Acceptance Speech as Chairman of the African Union, his Excellency Professor Bingu wa Mutharika, President of the Republic of Malawi, who has taken a keen interest in addressing hunger and malnutrition on the continent, stated that, "Africa must feed itself; no child should go to bed hungry" (AU Summit 2010). This theme was adopted for a high-level side event at the Africa Union (AU) Summit in Kampala, in July 2010.

The AU has also called upon all Member States to mainstream child survival into their national health policies, and a strategic framework has been adopted to support countries in their efforts to do so. The framework supports a multisectoral and integrated approach, linking comprehensive child survival strategies with strategies to improve maternal health, address HIV and other infections, improve water and sanitation conditions, improve food security and reduce extreme poverty (African Union n.d.).

**The challenge:** The political environment is thus becoming favourable for increased domestic and international investment in country food, nutrition and health strategies that are based on sound scientific evidence and a realistic appraisal of local needs and capabilities. To support nutrition leaders in West Africa in responding to this opportunity, the Forum focused on three key aspects, namely on integrating effective nutrition interventions into country policy and planning processes,

costing and financing of nutrition programmes, and on the specific challenges of results-based implementation planning, particularly in the context of multisectoral approaches.

### EFFECTIVE NUTRITION INTERVENTIONS

Recent systematic reviews of the impact of interventions to address malnutrition have contributed greatly to our understanding of what works in improving the nutritional status of populations. There is growing consensus that to achieve nutrition goals, countries need to implement proven cost-effective direct interventions at scale, while also giving greater attention to indirect interventions, which include enhancing the nutritional impact of actions in agriculture, education and social service delivery, and addressing women's empowerment (Bhutta et al. 2008).

**Direct interventions:** Effective strategies are available to reduce intrauterine growth retardation (IUGR), stunting and child deaths as a result of undernutrition. Among these strategies, breastfeeding promotion and vitamin A and zinc supplementation and fortification were found to have the greatest potential to reduce child deaths and disability. Improving complementary feeding in the period of 6-24 months using nutrition counseling (with the provision of food supplements and/or conditional cash transfers in food insecure households) also showed promise. Improving maternal nutritional status (through iron folate supplementation, multiple

micronutrient supplementation, calcium supplementation, and, where needed, dietary supplementation with balanced protein and energy) is essential to prevent maternal deaths and reduce IUGR (Bhutta et al 2008)<sup>2</sup>.

Based on modeling of the impact of universal coverage by the proven interventions, Bryce et al. (2008) concluded that these direct interventions could reduce stunting at 35 months of age by 36%; mortality between birth and 36 months by 25%; and disability adjusted life years (DALYs) lost due to stunting, severe wasting, IUGR and micronutrient deficiencies by 25%. Significant progress could thus be made if these interventions were implemented at scale. The review concludes that far more attention needs to be paid to scaling up proven interventions and ensuring effective implementation of interventions, through attention to health system strengthening and community involvement. More attention needs to focus on the institutional capacity and governance arrangements required to enable successful implementation of such nutrition programmes on a large scale (Bryce et al. 2008).

**Indirect interventions and multisectoral approaches:** While emphasizing the benefits of known direct interventions, long-term investments in education, improvement in economic status and women's empowerment are also necessary to reduce the high levels of stunting that persist in many countries (Bhutta et al. 2008). Recognizing the complex range of factors that contribute to malnu-

<sup>2</sup> The full set of papers in the Lancet series on maternal and child undernutrition can be accessed here: <http://www.lancet.com/series/maternal-and-child-undernutrition>

trition, recent reviews have also called attention to the need to focus on multisectoral approaches to addressing malnutrition and to ensure that the nutritional impact of programmes in other sectors are considered during planning, and monitored during implementation (DFID 2010).

### INTEGRATING EFFECTIVE PROGRAMMES INTO COUNTRY POLICY PROCESSES

Knowledge of the existence of nutrition policies and programmes has thus greatly increased over the past few years. It appears, however, that translating this knowledge into effective large-scale action and improved nutrition has lagged behind. The Lancet series identified seven challenges that must be addressed at country level to make substantial progress in achieving nutrition goals. These include:

- putting (and keeping) nutrition on the national agenda;
- doing the right things (i.e. implementing proven, cost-effective programmes where they are needed);
- not doing the wrong things (i.e. using scarce resources to focus on low-priority target groups with interventions that have no proven impact);
- doing things at scale (i.e. reaching a large enough proportion of the target group to make a substantial difference to malnutrition levels);
- reaching those in need (paying attention to targeting, coverage and intensity of effort);
- creating data for nutrition decision-making;
- building strategic and opera-

tional capacity (Bryce et al. 2008).

Many countries have developed nutrition policies but large-scale action has lagged behind. Policy implementation often fails due to one of the following problems:

- policies state broad goals but do not include specific targets, proven, cost-effective interventions and clear assignment of responsibilities for implementation;
- policies state ambitious goals but lack an analysis of the costs of different interventions and plans for how they will be financed and implemented;
- policies lack detailed monitoring and evaluation plans to inform policy-makers on their progress (World Bank 2006).

Successful nutrition policy requires attention to country commitment and capacity (both financial and managerial). The policy process also requires detailed attention to how policies will be formulated and implemented (Gillespie, McLachlan and Shrimpton 2003). To be successful, policies and strategies cannot simply be statements on paper. They should reflect discussion and agreement among all stakeholders about what they are able to do, what they commit to doing and how activities will be financed.

Development partners and country governments are currently engaged in a process of assessing country commitment and capacity for nutrition action, using the [Landscape Analysis tool](#). Indicators of country 'willingness to act' (commitment) include political commitment, focused policies and regulations, resource mobili-

zation and dedicated budgets for nutrition action. Country ability to act (capacity) is reflected in the distribution, skills and motivation of staff, the quality of services rendered, management and information systems, supplies, client satisfaction and community engagement. The analytical process aims to improve collaboration among development partners in support of country action and can serve as a basis for country policies, strategies and action plans.

### COSTING AND FINANCING NUTRITION ACTION

Lack of adequate funding for nutrition programmes has been one of the constraints to large-scale implementation of known cost-effective interventions. To ensure that nutrition programmes are adequately resourced in national budgets, and supported by development partners, it is essential that programme budgets are based on accurate costing.

A wide range of costing tools have been developed to facilitate resource allocation to health and nutrition programmes in support of the achievement of the MDGs. However, the available tools take different approaches to costing and budgeting and focus on different aspects, with the result that the choice of tool and its correct application can be a challenge at country level. An international [initiative](#) has been launched to assess the technical validity of different tools and to strengthen their application at country level. Countries embarking on a renewed effort to develop and implement action-oriented nutrition policies require up-to-date information on the use of costing tools, and technical support to build their capac-

ity to apply the tools to their specific country situations.

### MULTISECTORAL APPROACHES

While it is now widely accepted that collaboration across sectors and partnerships between different development actors are essential to move forward with nutrition action on a large scale, implementing these collaborative arrangements has proven challenging. Research suggests several reasons for this:

- there is a lack of understanding outside the immediate nutrition community of the prevalence, causes and indicators of malnutrition and its central role in development;
- there is low political demand for nutrition action, because the malnourished are politically weak, the poorest are the most malnourished, and nutritional care is most often provided by women, who are themselves often politically weak in many developing countries;
- no single sector is responsible for nutrition – nutrition is usually housed in ministries of health, while food security is the responsibility of the agriculture sector, and other ministries are responsible for addressing other factors influencing nutritional outcomes, such as education, social services and employment creation;
- given the multisectoral nature of nutrition, individuals often have to step forward and play a leadership role in moving the nutrition agenda forward. There is often a lack of support for such leaders (Benson 2008).

In this regard, the links between nutrition and food security, and thus between the health sector and the agriculture sector must receive particular attention in West African countries, where 70% of the population live in rural areas and 60% of the gross domestic product (GDP) comes from the agriculture sector. Despite this obvious relationship, ministries of agriculture often emphasize food production for export or commercial use, rather than focusing on the nourishment of vulnerable groups in their population. For their part, ministries of health emphasize preventing and treating the illnesses that contribute to malnutrition, e.g. diarrhoeal diseases and malaria, and pay less attention to improving inadequate food intake that also contribute to morbidity from these diseases (Kurz and Thiam 2010). WAHO and its partners started to focus on this important link in 2006, and the theme of the [2008 ECOWAS Nutrition Forum](#) was food and nutrition security in West Africa. In the context of structural food insecurity in the subregion, the potential effects of climate unpredictability must also receive urgent attention (Kennedy, Nantel and Prakash 2004). Food diversification should be promoted through greater support for agriculture policies which integrate nutrition issues and conserve biodiversity, by optimizing foods to indigenous West African ecosystems and supporting small-scale food producers, especially women and community-based associations (WAHO, ROPPA and Bioversity International 2009). Within the health sector it is important to ensure that nutrition is adequately integrated into child survival, ma-

ternal health and infectious disease control programmes, and that nutrition outcomes are used in the monitoring and evaluation of these programmes. Beyond the health and nutrition sectors, countries are also exploring how social protection programmes (including emergency relief programmes) can contribute to addressing extreme poverty and hunger and safeguard the health of women and children. Conditional cash transfers (CCT) which provide grants to families on condition that they meet certain health promotion criteria, including regular attendance at health centers and growth monitoring and promotion, have been introduced in several developing countries (particularly in Latin America). Studies on CCTs have found increases in average height and reductions in stunting rates. For example, in the United Mexican States, the CCT programme *Progres*a (later renamed *Oportunidades*) which included micronutrient-fortified food supplements and nutrition education, resulted in a 10% reduction in stunting among children 12-36 months old (Lagarde, Haines and Palmer 2007; Bhutta et al. 2008).

Countries in the region have embarked on efforts to address several of these issues related to policy design, programme planning, costing and financing, and collaboration and partnerships. The technical update session focused on a review of principles of nutrition planning and financing at regional, national and local levels. Principles were illustrated through overview papers, which also highlighted experiences in West Africa and other regions.



The programme consisted of four sessions, starting with an overview of the policy process, which included a review of nutrition policies and strategies in West African countries, and lessons learned from advocacy and institutional arrangements in Senegal. The second session focused on costing and financing policies and programmes and included an account of Burkina Faso's experience. The third session was devoted to issues related to implementation planning, multisectoral collaboration and partnership processes. During the final plenary discussion, participants identified themes for further deliberation during group discussions later in the week. The report includes summaries of the presentations during each of the sessions, as well as the group discussions.

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Hosted on the UNSCN website [www.unscn.org](http://www.unscn.org)

## IASC Global Nutrition Cluster Harmonized Training Package (HTP)

**HTP hosted on the UNSCN website** The UNSCN website hosts the Harmonized Training Package (HTP) developed under the Global Nutrition Cluster umbrella. The HTP is a unique international training resource and technical reference document bringing together the latest information on Nutrition in Emergencies (NiE). It is increasingly being used by different agencies and institutions in many different countries and in different contexts. The HTP version 2.0 is now fully available. The website allows you to [download all modules](#) in either WORD or PDF format.

**What is the HTP?** The HTP is not a ready-to-use training course. It cannot be used as an 'off the shelf' package. Rather it should be used by experienced trainers as a package of materials during the process of developing a training course. The HTP focuses on key nutrition areas in emergencies and protracted crisis situations. Its content is divided into 4 sections: Introduction and concepts (5 modules), Nutrition needs assessment and analysis (5 modules), Interventions to prevent and treat malnutrition (9 modules) and Monitoring, evaluation and accountability (2 modules). The HTP is a unique resource, comprised of 21 modules. Each module contains five parts: i) acknowledgements, ii) a *Fact Sheet* providing an overview of the module's topic, iii) *Technical Notes* for trainers and trainees that provide guidance on current practice, iv) a *Trainer's Guide* to help trainers develop a training course, and v) a *Resources* Document which lists relevant available resources.

**Nutrition in Emergency Repository** Also on the UNSCN website, you will find the [Nutrition in Emergency Repository](#) which is a special sub-section of the [SCN Food & Nutrition Resource Portal](#). It contains all relevant key documents referred to in the HTP modules and many more relevant resources and links.

**Who developed the HTP?** The need for the HTP was identified in 2006 by the Global Nutrition Cluster. HTP Version 1 was coordinated and developed by NutritionWorks in 2008 on the basis of a wide-ranging stakeholder consultation, in collaboration with cluster member agencies, individuals and academic experts. The Version 1.0 was funded through the Global Nutrition Cluster.

Cluster members decided to periodically update the HTP modules in order to keep abreast with technical developments. The 2011 HTP Version 2 update was undertaken in an Emergency Nutrition Network and NutritionWorks collaboration using the same editorial process and stakeholder involvement. HTP Version 2.0 was funded by the US Office for Disaster Assistance to the ENN.

Each module has been written by one expert author and reviewed by at least two other experts in the subject area. The authors and reviewers are from academic institutions, United Nations and nongovernmental organizations and expert consultants. Authors and reviewers of versions 1 and 2 are acknowledged at the beginning of each module.

## SESSION 1: The policy process

### MAINSTREAMING NUTRITION IN THE DEVELOPMENT PROCESS

Menno Mulder-Sibanda, World Bank

Using findings from a World Bank study on nutrition policies in several African countries (Natalicchio et al. 2009), Mulder-Sibanda provided an overview of the factors limiting nutrition policy impact, and summarized lessons learned on the policy process in these countries. He argued that nutrition is trapped in a low priority cycle, in which the low visibility of the nutrition problem leads to low demand for nutrition services, which in turn leads to low status for work on nutrition, resulting in small-scale projects with limited impact, which in turn contributes to the low visibility of the problem. While there are proven cost-effective nutrition interventions, they are not implemented at scale, due to a lack of political interest, administrative hurdles and fiscal limitations. What can nutrition leaders do to break out of this cycle?

The case studies suggest that progress in mainstreaming nutrition requires the presence of champions and a coalition of people committed to the nutrition agenda. It is important that there should be a single, coherent, multisectoral nutrition policy narrative in the country, under strong and uncontested leadership. Donors and finance ministries inevitably play an important role. Nutrition champions need to give priority to creating political space for nutrition through strategic communication. Advocacy for nutrition should be evidence-based and complemented with clear implementa-

tion plans. Country experience shows that more success can be achieved by building on what already exists. It is important to 'seize the moment' presented by the current food and financial crises, the MDGs and the Scaling Up Nutrition (SUN) movement.

Nutrition champions must not only get nutrition on the agenda, they must also ensure that it stays on the agenda. Sustainability requires developing a clear implementation framework, which assigns roles and responsibilities to a range of actors and includes guidelines on social and community mobilization. Decisions must be taken about the level and intensity of community activities, and also about ensuring that supervision and decision-making is as close as possible to the client.

For programmes to succeed there must be adequate management capacity to ensure that the tasks of routine management are carried out effectively. This includes planning and budgeting, proposal writing, monitoring and reporting, and advocacy and communication. Financial sustainability is equally important, and requires ongoing resource mobilization, ensuring that nutrition is included in the national sectoral budgets and that donor finance is secured where required. It also requires sound fiduciary management, as well as financial management and reporting. To ensure that policy-makers act on nutrition, there must be a consistent, coherent, proactive

and selective policy narrative on nutrition.

Mulder-Sibanda summarized key lessons from the case studies, by highlighting the following points:

- change in how nutrition is perceived and managed at country level starts with the nutrition champions gathered together in this meeting. At country level, the responsibility is to mobilize other champions;
- while there is no recipe for success, nutrition champions can learn from the experiences of others, and recognize the range of levers for change available in the political, fiscal and administrative arenas;
- champions must be flexible and seize available opportunities.

Other recommendations are:

- think implementation from the bottom up;
- think in terms of 'ones': one narrative, one leadership, one plan, one budget, one monitoring and evaluation (M&E) system, etc;
- think win-win;
- create a credible, costed, coherent results-based implementation plan;
- lobby and act to make things happen;
- build political space by offering answers to political chal-

allenges (MDG, SUN, food and financial crises);

- push nutrition action to become a priority.

### References

Natalicchio M, Garrett J, Mulder-Sibanda M, Ndegwa S, Voorbraak D (eds.) (2009) *Carrots and Sticks: The political economy of nutrition*

*reforms*. HNP Discussion Paper Series. The World Bank: Washington DC.

## Agriculture—Nutrition Community of Practice (CoP)

Recently, attention to the agricultural sector is growing, with a focus on leveraging agriculture to improve nutrition and health. Agricultural investments and programs can lead not only to increased production and reduced poverty, but also improved nutrition. As agriculture affects everyone, and many of those most at risk of undernutrition are directly engaged in agriculture, nutrition-sensitive agricultural policies and interventions are needed to reduce malnutrition globally.

### Who are we?

We are a global network of professionals working on issues pertaining to the intersection of agriculture and nutrition. The group is informal, and designed to facilitate information sharing and networking.

### How did we start?

This Community of Practice (CoP) arose in June 2010 because a number of experts from different institutions in Washington DC were asked to write policy briefs on how to link agriculture and nutrition. Six experts agreed to work together to harmonize their recommendations. In the process, it became apparent that an increasing number of people are working in this area, and there was a felt need to bridge with others who had some area of relevant specialization. The group continued to grow, and by the end of 2011 it has reached more than 240 members. It includes members of developing country governments, national and international NGOs, UN organizations, universities, independent professionals, bilateral institutions and donor organizations. The UNSCN has offered to provide a space on the UNSCN website for interested individuals to come together and join the Nutrition-Agriculture CoP.

### What are the objectives of the CoP?

The CoP is designed to be a virtual space for sharing resources to build a common evidence pool, facilitating communication across sectors, and developing key messages to communicate to the broader development community. We wish to break down the silos that separate agriculture from nutrition through creating opportunities for cross-sectoral dialogue on issues of mutual interest. The group has facilitated face-to-face meetings at various conferences and events since mid-2010, held periodic thematic discussions by conference call, and disseminated research findings/tools/guidance materials. The outcomes of the group evolve with the needs of the members.



This CoP promotes thematic conference calls on topics proposed by group members, and an announcement-only email list. It also envisages to develop a human resource database of specialists working on issues linking Agriculture to Nutrition.

Join the Agriculture-Nutrition CoP!

You can subscribe by clicking [here](#).



## NUTRITION POLICIES AND STRATEGIES IN THE WEST AFRICAN REGION: WHERE ARE WE?

Felicite Tchibindat, UNICEF

Mirella Mokbel Genequand, nutrition consultant

Tchibindat provided a summary of work undertaken by the UNICEF Regional Office of West Africa in preparation for the session, including a desk review of the nutrition policies, strategies and plans for nine of the 15 ECOWAS countries, and in-depth reviews of policy processes in three countries, which provided more detailed information on bottlenecks, good practices and lessons learned regarding planning and financing of nutrition programmes. Tchibindat reiterated the seven key challenges for addressing undernutrition at the national level (Bryce et al. 2008), which are:

- getting nutrition on the official list of government priorities and keeping it there;
- doing the appropriate things (those interventions that have a strong evidence base);
- not doing the inappropriate

things (interventions that are either not proven or have been shown not to be effective, such as stand-alone growth monitoring and school feeding);

- acting at scale;
- reaching those in need;
- employing data-based decision-making;
- building strategic and operational capacity.

The presentation highlighted the urgent need to accelerate action against malnutrition in the region. Although there has been improvement in the rates of underweight, only nine countries in Africa are on track to reach the MDG of halving the rate of underweight children by 2015 (Figures 1 and 2).

The review found that there is no single format in use for the preparation and presentation of national policies and strategic and

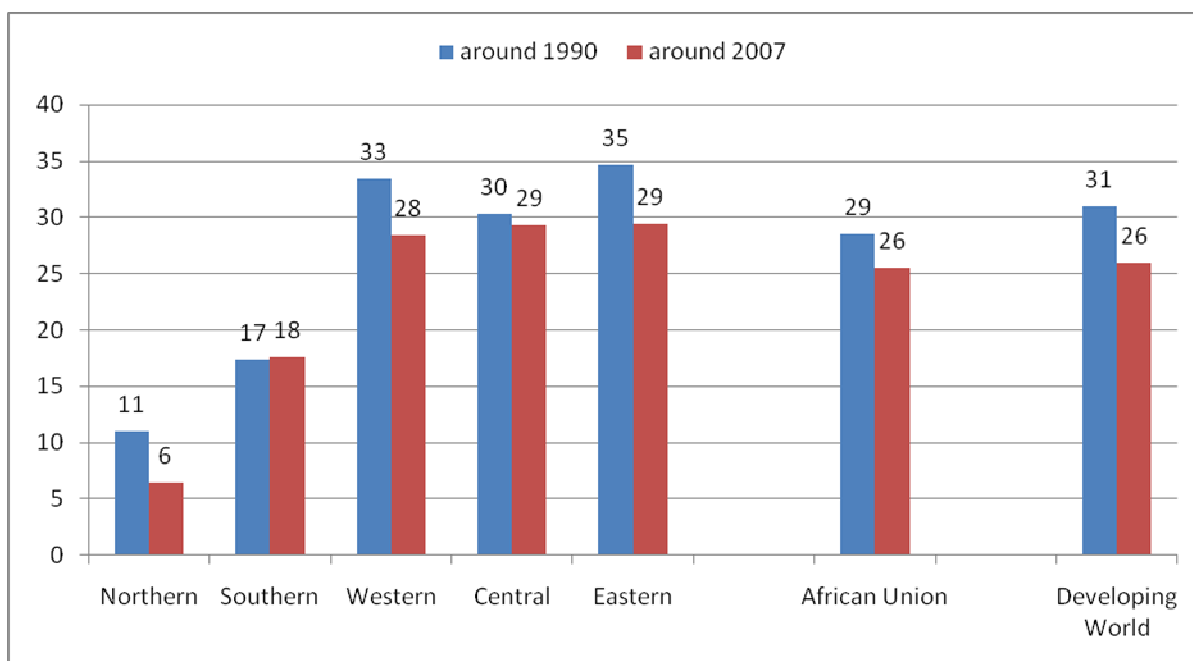
operational planning documents. Two examples are provided to illustrate the approaches currently being used. The formats of the Burkina Faso policy document and the Republic of Benin's Strategic plan are summarized as examples in Tables 1 and 2.

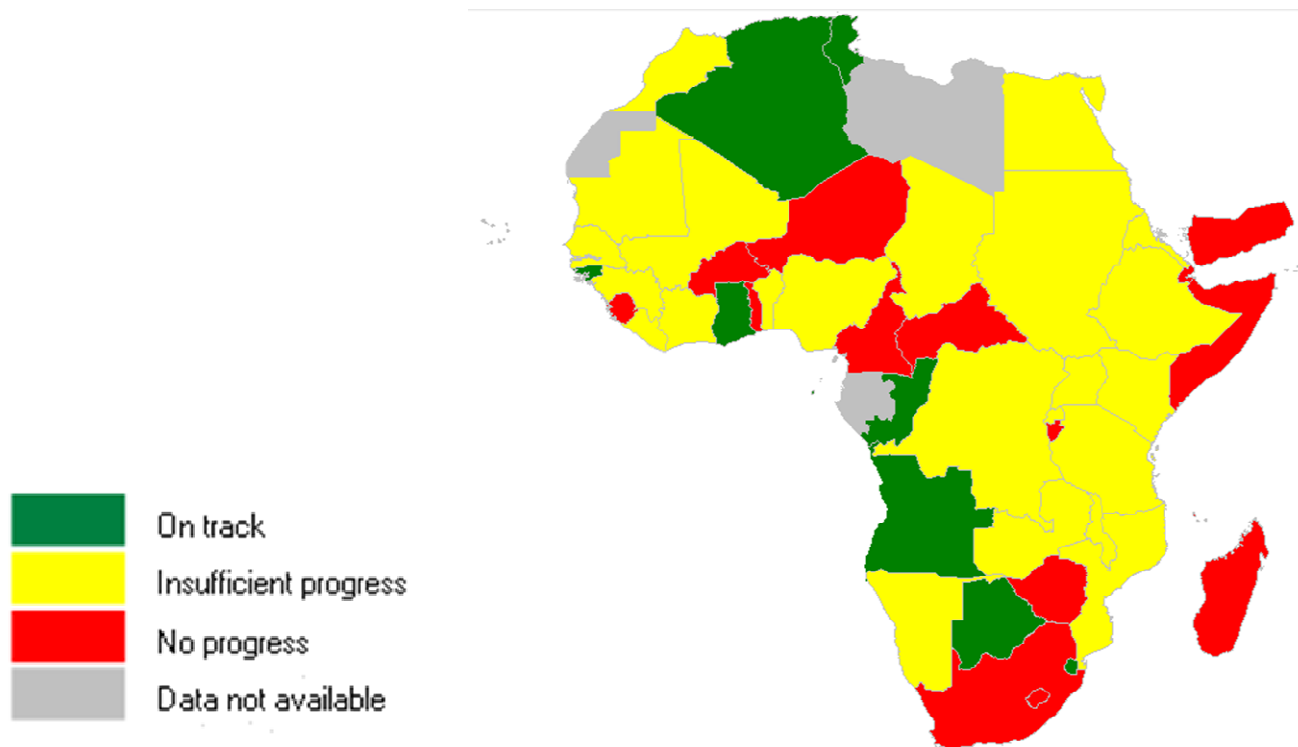
The key features of the policy document of Burkina Faso are as follows:

- the analysis of the causes of malnutrition is structured along the [UNICEF conceptual framework of the causes of malnutrition](#), namely: immediate, underlying and basic determinants;
- the specific objectives and their relevant strategies described in section IV mirror the priority problems discussed in section III;
- an analysis of strengths, weak-

**Figure 1. Trends in underweight prevalence in Africa and worldwide, children under five years of age**

Source: UNICEF



**Figure 2. MDG 1 – Progress in Africa****Table 1. Structure of the Burkina Faso National Nutrition Policy document**

Burkina Faso: 'Politique Nationale de Nutrition' Approved by decree in April 2007, 33 pages	
I. Background	(Geography, demographic data, socio-cultural data, economic data, political and administrative structure)
II. Health Situation	Epidemiological profile Analysis of the nutritional situation <ol style="list-style-type: none"> <li>1. Nature and magnitude</li> <li>2. Determinants</li> <li>3. Institutional framework of nutrition</li> <li>4. On-going interventions</li> </ol>
III. Priority Problems	(Persistence of nutritional problems, insufficient nutrition services, insufficient community participation, insufficient food safety, insufficient coordination and collaboration between nutrition stakeholders)
IV. National Nutrition Policy	Basis Objectives: General and Specific Strategies by objective: <ol style="list-style-type: none"> <li>1. Reduce nutrition-related morbidity and mortality</li> <li>2. Reduce nutrition-related non-communicable diseases</li> <li>3. Improve nutrition services</li> <li>4. Strengthen community participation</li> <li>5. Ensure food quality and safety</li> <li>6. Strengthen coordination and collaboration between nutrition stakeholders</li> </ol>
V. Implementation	SWOT M&E (Institutional framework, frequency)
VI. Indicators	

**Table 2. The Republic of Benin's strategic plan for the development of food and nutrition**

Benin: 'Plan Stratégique de Développement de l'Alimentation et de la Nutrition' 258 pages
<p><b>A. Diagnosis of the Nutrition Situation</b></p> <p>I. Nutritional situation</p> <p>II. Causal analysis of malnutrition</p> <p>III. Analysis of on-going programs</p> <p><b>B. Strategic plan for the development of food and nutrition (PSDAN)</b></p> <p>I. Challenges</p> <p>II. The strategic plan</p> <p>1. Vision</p> <p>2. Strategic focus areas</p> <p>3. Components</p> <p>4. Cross-cutting strategies (coordination, communication, M&amp;E)</p> <p>III. Institutional framework</p> <p>IV. Sustainability</p> <p><b>C. Operationalization of the PSDAN</b></p> <p>I. Objectives</p> <p>II. Strategies and principles of implementation</p> <p>III. Principles</p> <p>IV. Sub-programs</p> <p>V. Implementation</p> <p>VI. Expected results</p> <p>VII. Monitoring and evaluation</p>

nesses, opportunities and threats (SWOT) is included.

The Republic of Benin's Strategic Plan (Table 2) is a very long and exceedingly detailed document consisting of three parts. It could be renamed: Strategic and Operational Plan for the Development of Food and Nutrition since part C has been conceived as a results-based national nutrition programme. The key features of the Republic of Benin's nutrition strategy document are:

- in terms of layout: a summary has been included at the beginning of each section, which is very helpful in view of the length of the document;
- it takes a holistic view of nutrition, as suggested by the very thorough and comprehensive analysis of the main causes of malnutrition in the country using the UNICEF conceptual

framework (Part A);

- the review of past/ongoing nutrition and nutrition-related programmes (which is included in Part A) highlights success factors as well as the drawbacks of the various programmes;
- the important issues of coordination, capacity building and M&E have been, rightly so, discussed as cross-cutting strategies, which are prerequisites to the success of most, if not all, nutrition programmes;
- factors affecting/supporting sustainability of the strategic plan are discussed;
- community involvement is a key feature of the proposed strategy and its accompanying results-based operational plan;
- a plan of action has been developed and includes information on responsibilities for imple-

mentation, as well as M&E indicators;

- definitions of M&E indicators are provided.

The presentation highlighted key findings from the desk reviews as follows:

#### **What is the current food and nutrition situation?**

The organization of the discussion of causal factors varies widely among documents, for example, it is following the UNICEF conceptual framework in the Republic of Benin and Burkina Faso, and it is following the food security framework in the Republic of Liberia. The breadth and depth of the analyses also vary widely.

#### **What has been done so far and was it successful?**

Not all documents include an analysis of ongoing nutrition pro-

grammes in order to learn from experience, to build on success factors and address constraints in the newly proposed interventions.

### What is the policy/strategy aiming to do about the current situation?

Reviewed policy/strategy documents have a wide range of specific objectives grouped in different ways. For example, in the Republic of the Gambia's policy document and the Republic of the Niger's Action Plan, objectives are grouped under the International Congress on Nutrition (ICN) suggested themes. In the Republic of Liberia's strategy document, objectives are grouped using the four dimensions of food security. In the Republic of Benin's, objec-

tives are grouped under seven programmes using the life-cycle approach. In most documents, it is difficult to relate the selected strategic objectives to the problem analysis, namely the prevalence of nutritional problems and their immediate and underlying causes.

### Who will be doing what?

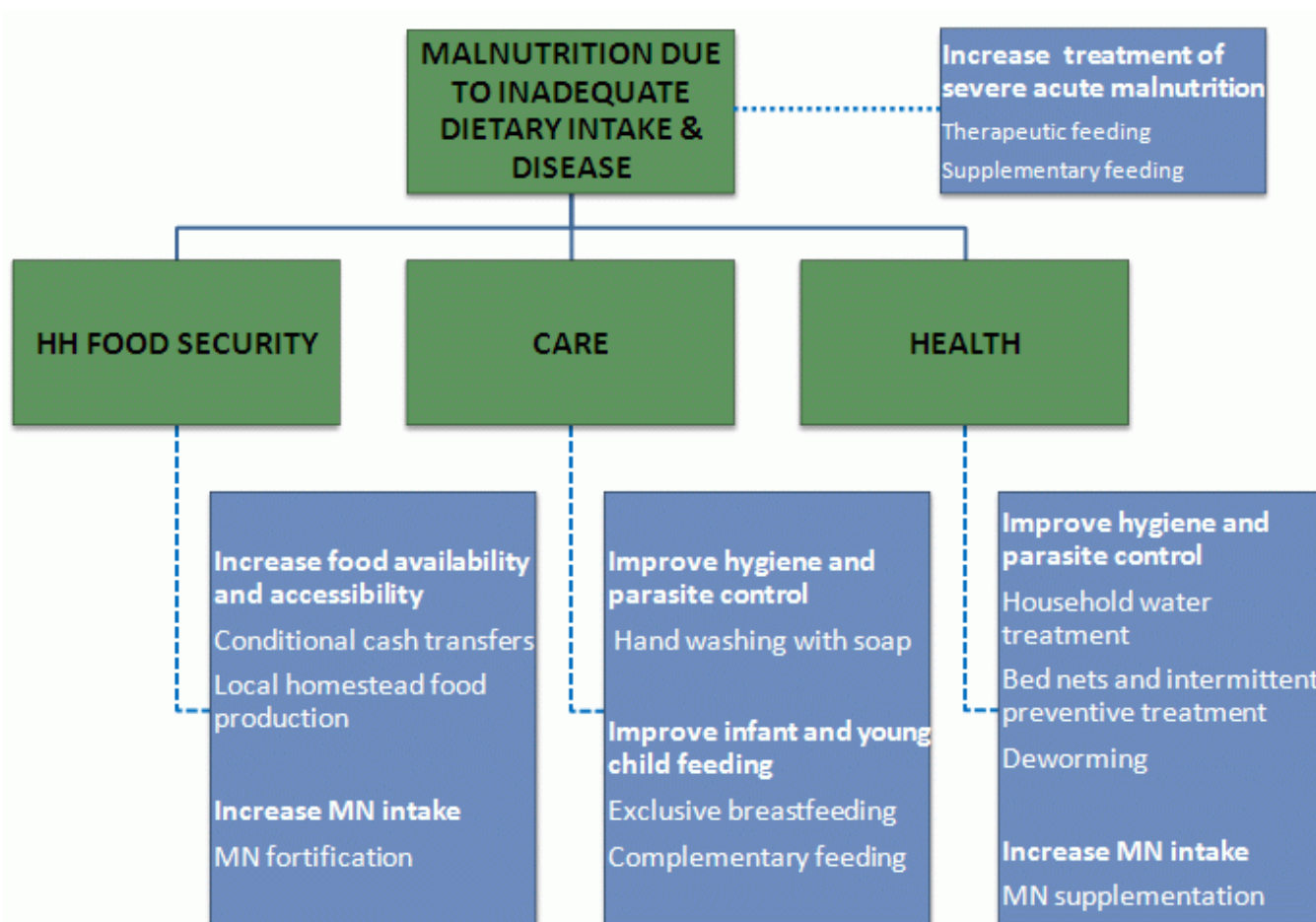
In six out of the nine countries included in the review, the ministry of health was the lead ministry in elaborating the nutrition policy/strategy/action plan documents. Institutional arrangements are described in varying degrees of detail in the reviewed documents. The need for coordination and collaboration is mentioned in all documents but is evident in only three countries, where overall re-

sponsibility for implementation and coordination lies with inter-sectoral committees.

### How much will it cost?

Among six reviewed documents – five strategic plans (the Republic of Benin, Burkina Faso, the Republic of Côte d'Ivoire, the Republic of Liberia and the Republic of Mali) and one Plan of Action (the Republic of the Niger), four provide detailed information on the estimated costs. The most detailed and disaggregated budget plan is provided in the Niger document, which shows estimates by programme as well as by region. On the other hand, estimates of donors' contributions are made only in the Republic of Benin's document.

**Figure 3. Evidence-based interventions that address the immediate and underlying causes of malnutrition**





### How will progress be measured?

The breadth of the information on monitoring and evaluation varies widely among documents.

### Which objectives?

Figure 3 shows how evidence-based interventions address the immediate and underlying causes of malnutrition, based on the UNICEF conceptual framework. The desk review found that not all of these interventions were included in country strategies.

Breastfeeding promotion and management of severe acute malnutrition were included by all nine countries. The prevention and control of micronutrient deficiencies were included by eight countries, and improving household food security by seven countries. Five countries also included protecting consumers through improved food quality and safety, and promoting appropriate diets and healthy lifestyles.

The in-depth case studies of policy and strategy documents included a SWOT analysis of key dimensions, including intersectoral collaboration, cost estimation and resource mobilization, capacity building and monitoring and evaluation. Country teams experienced different challenges during the preparation of the policy and strategy documents. In some instances, availability of, and access to, reliable data to undertake the assessment of the nutrition situation in the country was a problem because data were either not analyzed or not easily accessible because of administrative bottlenecks. In other cases, it was diffi-

cult to obtain contributions from key stakeholders because of their heavy workloads.

Highlights from the SWOT analyses are provided below.

**Intersectoral collaboration:** In some cases respondents from the same country had conflicting views concerning intersectoral collaboration. It was considered a strength by some and a weakness by others. On the other hand, the formal establishment of a coordinating body through a decree was mentioned by all respondents as a key success factor. There was also unanimity on the importance of political will to put nutrition on the national agenda.

**Cost estimation and resource mobilization:** The main challenges reported by all respondents pertained to financing. Resource mobilization and the disbursement of allocated funds was said to require capacity to mobilize resources from funding partners and to mobilize national funding for nutrition programmes. A further challenge was the ability to comply with planned implementation schedules and relevant disbursements, thus avoiding underutilization of funds due to slow execution. Advocacy was considered an essential element in addressing resource mobilization challenges.

**Integration of nutritional objectives into national initiatives and strategies:** Integration in initiatives and strategies such as the MDGs or poverty reduction strategic plans were considered an essential determinant of success for the mobilization of resources for nutrition programmes. Insufficient

national financial resources for nutrition were deplored. While funding from development agencies and international partners was considered instrumental for the funding of nutrition programmes, insufficient coordination among them was considered a weakness and a threat.

**Capacity building:** Strong commitment of national and international stakeholders to capacity building was acknowledged as a crucial strength/opportunity, provided that adequately staffed training institutions are in place and funding is secured in a timely and regular manner.

**Monitoring and evaluation:** There was consensus on the importance of M&E and the need to integrate nutritional indicators into health information systems. Caution was expressed about the multiplicity of data collection systems and the poor analytical capacity in countries.

The presentation concluded with a summary of the key questions to be asked during implementation planning for nutrition action. Six key questions were proposed:

- What is the problem and why is it a problem?
- What should be done?
- What will be done in view of existing physical and human resources capacity? (SMART objectives<sup>1</sup>)
- How will it be done and by whom?
- How much will it cost?
- How to measure progress?

Based on the review and the re-

<sup>1</sup> SMART objectives are: **Specific:** Objectives should specify what they want to achieve; **Measurable:** You should be able to measure whether you are meeting the objectives; **Achievable:** Are your objectives achievable; **Results-oriented / Realistic:** Can you realistically achieve the objectives with the resources you have? and **Time-bound:** When do you want to achieve the set objectives?

quests from forum participants, the outlines in Table 3 and 4 are proposed for nutrition policy and strategy documents.

#### References

Bryce J, Coitinho D, Darnton-Hill I, Pelletier D, Pinstrup-Andersen P, Maternal and Child Undernutrition Study Group

(2008) Maternal and child undernutrition: effective action at national level. *The Lancet*, 371:510-26.

**Table 3. Proposed templates for nutrition policy and strategy documents**

POLICY (about 30 pages)	STRATEGY (about 50 pages)
<b>WHAT IS THE PROBLEM?</b>	
Food and Nutrition Security Situation in the Country <ul style="list-style-type: none"> <li>• HH food security</li> <li>• Current nutritional situation (prevalence of major nutritional deficiencies, priority population groups and priority geographical areas)</li> <li>• Major challenges and constraints</li> </ul>	SUMMARY OF RELEVANT SECTION OF THE POLICY DOCUMENT
<b>WHY IS IT THE PROBLEM?</b>	
Basic causes Underlying causes Immediate causes	SUMMARY OF RELEVANT SECTION OF THE POLICY DOCUMENT
<b>WHO IS CURRENTLY INVOLVED AND HOW?</b>	
Analysis of Current Policies and Strategies <ul style="list-style-type: none"> <li>• Brief description (Summary presented in Annex)</li> <li>• Current performance (major constraints and challenges)</li> <li>• Rational and need for a NNP</li> </ul>	SUMMARY OF RELEVANT SECTION OF THE POLICY DOCUMENT
<b>WHAT NEEDS TO BE DONE?</b>	<b>WHAT WILL BE DONE?</b>
Goal, objectives and relevant evidence-based interventions (BRIEF LISTING)	Goal, objectives and relevant evidence-based interventions (DETAILED DESCRIPTION)
<b>HOW SHOULD IT BE DONE?</b>	<b>HOW WILL IT BE DONE?</b>
Guiding principles of the policy	Guiding principles of the strategy
<b>WHO SHOULD BE DOING IT?</b>	<b>WHO SHOULD BE DOING WHAT?</b>
Institutional framework and coordination mechanisms  (DESCRIPTION OF ANY NEW STRUCTURE THAT REQUIRES GOVERNMENT ENDORSMENT)	Institutional framework and coordination mechanisms  (DETAILED DESCRIPTION: ORGANIGRAM, FUNDING, ETC)
	<b>HOW TO MONITOR and EVALUATE?</b>
	Responsibilities and indicators (in Annex)
	<b>HOW WILL THE FUNDS BE MOBILIZED?</b>
	Process which will be adopted
	<b>ANNEXES</b>
	<ul style="list-style-type: none"> <li>• Roadmap of next steps to develop the action/investment plan</li> <li>• Matrix of stakeholder roles and responsibilities (see example in Table 4).</li> <li>• M&amp;E indicators and sources of information matrix</li> </ul>

**Table 4. Matrix of Food and Nutrition Strategies Showing Stakeholder Roles and Responsibilities**

Strategic Objectives (SO)	Intervention and Action	Stakeholder Responsibilities		Time Frame
		Lead	Collaborating Ministries & Agencies	
SO 1				
SO 2				

## UNSCN Nutrition and Climate Change eGroup



The Nutrition and Climate change eGroup is an ad hoc online discussion forum, created with the aims of bringing a nutrition lens into climate change issues and increasing the participation of interested sectors to discuss how this can be done and what the priorities are.

This eGroup also intends to identify opportunities for the nutrition agenda and weaknesses that hinder the participation of nutrition in such debates. It also intends to influence the agendas of the research community, since scientific publications feed the Intergovernmental Panel on Climate Change (IPCC) for the production of their publications, and the IPCC itself shapes the United Nations Framework Convention on Climate Change (UNFCCC) agenda. There is also a need of an increasing sensitivity of donors to these issues in order to gather funding for climate change related initiatives.

The Nutrition and Climate Change eGroup currently has more than 200 members from 65 countries. Output documents has been finalized thanks to the constructive and open discussion of the eGroup members.

**You are very welcome to join the discussion, and you can subscribe by clicking [here](#).** We want to have a truly open, global and democratic process giving a voice to representatives of all levels from different fields, e.g. nutrition, agriculture and food security, health, social protection, etc., in order to have a rich discussion looking at the topic from different angles.

You can also check out some of the **results of the eDiscussion [here](#)**, including the participation in COP 16 and COP 17.

## ADVOCACY AND INSTITUTIONAL ARRANGEMENTS TO POSITION NUTRITION ON THE NATIONAL DEVELOPMENT AGENDA. THE REPUBLIC OF SENEGAL EXPERIENCE

By representatives of the Republic of Senegal

This presentation provided an overview of the history of and the institutional arrangements adopted in the fight against malnutrition in Senegal. It then focused on the why, what and how of advocacy for nutrition in Senegal.

The primary focus of the advocacy process at national level was to ensure the inclusion of nutrition in the Poverty Reduction Strategy Paper (PRSP) process in the country. Its target audience is the Ministry of Economic Planning and Finance, and in particular the Co-ordination Unit responsible for Economic Policy (UCSPE). A second objective was to ensure that a dedicated budget line for nutrition was added in the national budget. At local level, advocacy focused on inclusion of a dedicated budget line for nutrition in local authority budgets. The aim was also to enable local leaders to assume their rightful role in supporting action for improved nutrition.

Nutrition programming has gone through three phases in the Republic of Senegal. From 1950 to 1970 the approach was technical, with a focus on research and studies on food composition, food habits etc. From 1970 to 2000 the focus was on managing the effects of the financial crisis in the country. This approach included the implementation of small-scale, curative approaches, including food distribution and nutrition rehabilitation. Since 2000, a more proactive approach has been adopted, with a focus on large-

scale interventions as part of a national nutrition programme. The Cell for the Fight against Malnutrition (CLM) was created by decree, a national nutrition policy was developed and nutrition was placed under the leadership of the Prime Minister. The CLM coordinates technical ministries, decentralized service providers, local communities and implementing agencies at community level. At national level the key roles of the CLM are to oversee the implementation of the national programme, to ensure that nutrition is included in the national development agenda, and to mobilize resources for nutrition.

The CLM has developed advocacy strategies for stakeholders at two levels, namely, decision-makers at national level, and key implementing agencies at local level. The key stakeholders at national level are the Prime Minister, the Ministry of Economy and Finance, technical ministries that are members of the CLM oversight body, and members of the National Assembly. At local level the focus is on elected officials and local authorities.

### WHY ADVOCACY?

The objective of advocacy is to include nutrition in the development agenda at national and local levels. At national level the aim is to get the government to include nutrition in key development policies and strategies and to ensure a budget line for nutrition in the national budget. At local level the aim is to engage local elected offi-

cial to put nutrition in local development plans (LDP), and to enable elected leaders to play their rightful role in the management of population, health and nutrition.

### THE HOW OF ADVOCACY

Getting and keeping nutrition on the national agenda requires reviewing relevant policy documents, forming strategic alliances and ensuring that nutritional needs are incorporated into the development process. To create visibility, it is necessary to be fully informed about national and regional policy processes and policy documents, and to make relevant information about the cost of malnutrition to the national economy, nutrition indicators, trends and programme achievements available to policy-makers at the appropriate moment. Nutrition champions need to participate in strategic meetings and disseminate information through press releases and other avenues as needed.

The CLM defines the how of advocacy in terms of four Ps: people, power, perceptions and positioning:

- *People*: champions must know who the influential individuals, groups and institutions are with regards to the particular issue or policy under discussion.
- *Power*: champions need to understand the sources of potential human and financial resources and the degree of commitment of different stakeholders.



- *Perception*: champions must also understand the different perceptions stakeholders have about the problem and solutions, and know how to engage these different perspectives.
- *Position*: it is also important to know how to position different nutrition issues in terms that relate to the major concerns of key decision-makers.

The team identified the following steps in the process of advocating for including nutrition in the PRSP process:

- identification of all the country's strategic documents (e.g. PRSP);
- identification of key actors in the process;
- participation in the process of developing policy documents;
- sharing information on the impact of nutrition programmes.

The nutrition champions had to distinguish between the different target groups, the influential actors and interested parties and, within these, between the supporters and detractors, and develop different strategies to reach each of these groups. Among the

influential actors who were supporters in the case of the Republic of Senegal were Members of the Unit for Coordination and Monitoring of Economic Policy (UCSPE), as well as some of the representatives of technical departments. The development partners were generally supportive of the nutrition agenda. However, not all technical ministries were in favour of the strategy.

At national level, the nutrition champions participated in strategic meetings and became actively involved in the working group for education and health for the PRSP. They also regularly shared information about the impact of ongoing nutrition programmes. As a result of these efforts, a bill was passed on a national nutrition policy and a strategic plan on nutrition was drafted. Nutrition was included in the second round of the PRSP, which sets national priorities. The institutionalization of nutrition was also achieved, as can be seen in the creation of a budget line for nutrition in the state budget.

At regional and local level, activities included orienting local offi-

cials on nutrition and building capacity among local level actors on the analysis of data on different nutrition problems. As a result of these activities, nutrition was included in local development plans. A partnership agreement was signed with elected officials, which contributed to increased accountability of local elected officials for implementation of the Programme de Renforcement de la Nutrition (PRN).

## CONCLUSION

Factors that contributed to the successful integration of nutrition into the national agenda include the fact that there was political will to make nutrition a development priority. Basing nutrition at the Prime Minister's office, strong leadership from the leaders of the CLM and, above all, the results delivered through the nutrition programme, all contributed to the success of the strategy. From this experience, nutrition leaders in the Republic of Senegal concluded that the best argument is one that is based on accurate information, relevant indicators and concrete results.

## UNSCN Nutrition and noncommunicable diseases (NCD) eGroup



The UNSCN has created a virtual space dedicated for sharing ideas, knowledge and experience on how to make nutrition considerations more central to NCD action on the ground.

The objectives of the Nutrition & NCD discussion are: to raise awareness on the importance of nutrition for combating noncommunicable diseases (NCD); to call for action to scale up nutrition and jointly tackle undernutrition and

obesity and diet-related chronic diseases in low- and middle-income countries; and to contribute to building programming and policy development capacities of various groups of stakeholders in these countries and globally.

You can join the eGroup by clicking [here](#). If you have any queries before joining, you are welcome to contact us at [scn@who.int](mailto:scn@who.int).

## SESSION 2: Costing and financing nutrition policies and programmes

### COSTING TOOLS FOR NUTRITION PROGRAMMES – A COMPARISON OF APPROACHES

Karin Stenberg, World Health Organization (WHO) Health Systems Financing Department

#### INTRODUCTION

The presentation on costing tools provided information on different approaches to costing, described tools that are currently used to assist in planning processes, and also introduced the OneHealth Costing tool (previously known as the Unified Health model) which is currently under development by the United Nations health agencies.

#### Financial information supports the nutrition policy process:

Health and nutrition policies and health financing policies are closely linked because financing policies determine how much money is available, who allocates

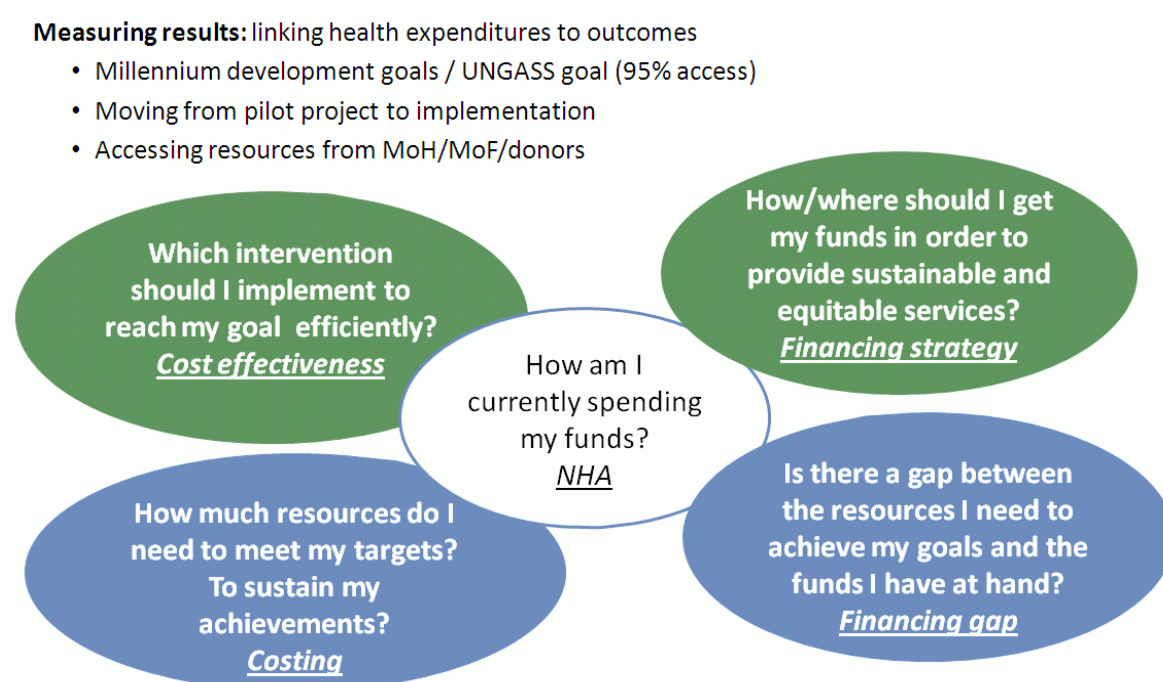
and controls the funds and how they are used, and also the financial incentives that are given to providers and clients or patients. To achieve their goals, nutrition programme managers need to understand and use different types of financial information effectively at different stages in the policy design and implementation process. The diagram in Figure 1 presents financial and economic information used at different stages in the planning and policy cycle.

In many countries, programme implementation is hampered by factors related to planning, costing and financing. Plans may be fragmented, focusing on specific diseases and programmes, rather

than on achieving broad health and nutrition outcomes. There may be a lack of prioritization, and consequently programmes lack focus or are too ambitious. Often the link between the situation analysis, identified needs and the activities being implemented, is quite weak. Costing and budgeting are seldom needs-based and little thought is given to financial sustainability. Finally, programme-specific plans are often poorly linked to broader health sector planning and budgeting processes.

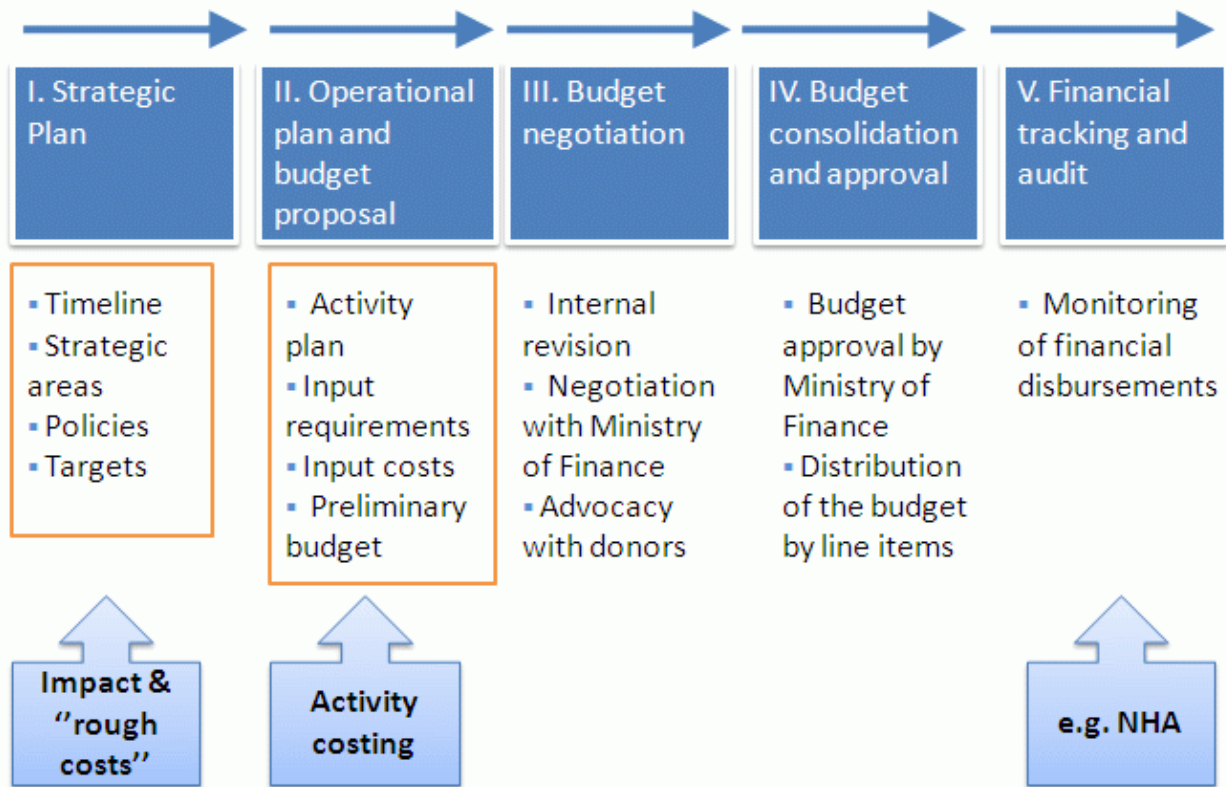
There are also challenges on the expenditure side. Resources for health are generally scarce, and priority public health interventions are often underfunded.

**Figure 1. The relevance of financial information for programme managers**



UNGASS: United Nations General Assembly Special Session on HIV/AIDS.

NHA: National Health Accounts

**Figure 2. Costing as part of the strategic planning and budgeting process**

Thus, expenditures may also be inefficient, with scarce resources going mainly to curative diseases, so-called 'donor darlings' and high-profile emergencies, rather than the preventive and promotive care services that would address the main burden of disease in a more cost-effective way. Funds are directed towards high-end tertiary care rather than community and primary level services. As a consequence, public health services tend to benefit wealthier populations rather than poor people. Finally, inadequate planning and financing results in high out-of-pocket (OOP) payments exacerbate poverty and income inequity.

As indicated in Figure 2, information on costs can be used during strategic planning to estimate the rough cost of proposed programme strategies, which can help to assess strategic priorities and realistic targets. More de-

tailed assessment of costs and available funds is needed during the operational planning and preparation of budget proposals.

During the strategic planning process, cost data should be used to inform decisions on the specific strategies to be adopted in addition to other criteria such as cost-effectiveness and equity considerations. Where there is limited space to increase budgets, cost data can inform a priority setting process.

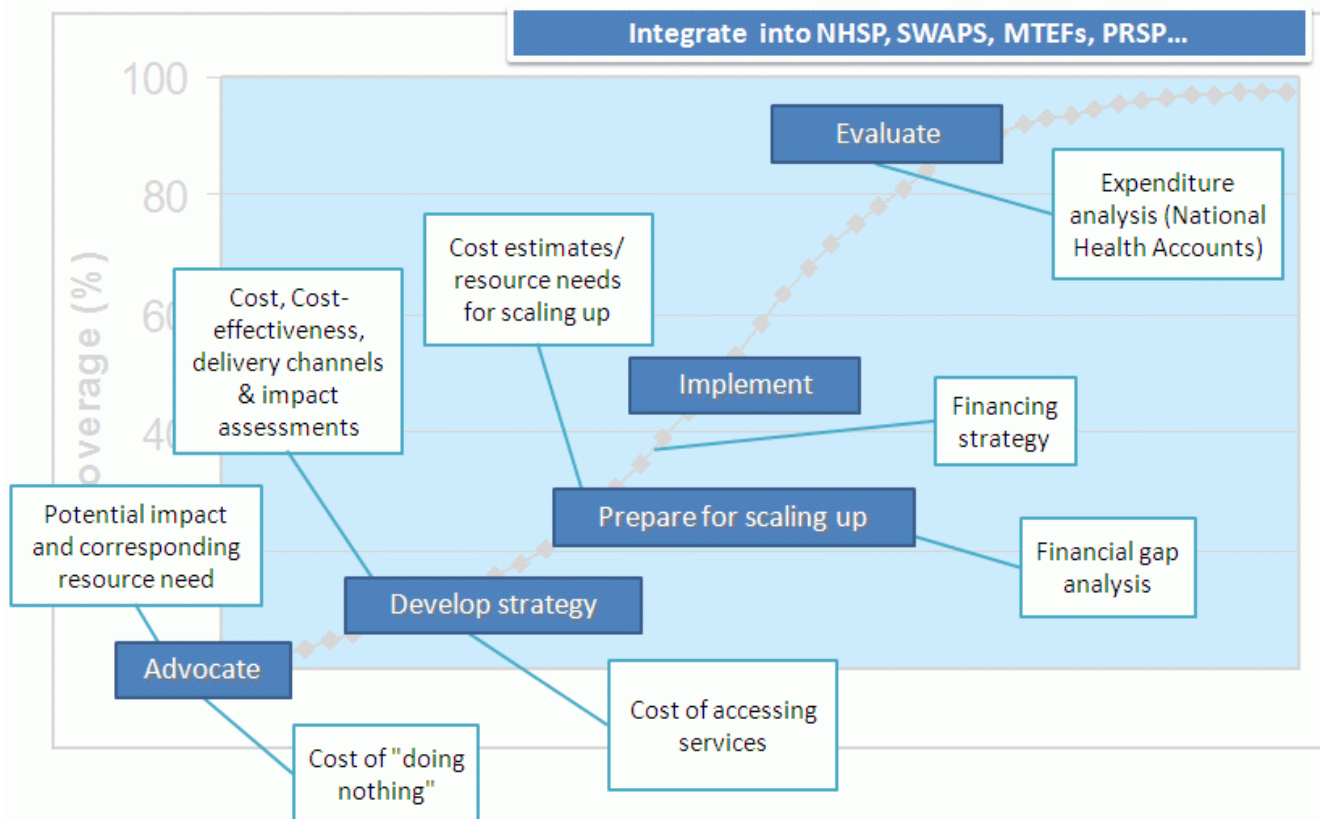
Different policy questions arising at each stage of service provision will determine what cost information is needed (Figure 3). For example, in a scenario where utilization is very low and there are few health services available, information on the economic costs to society of not providing quality services to address the burden of mortality and morbidity in a given

population provides arguments for advocacy.

A programme manager who finds that utilization is low despite services available may want to assess the costs to the client related to accessing health services, such as user fees, transport costs and time spent accessing services, to see whether these act as an impediment to reaching targets set for health care utilization at district, programme or national level.

Information on the cost and cost-effectiveness of current service provision should be considered by policy-makers before taking a decision on whether to go to scale with interventions. Findings from cost assessments should be used to ensure that limited resources are invested in the most efficient way, given policy objectives.

Child and adolescent health and nutrition interventions do not operate in a vacuum. It is therefore

**Figure 3. Using cost and financing information to inform scaling up health services****Key concepts:**

**Financial costs:** Scaling up delivery of child health and nutrition interventions will require additional investments in commodities, equipment and human resources, as well as strengthening of the operational health system. This has cost implications. At country level, financial needs for child survival will depend on the current situation as well as the targets set and the strategies employed for reaching those targets.

**Financial gap analysis:** Assesses the difference between how much is currently spent and how much is needed in the future.

**Health Financing:** Financing mechanisms determine how services are funded, and who pays for them. The process includes organizing financing in such a way that it is equitable and fair – thus ensuring access to health services, and sustainability of the health system.

important to consider the entire health sector as well as the macro-economic context outside the health sector, including mechanisms of Sector-Wide Approaches (SWAPS), etc.

Cost analyses are done at different levels, with different scope and to inform a range of policy

questions. At health centre and hospital level, such an analysis can, for example, be used to set user fees or to aid in facility resource planning. At district and national levels it is used in budgeting processes. It can also be used for advocacy, resource mobilization and cost-effectiveness studies

at national and global levels. As illustrated in Figure 4, the scope of a nutrition costing exercise may be limited to a specific nutrition programme, for example the Community Management of Acute Malnutrition (CMAM), or could be broad, for example encompassing all nutrition-relevant activities included in medium-term expenditure frameworks.

Cost analyses also address different policy questions, for example, what proportion of national resources is currently committed to nutrition? Or which interventions will require more or fewer resources to achieve similar outcomes? The presentation focused on providing an overview of tools that could be used to estimate the additional resources required to strengthen the impact of nutrition programmes at country level. From the beginning it must be understood that one tool cannot do



everything. It is therefore necessary to accept that trade-offs have to be made. The more detail that needs to be included, the less comprehensive in scope and function the tool will be.

Nutrition managers have expressed interest in the following questions regarding different tools:

- What programmes does the tool cost or does it cut across programmes?
- Comprehensiveness – what type of nutrition interventions are included?
- Does the model predict nutrition impact/outcomes?
- What cost categories are included?

During 2008, based on country requests for UN agencies to harmonize tools, an Inter-Agency Working Group on Costing (IAWG-

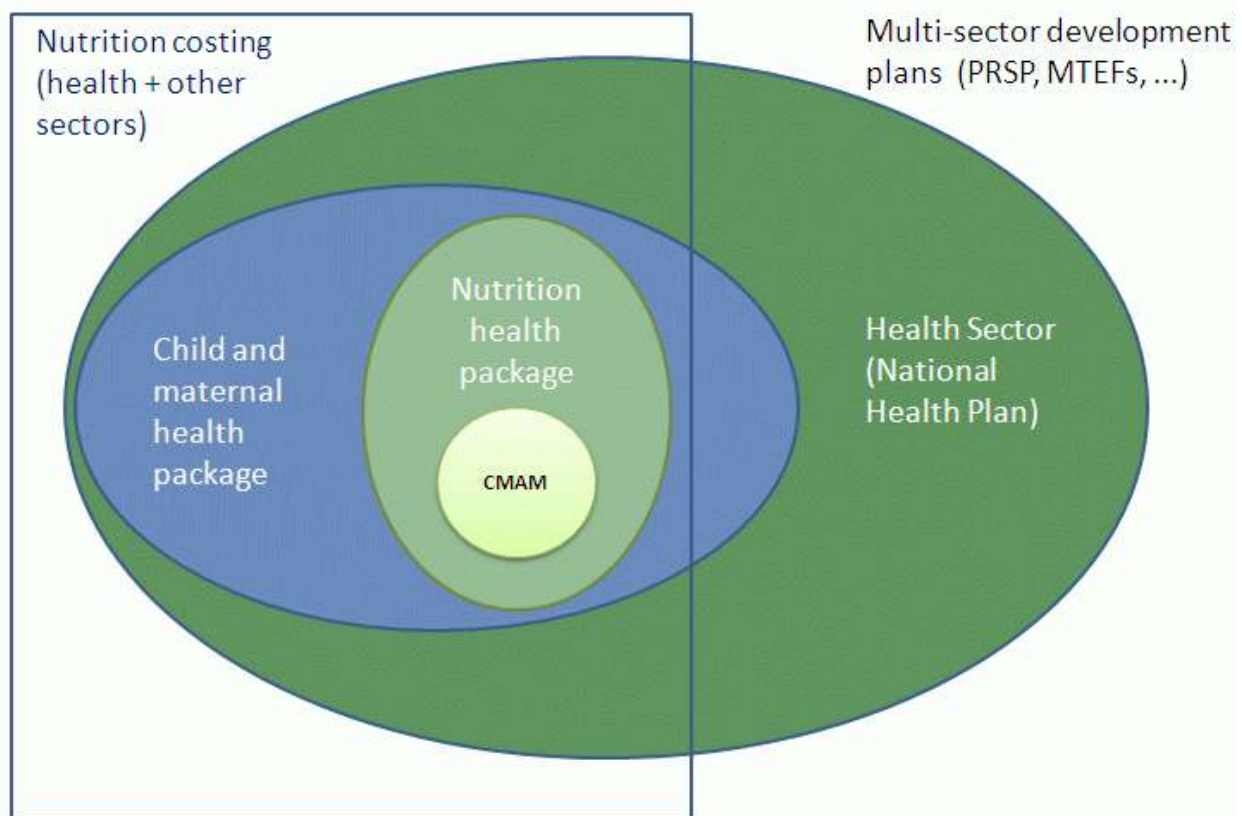
Costing) was established, involving the World Health Organization (WHO), The United Nations Children's Fund (UNICEF), the World Bank, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund (UNFPA) and the United Nations Development Programme (UNDP), to support standardized methods and tools. A technical consultation in the Republic of Senegal in January 2008 brought together tool developers and users. A total of 13 tools were reviewed. Table 1 provides an overview of the tools which included specific nutrition interventions.

The Marginal Budgeting for Bottlenecks (MBB) tool includes a range of priority nutrition interventions. It aims to help guide priority setting for national or regional planning and policy dialogue by esti-

imating the impact and cost of essential maternal and child health interventions at various coverage levels. It provides information on costs, impact and financial gaps, and provides information on the likelihood of achieving MDG 1c, 4, 5, and 6 targets. Drawbacks are that it does not allow for detailed programme planning and budgeting. It also has a complex user interface and requires intensive training.

Since 2008, the Ending Child Hunger and Undernutrition (REACH) costing tool, developed by the REACH Secretariat, has become available. Table 2 summarizes the packages and specific interventions for which cost estimates can be made using the REACH tool. Given basic inputs including demographics, coverage and current costs, the model can estimate the additional investment needed

**Figure 4. Nutrition costing exercises range in scope**





**Table 1. The 2008 review of tools-nutrition interventions included**

Pop. benefiting	Existing tools included in 2008 tool review, and their developers						
	Nutrition-related Interventions included	MBB	CHCET	CORE plus	Integrated health model	Resource needs model	IHTP-MNH
		UNICEF/WB	WHO	MSH	UNDP	Futures Institute	WHO
Children <5	Breastfeeding counselling and promotion	x	x				x
	Complementary feeding	x	x				
	Nutrient supplementation (vit. A, iodine, zinc) and growth monitoring	x	x		x		
	Mild malnutrition			x			
	Supplementary feeding for moderately malnourished children (< 2 SD)	x	x				
	Severe malnutrition (with or without complications)		x	x	x		
Pregnant women	Calcium supplementation in pregnancy	x					
	Balanced protein energy supplements for pregnant women	x					x
HIV	Nutritional support for HIV treatment				x	x	x
	<b>Estimates health impact?</b>	<b>Yes</b>	<b>No</b>	<b>No</b>	<b>No</b>	<b>No</b>	<b>No</b>
	<b>Cost categories included</b>						
	<i>Drugs and commodities</i>	x	x	x	x	x	x
	<i>Staff costs</i>	x	x	x	x	x	x
	<i>Programme activity costs—overall</i>	x			x		
	<i>Programme activity costs—detailed</i>		x				

to scale up nutrition programmes comprising of essential interventions with proven efficacy and cost-effectiveness. It provides the total cost and cost per child under five years of age per intervention and for the full programme for one year. Advantages of the REACH model are that it covers agriculture, health and other key sectors, allows for cost saving from integrated interventions, is based on globally accepted approaches to intervention selection

and is simple to use. Its limitations are that it does not calculate health impacts, nor does it estimate costs for more than one year, thus it does not provide multi-year projections for funding needs.

A third tool is the CMAM Costing Tool developed by the United States Agency for International Development (USAID) [Food and Nutrition Technical Assistance II \(FANTA-2\)](#) project. This tool calculates the resources required to

introduce, maintain or expand community-based management of acute malnutrition. Table 3 provides more information. The benefits of the CMAM Costing Tool are that it allows for geographically disaggregated analysis and budgeting for 1–5 years. However, it requires detailed analysis of inputs, including staff time, commodity storage, staff training, transport systems, and it does not estimate health impact. While it only covers community level care

**Table 2. A summary of the packages and specific interventions for which cost estimates can be made using the REACH tool**

Package	Intervention	Population benefiting
Treat SAM	Therapeutic feeding	Child <5
Improve IYCH feeding	BF / CF	Child <5
Increase micronutrient intake	Micronutrient supplementation	Child <5
	Micronutrient fortification	10% are children
Improve hygiene and parasite control	Household water treatment	10% are children
	Hand washing with soap	Child <5
	Malaria: bed nets	Child <5
	Malaria: IPT	Child <5
	Deworming	Child <5
Increase food availability and accessibility	Supplementary feeding	Child <5
	Homestead food production	40% are children <5
	Conditional cash transfer	40% are children <5
<b>Estimates health impact?</b>		<b>No</b>
<b>Cost categories included</b>		
<i>Drugs and commodities</i>		x
<i>Staff costs</i>		x
<i>Programme activity costs—overall</i>		x
<i>Programme activity costs—detailed</i>		

**Table 3. The resources required to introduce, maintain or expand community-based management of acute malnutrition (CMAM)**

Package	Intervention	Population benefiting
Treat SAM	Therapeutic feeding	Child <5
<b>Estimates health impact?</b>		<b>No</b>
<b>Cost categories included</b>		
<i>Drugs and commodities</i>		x
<i>Staff costs</i>		x
<i>Programme activity costs—overall</i>		
<i>Programme activity costs—detailed</i>		x

it includes comprehensive care for malaria, diarrhoea, etc.

The 2008 review concluded that there were many tools available, all using different frameworks, terminology, software, etc. Most of the existing tools lack a comprehensive analysis of health system structure and constraints, and do not allow for an analysis of financial sustainability. Very few tools provide information on the anticipated health impact that would be achieved with the proposed strategies and targets. To address these constraints, the UN Inter-Agency Working Group on Costing has embarked on a process to develop a unified health model to support medium-term strategic planning for health outcomes. Primarily aimed at health sector planners and ministry of health personnel, the OneHealth tool responds to three basic plan-

ning questions:

- What are the mortality impact and cost implications of different health programmes, policy alternatives or scale-up packages?
- What are the health system constraints to scaling up health interventions and what are the costs of strengthening the health system building blocks to support provision of quality services?
- What is the financing gap between the expected costs and the probable funding available?

As indicated in Figure 5, OneHealth uses a flexible approach that seeks to support integration across disease programmes, delivery levels and health systems.

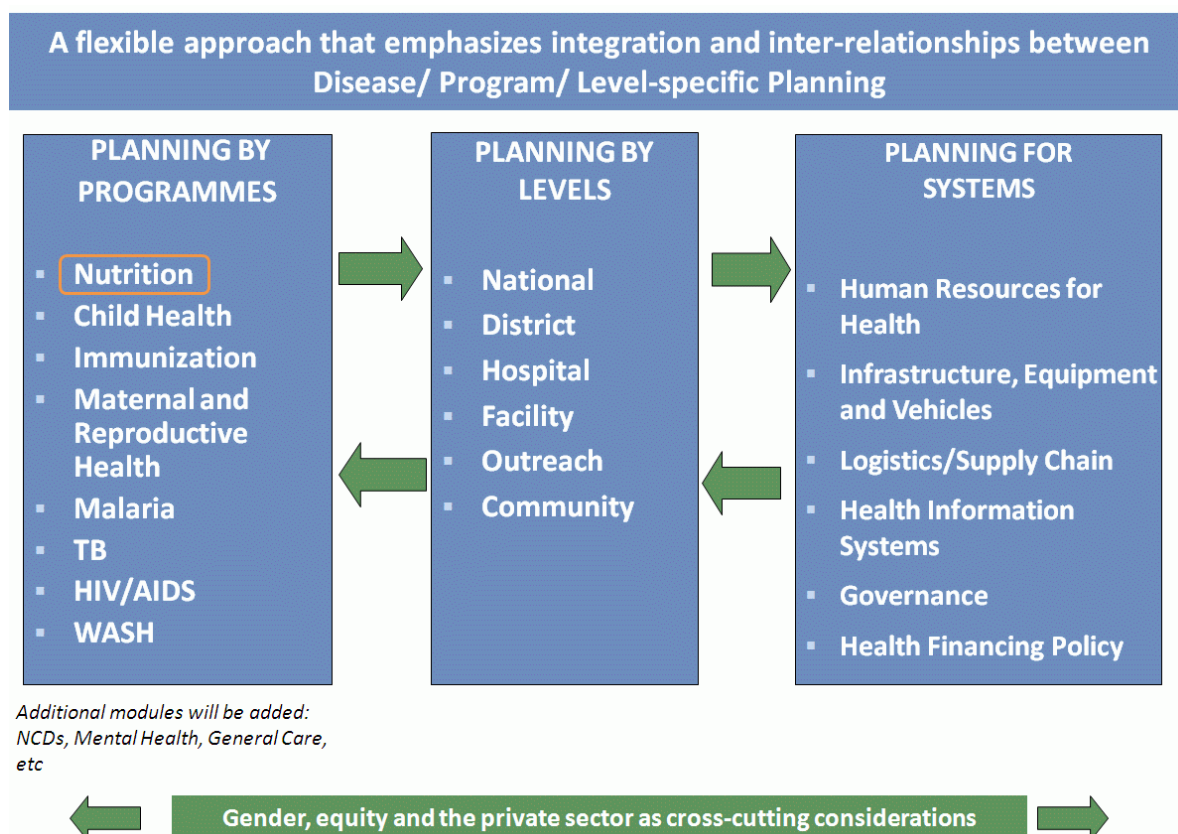
The OneHealth model includes a range of nutrition-related inter-

ventions, delivered at different levels of the health system, as summarized in Table 4.<sup>2</sup>

Using country-specific data, the health impact modules of the tool can be used to identify effective strategies to address mortality and calculate the effectiveness of different interventions. For cost calculations, templates are available to do detailed costing of various inputs by level of service and specific activities, including training, supervision, monitoring and evaluation, infrastructure and equipment, transport, communication, advocacy, programme management and technical assistance.

The integrated model has several benefits. It enables planners to incorporate systemic constraints in their plans, leading to more realistic target setting; it highlights

**Figure 5. The OneHealth approach**



<sup>2</sup> The list of interventions is under review and may be expanded in the future

opportunities for integration, e.g. of training, and more cost-effective use of resources.

**The way forward:** in addition to the UN-affiliated stakeholders, the Global Fund to fight AIDS, TB and Malaria, The Global Health Workers Alliance, The Health Metrics Network, Bilateral agencies, the

International Health Partnership and related initiatives (IHP+), the Global Alliance on Vaccines and Immunization (GAVI), the African Development Bank and UN Women are also becoming involved in the initiative. There is also an ongoing process to identify country stakeholders to constitute a Country Reference Group to re-

view the model and to provide inputs into the development process. A first version of OneHealth will be available soon, allowing for planning and costing health-related MDGs and health systems for service delivery. Plans for capacity building (development of materials, on-line courses, training centers) are under development.

**Table 4. Nutrition interventions in the OneHealth model**

Nutrition-related interventions included	WHO recommendation	Community level	Outreach	Health center	Hospital level	National population level	Impact estimated
Iron/folic acid supplementation or fortification	Yes	x	x	x			Yes
Calcium supplementation in pregnancy	No			x			Yes
Multiple micronutrient supplementation (maternal)	No		x	x			Yes
Balanced energy supplementation (maternal)	Yes		x	x			Yes
Breastfeeding counselling and promotion	Yes	x	x				Yes
Complementary feeding	Yes	x	x	x			Yes
Nutrient supplementation (Vit. A, zinc) for children	Yes	x		x			Yes
Nutrient fortification (Vit. A, iodine, zinc)	Yes					x	Yes
Management of severe malnutrition (< 3 SD)	Yes			x	x		Yes
Management of moderately malnourished children (< 2 SD)	Yes	x	x	x	x		Yes
Nutritional support for HIV treatment (PMTCT)	Yes			x	x		Yes

**For more information:**

[2008 review of 13 health costing tools](#)

[OneHealth Model](#)

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To contact the Secretariat of the OneHealth and the IAWG-Costing: [onehealthtool@unfpa.org](mailto:onehealthtool@unfpa.org)

REACH Secretariat: [www.reach-partnership.org](http://www.reach-partnership.org)

REACH Regional Facilitator for West Africa: *Sergio Teixeira*, [steixeira@unicef.org](mailto:steixeira@unicef.org)

## NUTRITION FUNDING: ACCESSING DEVELOPMENT FUNDS

Nathalie Ernoult, Médecins Sans Frontières (MSF) Access Campaign Policy Advisor

This presentation reviewed available information on development funds for nutrition and the prospects for accessing funding to take nutrition programmes to scale. Ernoult noted that the food price crisis of 2008 resulted in increased funding for food security. She argued that nutrition is now squarely on the development agenda as a public health issue, yet concrete support remains to be made accessible in development budgets. There is scientific consensus on what works and what needs to be done. Attention must now turn to realistic estimates of the cost of scale-up, and there must be a concerted effort to mobilize the resources needed to get the job done. A range of global initiatives illustrate the growing recognition of nutrition as a significant development issue. Among these initiatives are the [World Health Assembly resolution on nutrition \(2010\)](#), the [High Level](#)

[Task Force \(HLTF\) on Food Security and Nutrition \(2008\)](#), and the [Scaling Up Nutrition Framework \(2009\)](#). Other governmental and multilateral initiatives include the [Global Partnership on Food Security and Nutrition \(2008\)](#), the [United States Global Health Initiative and Food Security Initiative \(2009\)](#), and the [European Union communications on Food Security, Health and Food Aid \(2009\)](#). A number of states have also endorsed nutrition or hunger reduction policy papers (for example, United Kingdom, France, Denmark, Spain, the Netherlands, and Ireland (2009-2010)).

It is now widely recognized that nutrition is a multisectoral issue, which needs to be addressed through complementary approaches involving a range of sectors. These include maternal and child health, food aid and food security, social protection, poverty reduction and education. The

package of effective interventions is also well known. Robust country plans based on identified needs and priorities are now needed.

Food aid and food security initiatives have contributed relatively little to addressing the problem of malnutrition, and more evidence is needed on the contribution of conditional cash transfers and voucher distribution, safety net and livelihood programmes and food production and dietary diversification initiatives on the nutritional status of vulnerable groups. It is estimated that only about 1.7% of funding for food aid and food security is used to achieve nutrition goals.

An important question to address is the cost of scaling up public health activities. The World Bank commissioned a study to estimate the cost of scaling up 13 interventions (Horton et al. 2009). The study concluded that full scale-up

**Table 1. Higher, lower and central estimates by main donors**

	OECD DAC (excl. World Bank & ECHO)	World Bank	Gates Foundation	ECHO	UNITAID	MSF	TOTAL
	Commitment 2004-2007	Commitment 2004-2007	Commitment 2004-2007	Commitment 2007	Disbursement 2007	Disbursement 2005-2007	
Lower estimate	74.4	-	26.2	39.9	4.4	40.3	<b>185.2</b>
Central estimate	171.2	48.1	26.2	58.0	4.4	40.3	<b>348.2</b>
Higher estimate	268	96.3	26.2	76.1	4.4	40.3	<b>511.3</b>

Figures in US\$ millions.



**Table 2. The primary funders of nutrition activities in the health and food security sectors**

	2004-2007/2008 (US\$ million)
World Bank	96 (Global FS/ Nut portfolio - 48 direct)
European Union	78 (58 Echo / 28 EDF)
	71 (45 FA- FS / 17 Therapeutic/ 10 health) ECHO
	103 (57 FA-FS / 30 Therapeutic/ 16 health) ECHO
United States	47
UNICEF	45-80
UNICEF (West and Central Africa region)	13.5 (2005) to 45 in 2008
Canada	39
United Kingdom	37
Bill and Melinda Gates Foundation	26 to 33 in 2008
Spain	24 to 39 in 2008
MSF	40

of these activities in 36 high-burden and 32 high-prevalence countries would reach a total of US\$ 12.5 billion per annum. Of this, US\$ 3.6 billion would be for complementary feeding, US\$ 2.6 billion for therapeutic feeding, US\$ 1.5 billion for micronutrients and deworming, and US\$ 2.9 billion for education. Médecins Sans Frontières (MSF) estimated nutrition fund flows for the period 2004-2007, and concluded that flows were quite stable, when compared with the estimates recorded in [The Lancet series](#). The estimates (Table 1) range from a low US\$ 185 million to a high of US\$ 511 million, with the Organization for Economic Co-operation and Development's Development Assistance Committee (OECD DAC), the biggest contributor to nutrition funding during this period. According to these estimates, there was a significant increase in funds available for nutrition from OECD countries during 2008. Given an overall develop-

ment budget of around US\$ 9 billion, nutrition funding remains modest.

Most funding for nutrition originates with the health sector. A large proportion of this funding is emergency funding made available to nongovernmental organizations, and therefore indirectly to governments. Food aid and food security funding for nutrition is relatively limited. Of the general funding, 40% is destined for Sub-Saharan Africa, with the Federal Democratic Republic of Ethiopia, the Republic of Kenya, the Republic of the Niger, the Somali Democratic Republic, the Republic of Sudan, the Republic of Zimbabwe and the Democratic Republic of the Congo being the major recipients. Of the remaining funding, 17.7% is channeled to south and central Asia, of which two thirds flow to the Republic of India, the People's Republic of Bangladesh and the Islamic Republic of Afghanistan. Indonesia receives the bulk (75%) of the 10.3% of the

funding that flows to the Asia-Pacific region.

Table 2 provides information on the primary funders of nutrition activities in the health and food security sectors.

The analysis of funding flows for nutrition suggest that nutrition funding is largely in the health sector, but growing in the food security (FS) and food aid (FA) sectors. The presenter was of the view that it would soon appear more prominently in education budget lines. A significant amount of funding is made available in response to emergency situations and is therefore not consistent or predictable. The profile of nutrition has been raised in several sectors and it is integrated in most of the policy documents. However, commitments to nutrition must now be translated into budgets. For this to happen, national action plans, based on country needs, priorities, capacities and budgets must be developed.

To access funding support, countries need to take note of the following: nutrition is being integrated in different sectors and recognized in development funding mechanisms. There are different entry points for developing a national nutrition strategy, including the health sector, food security and poverty reduction strategies. It is therefore essential to ensure that nutrition is included in the PRSP, with clear objectives, strategy and investment plans. Nutrition should have a dedicated budget line, with regular reporting on spending and outcomes. To access external funding for nutrition, strong leadership, a clear policy framework and multisectoral collaboration are essential. It will be important to manage the transition from emergency funding to development assistance. A number of major new initiatives are currently taking shape, and it will be important to ensure that funds are earmarked for nutrition. Among these potential sources of

funding are the US Global Health Initiative with an estimated budget of US\$ 200 million; EU health budgets and Global Food Security Initiatives. MDG funding of US\$ 134 million may become available. Other potential sources include:

- Global Agriculture and Food Security Programme (GAFSP) Commitment US\$ 860 million (2010) out of which US\$ 224 million would be to five countries (2010) with US\$ 80 million pending; and
- FAO-supported Food Security Thematic Programme €750 million (2011-2013) on three pillars namely research, governance and linking relief, rehabilitation and development (LRRD).

### CONCLUSION

The presentation highlighted the fact that funding is mainly allocated in response to emergencies, and is therefore not predictable.

To support government strategies there is a need to ensure predictable funding in term of amounts and time frame. Integrating nutrition in national plans and integrating nutrition in development funding is both a government and donor responsibility. A number of sectors can contribute to achieving nutrition goals. However, because funding resources are scarce, the challenge is to ensure that all sectors are accountable for achieving specific nutrition-related goals. Finally, attention must be given to improving systems to track fund flows to nutrition, to ensure that nutrition goals and programmes remain visible.

### References

Horton S, Shekar M, McDonald C, Mahal A, Brooks JK (2009) *Scaling up nutrition: what will it cost?* Directions in Development. World Bank: Washington DC.

## The UNSCN Food & Nutrition Resource Portal

The [UNSCN "One-Stop-Shop" Food & Nutrition Resource Portal](#) aims to provide the platform through which the agencies and organizations participating in the UNSCN can advertise and disseminate their publications and resources to the UNSCN network worldwide.

It constitutes an advanced library for food and nutrition resources. Users may identify and access resources added to the [Resource Portal](#) through searching for one or more self-defined key words, as well as through browsing in pre-defined categories of themes, resource types, geographical locations or life-cycle focus. Linked to each resource, there is a short description and link to the authoring institution.

You can also **add your organizations' resources** to the Portal through a special [form](#) where you can describe the resource, upload the document and/or provide a hyperlink to where it has been originally published.

You can also access the [Nutrition in Emergencies Repository](#), a special sub-section of the UNSCN Food & Nutrition Resource Portal which is a state-of-the-art resource base for nutrition in emergencies. It contains all relevant key documents referred to in the 21 Harmonized Training Package (HTP) modules under part 4 "training resource list".

**TRACKING NUTRITION EXPENDITURES: IS THE NATIONAL HEALTH ACCOUNTS METHODOLOGY AN OPTION?**

Marie-Jeanne Offosse, Abt Associates Inc

As indicated in previous presentations, relatively little information is available on country-level expenditure on nutrition. This presentation focused on the use of National Health Accounts (NHA) as a possible mechanism to track nutrition expenditure.

Why track nutrition spending? Given the evidence on the role of food security and nutrition in national development and poverty reduction, there is increased interest on the part of international financial partners in investing in efforts to address food and nutrition security. For example, G8 members have made commitments to support a Food Security Initiative to reduce hunger and improve food security. It is widely recognized that there is a need to accelerate, coordinate and leverage country and international efforts to improve food security, and that countries should take the lead in tracking national level food and nutrition spending. The lack of information on actual spending on nutrition is an impediment to evidence-based decision-making with regard to nutrition initiatives.

Countries should track the level of resources invested in nutrition, how these funds are being spent and who is bearing the burden of nutrition spending. A number of information sources are available:

- donor reports provide information on total expenditure on nutrition by countries, but often country-specific information is not disaggregated to indicate funds allocated to specific activities;

- international nongovernmental organizations (NGOs) reports also provide information on total expenditure across several activities in a country, including nutrition programmes;
- government reports provide information on total revenue allocated to national nutrition programmes. However, few countries have one comprehensive report describing all financial flows pertaining to nutrition-related activities in the country.

NHA may provide a mechanism to address this gap. It is an internationally recognized methodology to comprehensively track expenditures in a health system. It provides policy-makers with information on where funding for health comes from, who manages those funds, who the service providers are, and what services and goods are purchased. Countries that have adopted the NHA approach have experienced several benefits, including resource reallocation, significant increases in health budgets and the introduction of free services for specific conditions.

NHA can also report on other health-related activities, e.g. prevention and treatment of malnutrition, promotion and support of hygiene, and sanitation. Thus the NHA methodology could provide a useful platform to track all nutrition expenditures, rather than try and develop a totally new tool for this purpose. The NHA methodology is flexible enough to allow tracking of nutrition expenditures, including those that are not ordi-

narily captured by the NHA. Those expenditures can be recorded and classified as 'Addendum' (also called 'below the line').

Two options can be explored to use the NHA methodology for nutrition expenditure tracking:

**Option 1:** capture nutrition expenditures within the existing NHA tables and in addition include 'addendum' items to track all other non-health related nutrition expenditures.

**Option 2:** develop a nutrition sub-account to address more comprehensively all issues to do with nutrition expenditures.

For either option 1 or 2, the following is needed:

- to identify the nutrition expenditure information required by experts and decision-makers for different countries;
- to identify what activities have to be tracked (nutrition expenditure boundaries); and
- to adapt the NHA functional classification by showing nutrition activities related to health and adding the non-health related nutrition activities.

The process is as follows:

- answer the methodological questions, including policy-relevant information on nutrition, adaptation of NHA functional classification and the expenditure boundaries to be used;
- identify nutrition data already being collected for NHA but not being separately disclosed in the NHA Tables (option 1);

- collect additional data to capture other nutrition expenditure.

Using NHA to track nutrition expenditures is feasible because NHA is already implemented in 11 countries in the ECOWAS region. Option 1 can be implemented immediately since the existing NHA structure captures some nutrition expenditures, such as treatment of severe acute malnutrition at hospital (inpatient care), maternal and child nutrition supplements (in maternal and child health programmes) and training on nutrition surveillance (in education and training). Other nutrition-related expenditures are excluded.

Nevertheless, using NHA for nutrition expenditure tracking is not without its challenges. Conducting surveys and collecting additional data can be costly. Developing nutrition sub-accounts will require the involvement of a broader range of international stakeholders to define expenditure boundaries and reach agreement on how tracking should be conducted. This process can thus only be undertaken in the longer term.

#### CONCLUSION

Nutrition is key to achieving MDGs 1, 4 and 5. Tracking nutrition expenditures is essential to enable countries to fully understand the

status of current nutrition programme funding. Information on nutrition financing is useful to inform policy-makers on how resources should be allocated to ensure that investments in nutrition are consistent with the country's development agenda. It is possible to use the NHA framework to track nutrition expenditures, and this can be started in the region by identifying, with the help of nutrition specialists, what kind of nutrition activities are worth tracking (direct or nutrition-related spending, or both), then adding nutrition items as 'addendum' or 'below the line' in the current structure of the NHA.

## Contribute to the UNSCN Nutrition Information in Crisis Situations (NICS) publication!

**Nutrition Information in Crisis Situations (NICS)** has published information on key outcome indicators from emergency-affected populations since 1993. These publications take the form of quarterly reports, which include narrative situation analyses and recommendations. NICS has also published online databases with survey results from random-sample nutrition and mortality surveys since 2004. The **NICS Reports** aim to raise awareness and facilitate action to improve the nutritional situation of populations affected by crisis. The title, *Nutrition Information in Crisis Situations*, has been chosen to reflect the reports' focus on all populations affected by crisis, including refugees, displaced, and resident populations. Currently, the readership of these reports totals 1,600 people - 70% of whom live in developing countries.

**Share your own survey reports** or encourage other organizations to share theirs. Please contact the UNSCN Secretariat by e-mail: [scn@who.int](mailto:scn@who.int).

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**BUDGETING AND FINANCING STRATEGIC PLANS FOR NUTRITION: THE EXPERIENCE OF BURKINA FASO**

Sylvestre R. Tapsoba

This presentation provided country case study information to illustrate the principles and challenges outlined in earlier presentations on costing and financing nutrition plans and programmes. The presentation provided a brief overview of the Burkina Faso context, followed by a description of the objectives and stages of the budgeting process in the country. It also provided information about the approach to disbursement and concluded with a discussion of the success factors and lessons learned.

As indicated in Figure 1, the prevalence of underweight in Burkina Faso has steadily increased between 1990 and 2000. This has seriously undermined the possibility of achieving the MDGs.

Given the seriousness of the problem, a national plan of action for nutrition was adopted in 1995. In 2002 the Ministry of Health cre-

ated a National Directorate for Nutrition and started the implementation of the elements of the three 'ones':

- one framework for intrasectoral coordination and intersectoral cooperation;
- one policy and strategic plan for nutrition;
- one monitoring and evaluation system.

The National Nutrition Policy (PNN) was adopted in 2007, followed by the adoption in 2010 of a Strategic Plan for Nutrition for the period 2010 to 2015. The process included the following steps:

- situational analysis;
- preparation of a draft document;
- organization of a workshop to finalize the draft document;
- submission of the final docu-

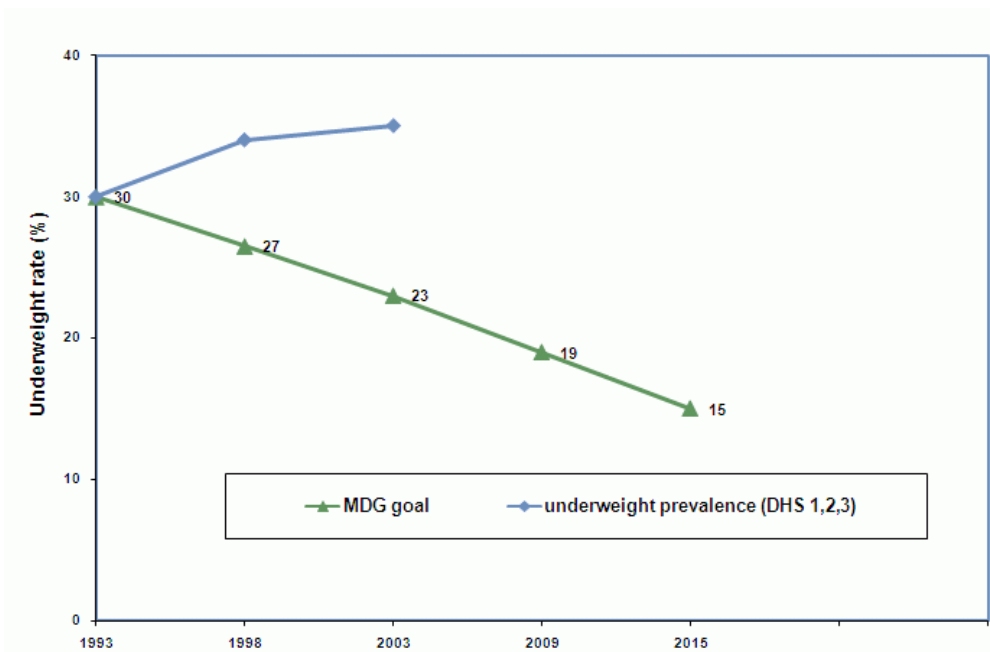
ment to a group of experts;

- organization of a national consensus-building workshop;
- training of a multidisciplinary group on budgeting;
- organization of a workshop for a strategic budgetary plan;
- finalization of the budget;
- adoption by the Council of Ministers.

The contents of the Strategic Plan are laid out as follows:

1. Introduction
2. Context
3. The health situation in Burkina Faso
4. Priority problems
5. Principles
6. Objectives
7. Strategic direction
8. Time frame of activities
9. Implementation plan

**Figure 1: The prevalence of underweight in Burkina Faso**





## 10. Cost of the plan

## 11. Resource mobilisation strategy

## 12. Strengths, weaknesses, opportunities and threats (SWOT)

## Annexes

The Strategic Plan includes a comprehensive schedule of activities. A total of 59 activity areas, 14 strategies and 213 detailed activities were identified, planned and budgeted. The objectives of the budgeting exercise were to estimate the resources necessary to implement the Strategic Plan, to provide detailed information to mobilize resources and engage technical and funding partners, and to provide a tool for the pilot implementation of the Strategic Plan.

The budgeting process consisted of four steps, namely data collection, COSTAB preparation, costing and finalization. Each step is briefly described below. During data collection, the team undertook a review of the strategic plan and the logical framework, to understand the strategic direction, components and subcomponents and to ensure that all activities are included in the budget. Setting up the COSTAB process included the following steps:

- set up country data and currencies;
- set components, categories and potential financial partners;
- for co-financed activities, determine the percentage contribution of each party;
- set the number of years the strategic plan was to cover;
- determine the inflation rate to be used;

- stipulate the prices of recurrent costs items;
- input the VAT rate.

All activities in the Plan were then listed in the COSTAB<sup>1</sup>, with procurement requirements for each year, component categories and potential donors, the level of expenditure and the type of procurement involved. Where possible, historical price information was used. When such data are unavailable, current market prices can be used. When all activities have been costed, the plan can be reviewed and edited for dissemination.

The disbursement plan lays out how the budget is to be spent across the time span of the project. Such a plan enables managers to plan fund flows, to ensure that the implementation of activities is not stalled due to the lack of available funds. It also prevents excess liquidity in the accounts.

The following factors contributed to the successful experience with costing and financing nutrition in Burkina Faso. First, all stakeholders were involved in the preparation of the strategic plan, which resulted in broad ownership of the plan and its implementation. The technical, financial and procurement specialists worked well together. The team took ownership of the COSTAB tool, and developed the necessary skills to apply it. Finally, the urgency of the nutrition problem and the relevance of the plan to achieving national development goals contributed to the commitment of stakeholders to the process.

The strategic planning and budg-

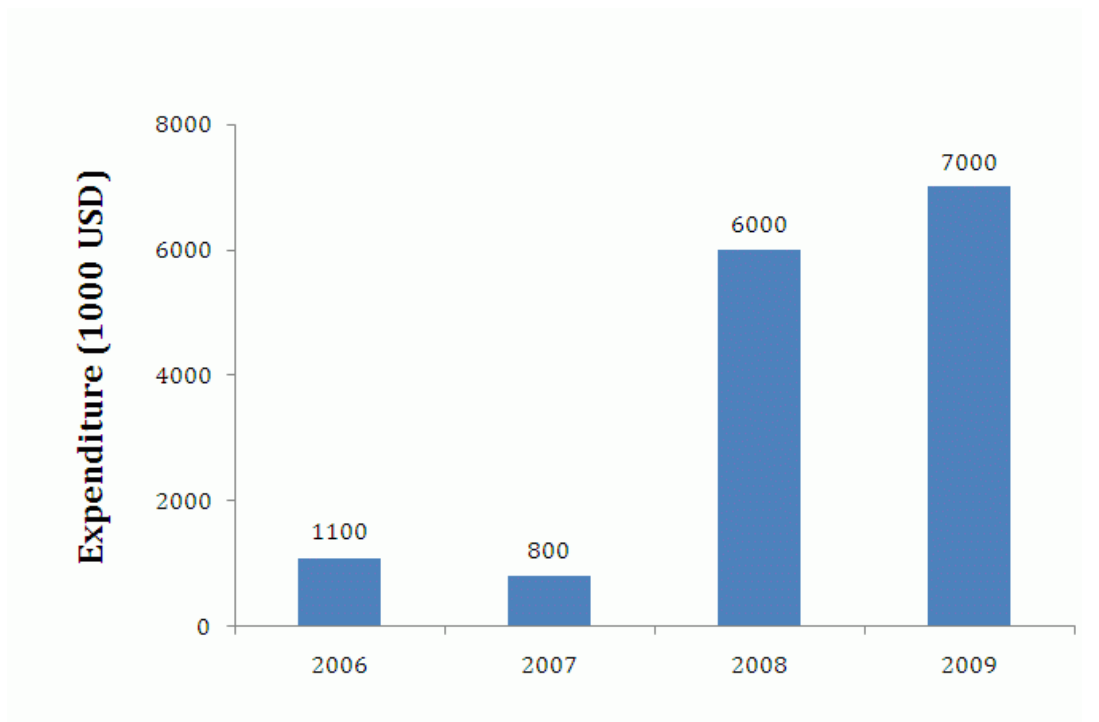
eting process assisted in repositioning nutrition as central to the national development process. Initially, vitamin A supplementation was included in the PRSP. Subsequently, the entire nutrition strategy was integrated into the new Accelerated Growth and Sustainable Development Strategy (SCADD). Matters that must receive urgent attention are improvement in service delivery and strengthening institutional capacity.

It is necessary to create a budget line for nutrition in the national budget in order to increase funding for nutrition. Over the period under discussion, budgetary allocations to nutrition have increased. Figures 2 and 3 indicate the contribution of the United Nations Children's Fund (UNICEF) and the World Bank, respectively, to nutrition activities in Burkina Faso between 2006 and 2009.

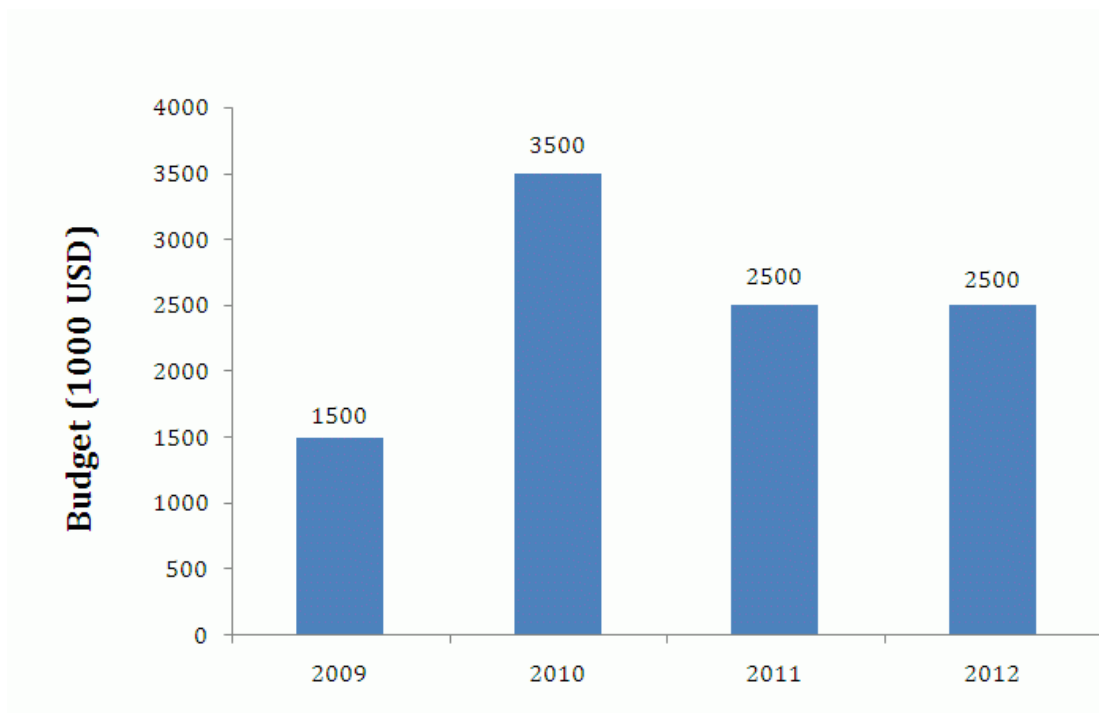
Other financial partners included the World Health Organization (WHO), the World Food Programme (WFP), the United States Agency for International Development (USAID), the Commission's Humanitarian Aid Office (ECHO), the Office of the US Foreign Disaster Assistance (OFDA), UKAid from the Department for International Development (DFID) and the Micronutrient Initiative (MI). To ensure sustainability, there is a need to shift from emergency funding to long-term financing of nutrition activities as part of national development. This requires the development of a long-term vision for nutrition in a country. In Burkina Faso, the National Health Plan for 2005-2010 made explicit reference to strengthening action

<sup>1</sup> COSTAB is a software for the preparation, organization and analysis of projects costs.

**Figure 2: UNICEF contribution to Nutrition**



**Figure 3: Estimated disbursement of funds for nutrition activities by the World Bank**



against malnutrition. In the health plan for the next decade, there is a commitment to make nutrition a priority at the same level as HIV.

**CONCLUSION**

Given the scale of the nutrition problem, it is essential to have

sufficient, stable resource flows to implement nutrition interventions on a large scale. This is why a strategic plan with a multi-year budget, realistic and results-oriented, is a good instrument. However, to be successful, it is also important to have an appro-

prate organizational framework, a clear vision, a policy that encompasses the essential pillars of good nutrition, a clear operational plan and a robust mechanism for monitoring and performance evaluation.

## HARNESSING INVESTMENTS IN FOOD SECURITY FOR IMPROVING NUTRITION

Charlotte Dufour, Food Security, Nutrition and Livelihoods, Food and Agriculture Organization (FAO), Rome

This brief input from FAO challenged the audience to think of innovative ways to use the current increased interest in food security to benefit nutrition. It is challenging to generalize about the cost and impact of food security interventions because of the diversity of agro-economical and livelihood contexts. There are many successful small-scale case studies, but no single model to scale up from these initiatives. Furthermore, it is difficult to attribute impact to specific interventions, because there are multiple factors affecting nutritional status and the synergistic effects between interventions. It is also difficult to isolate investments in nutrition from investments in food security.

There are many ways in which to make investments in food security work for nutrition. These include, for example, defining food production and access strategies ac-

ording to nutritional needs and causes of malnutrition, promoting value chains that can meet local nutrition needs and generate employment opportunities for the poor, integrating nutrition education in agricultural extension, targeting and adapting interventions to vulnerable livelihoods groups and adopting a more holistic approach to calculating economic benefits of investments in food and agriculture (e.g. by factoring in nutrition and health benefits).

However, the process of integrating nutrition in food security is not without cost. Resources are needed for aspects such as hiring a nutrition advisor to mainstream nutrition in food security plans and programmes, developing and implementing nutrition education programmes, providing nutrition training for agricultural staff, conducting research on nutrient-rich foods and local biodiversity and

integrating nutrition monitoring indicators in food security surveillance.

Nutrition education and outreach can also be integrated into literacy programmes, school curricula, women's group activities and youth organizations. Universities and professional schools can give more attention to nutrition content, and health and food security surveillance systems could track nutrition indicators. Ultimately, good nutrition is a common objective shared by several sectors. Nutrition champions have the opportunity to achieve their goals by collaborating with other sectors and utilizing the human and financial resources of those sectors. Experience has shown that multisectoral collaboration of this kind requires creative thinking and a modest investment of resources, and can yield significant nutritional benefits.

### Scaling Up Nutrition (SUN) Movement

The Scaling Up Nutrition (SUN), a collaborative process that began in 2009 with the development of the [SUN Framework](#), is evolving into a movement that is both stimulated and reinforced by political interest in nutrition among leaders of national governments and development partners alike.

The principles guiding the SUN movement are as follows:

- (a) SUN efforts are led from countries and external support processes must add value to this country-led action and must be demand-driven;
- (b) ongoing initiatives to improve nutrition should be linked together for greater coherence, efficiency, and impact, wherever possible; and
- (c) a combination of networks and movements are needed to enable a range of stakeholders to work together and contribute to lasting results. The following describes the mechanisms that will enable the movement to function in a coordinated and coherent way.

The [Road Map for Scaling-Up Nutrition](#) presents concrete recommendations for the wider group of SUN stakeholders at local, national and regional levels on how to scale up nutritional outcomes relevant to the realization of the MDGs. The Road Map will be translated into action, with a view to helping countries to achieve long-term reduction in under-nutrition and realize the first Millennium Development Goal.

For more information, visit [www.scalingupnutrition.org](http://www.scalingupnutrition.org) and [www.unscn.org](http://www.unscn.org)

## SESSION 3: Working together for results

### MANAGING FOR RESULTS: THE REPUBLIC OF SENEGAL EXPERIENCE

By representatives of the Republic of Senegal

Nutrition has a direct effect on at least six of the Millennium Development Goals (MDGs). In the Republic of Senegal it is recognized that nutrition also has an impact on achieving several of the key indicators established in the Poverty Reduction Strategic Plan (PRSP), such as human capital, health and education. For this reason, the updated policy brief on nutrition aims to contribute to achieving the MDGs and in particular reducing the number of people suffering from hunger, as well as the mortality of children under five years of age. The Strategic Plan for Nutrition 2007-2011 defines the interventions to be undertaken in the next five years. The specific goal is to halve the

rate of underweight among children under five years of age by 2015. Objectives include improving the nutritional status of the population and particularly the growth of children under two years of age living in poor urban and rural areas. Another important objective is to strengthen institutional and organizational capacity for nutrition action in the country.

**Geographical coverage:** The Nutrition Reinforcement Programme (Programme de renforcement de la nutrition, PRN) operates in 14 regions, covering 58 districts and 257 local communities (Figure 1).

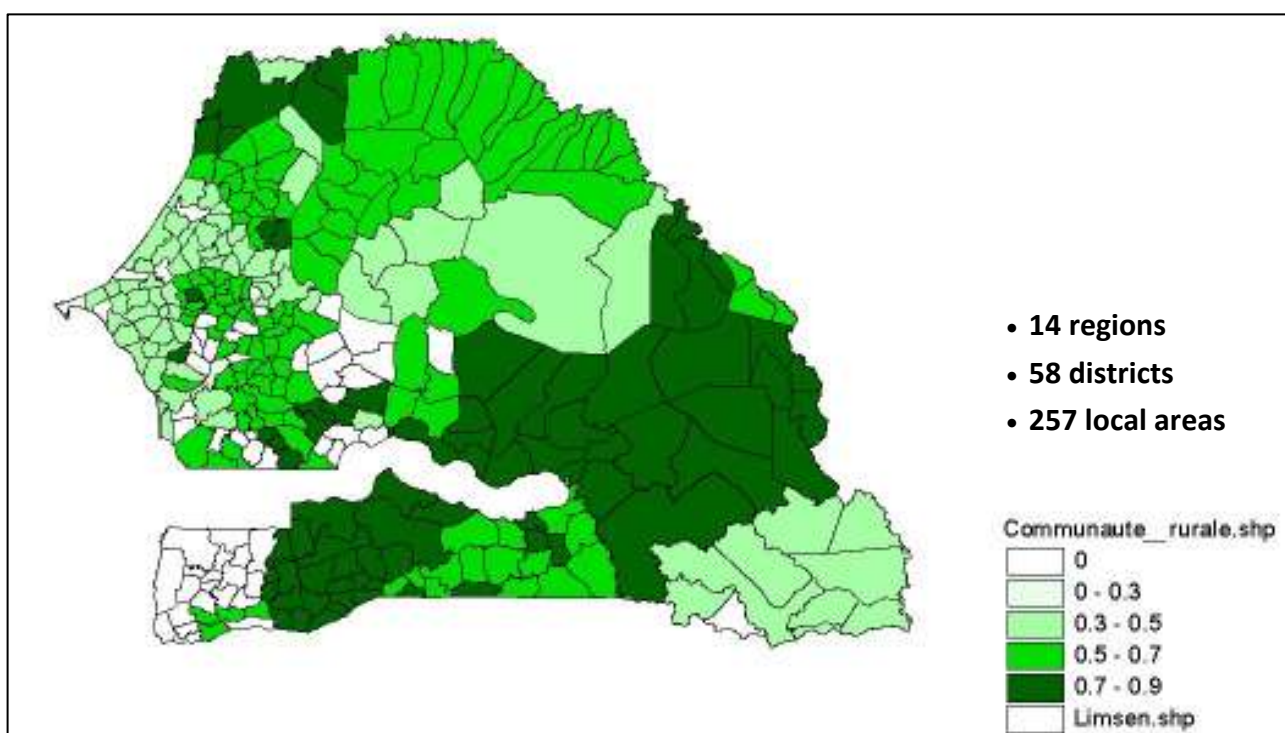
In the context of large-scale implementation, it is important to manage for results. This process con-

sists of four components: planning, implementation, monitoring and evaluation, and supervision.

**Strategic and operational planning:** A results framework is defined in the strategic plan. It identifies the indicators, the baseline for each indicator, the level to be reached each year, the frequency of data collection, data collection instruments and the agent responsible for data collection.

At national level the annual action plan specifies the deliverables, accountabilities, budget allocation and completion dates. At the local level, an action plan is developed focusing on the expected results as set out in project documents. The Programme de Renforcement de la Nutrition (PRN) has devel-

**Figure 1: The Nutrition Strengthening Programme (PRN) region**



oped an implementation manual based on the process approach. It also includes a guide to facilitate communication, promote autonomy and strive for continuous improvement. This process subscribes to the motto “Doing it right first time, do better next time”.

The management information system ensures flow of information from the community level, through district and regional structures to national level, where it is compiled and analyzed for na-

tional level reporting. Information is analyzed at each level and feedback is provided to the relevant management structures at each level and used to inform supervision and the design of next steps. Likewise, the supervision system operates at each level, with clear guidelines and tools developed to support the supervision process.

### CONCLUSION

The adoption of results-based management involves the development of tools to maintain the

connection between processes and results. In Senegal it has allowed the programme to share results obtained on a monthly, quarterly and annual basis at all levels, to monitor changes in indicators on a regular basis and to apply corrective measures promptly to improve performance. The case study shows that results-based management contributes to ongoing performance improvement, and ultimately to better results.

## SCN News 39: Nutrition and Business: How to engage?

Nutrition and business interests are overlapping more and more. Business is increasingly including product and social innovation as well as sustainability into its core corporate strategies and supply chains. Business is also continuously reaching out to new consumers, including the urban and rural poor, exploring emerging markets and engaging with other nutrition stakeholders.

While these overlaps create opportunities for cooperation and convergence of interests for achieving food and nutrition security, they also carry controversy, and sometimes cause heated debate, especially on transparency and accountability issues. There are cases of actual or perceived conflicts of interest that undermine such convergence and diminish trust, jeopardizing potentially fruitful initiatives.

The SCN News 39 published a call for contributions and this has resulted in the inclusion of a number of interesting and diverse set of papers with a range of relevant topics on nutrition and business engagement, such as:

- How the nutrition community can better equip itself to better govern such engagement;
- Partnerships, alliances and interactions of companies with UN System organizations, government agencies and NGOs to address global nutrition challenges;
- How humanitarian organizations can collaborate with the private sector in emergencies;
- The potentials of engagement with the local business sector in humanitarian nutrition interventions;
- Progress and challenges of initiatives such as food fortification and food supplements (e.g. lipid-based nutrient supplements);
- The role of governments in the defence of public interest and regulation of partnerships;
- Policies and partnerships which handle conflicting interests in a transparent and accountable way;
- Examples of different engagement frameworks;
- How to develop more effective UN-business partnerships;
- The engagement with the private sector and the human right to food.



Download it at the [www.unscn.org](http://www.unscn.org).



## RESULTS-ORIENTED WAHO/ROPPA/BIOVERSITY/FAO/ECOWAS AGRICULTURE COMMISSION INSTITUTIONAL PARTNERSHIP

Ifeyironwa Francisca Smith, Bioversity International, Rome, Italy

This presentation described a multisectoral institutional partnership in West Africa that aims to increase the local production, marketing, availability and consumption of nutrient-rich foods from West Africa's local food systems. It also strives to mainstream the use of these foods in family and household diets through education and public awareness programmes. The partnership initiative developed as a result of increasing awareness and recognition in the subregion that no one sector, working alone, could ensure adequate food and nutrition security for a country's population. Other collaborating partners include University of Abomey-Calavi, the Republic of Benin; University of Legon, the Republic of Ghana, Université Cheikh Anta Diop, the Republic of Senegal. The partnership focuses on agricultural research and extension, capacity building, education, public awareness and community mobilization as well as advocacy at national and regional levels.

Since the inception of this collaborative partnership, which initially involved the West African Health Organization (WAHO), Bioversity and the Food and Agriculture Organization of the United Nations (FAO), advocacy, capacity building and research activities have been undertaken. Advocacy for the mobilization of foods from West Africa's local food systems continues to be an ongoing activity of the partnership organizations. In September 2007, a policy advocacy workshop was organized, which involved national directors of

health and agriculture, representatives of food processors' associations, the research community, farmers and consumer associations, as well as international and regional organizations including the International Food Policy Research Institute (IFPRI), Helen Keller International (HKI) and the International Development Research Center (IDRC). In response to the participants' call for a more inclusive dialogue on the use of foods from local food systems in nutrition and health intervention programmes, a regional workshop was organized in November 2009 which involved the regional small-scale farmer organization (ROPPA), the Economic Community of West African States (ECOWAS) Commission on Agriculture, representatives from research institutions, national and regional consumers and private sector organizations. Decisions and recommendations from the 2007 and 2009 workshops were fine-tuned and better articulated in a May 2010 stakeholders consultation involving partnership organizations and stakeholders from research, public and private sector organizations. During this consultation, a five-year operational workplan was developed. This workplan targets continuous advocacy for the increased production and consumption of foods from West Africa's food systems, education and public awareness campaigns, training and capacity building of small-scale food producers, local food and nutrition experts, and increased research into the nutrition and health at-

tributes of foods from the local food systems.

Capacity building activities to date included training of a critical mass of local experts in the generation, compilation and dissemination of data on the nutritional qualities of foods from West Africa's local food systems.

Initial research activities have focused on assembling existing published and unpublished data on the composition of foods from local food systems from seven countries. The data generated were compiled into a user database of the nutrient composition of foods from West Africa's local food systems. This user database was published in 2010 and is considered a significant milestone for the partnership.

Planned programmes to be implemented as part of the five-year operational workplan include a series of quarterly regional and national roundtables on traditional foods, their uses in family diets and their health-promoting effects. These roundtables will be organized in collaboration with the print and electronic media, private sector organizations, civil society groups and non-government organizations. In addition, biannual regional/national policy advocacy workshops involving public sector directors will be held. A series of training workshops will be held for ROPPA members on topics such as improved processing technologies, correct food labelling and use of nutrient data on food labels in order to educate the population on

the nutritional value of the foods, as well as marketing techniques for fresh and processed foods. For local food and nutrition experts, there will be more training on the generation, compilation and dissemination of databases on the nutrient composition of local food resources from the subregion as well as ways of ensuring quality

control of generated data in order to ensure comparability with international standards. Planned research and extension activities include collaboration with universities and research institutes to create a network of research institutions and food analysts with mandates and resources to research and make available new

information on the nutrient content of local foods. The partnership also plans to support small-scale food producers through extension services and the sharing of information on new technologies and best agronomic practices for local food production.

## Nutrition and Climate Change at the Climate Change Conference of the Parties (COP)

Since 2009, the UN System Standing Committee on Nutrition (UNSCN) is promoting the debate and strengthening the participation of nutrition on ongoing and future climate change discussions. It has published several documents including, in 2009, the [UNSCN Statement on the Implications of Climate Change on Nutrition](#) and in 2010 the [SCN News 38 on Climate Change - Food and Nutrition Security Implications](#), a peer-reviewed publication which examined climate change and nutrition across a range of different sectors, using an underlying multisectoral perspective. Also a UNSCN Nutrition and Climate Change e-discussion group was set up and an increasing number of interested individuals are joining this group (you can still join by clicking [here](#)).

The UNSCN has attended the climate change conferences of Copenhagen (2009) and Cancun (2010) and Durban (2011). For the COP 16 it has published a Climate Change and Nutrition Security policy brief including key messages for United Nations Framework Convention on Climate Change (UNFCCC) negotiators (available in English, French and Spanish [here](#)). In collaboration with key partners Action contre la Faim (ACF), the World Food Programme (WFP) and the Public Health Institute (PHI), the UNSCN has co-organized a side event during the COP 17 in Durban (South Africa) on Nutrition and Climate Change: Making the connection to enhance livelihood resilience, health and women's empowerment. For this side event, which was hosted by the South African Government, a background paper has been published, available for download [here](#).

The objectives of the side event were to: (i) Demonstrate why nutrition must represent a key pillar of climate-resilient development; (ii) Highlight how nutrition, food security, health, social protection and women's empowerment approaches can be integrated to build climate resilience. Speakers at the event were: Sheila Sisulu, WFP Deputy Executive Director, Alexander Müller, FAO Assistant Director General Natural Resources Management and Environment Department, Robin Mearns, Lead Specialist and Cluster Leader Social Resilience, World Bank and Carlos Dora, Coordinator, WHO Department of Public Health and Environment. Video messages were shown from David Nabarro, UN Secretary-General Special Representative for Food Security and Nutrition as well as from Mary Robinson, Former President of Ireland and Chair of the [Mary Robinson Foundation - Climate Justice](#). The video messages can be watched [here](#). During the side event Q&A session, some key activities for the UNSCN have been identified: (i) to ensure UN agency harmonization of nutrition and climate change related policies and programmes to allow that strong, concerted and non-conflicting messages can be sent to UNFCCC negotiators; (ii) to organize a high-level workshop on nutrition and climate change and bring together a group of experts from different sectors (agriculture, environment, gender, human rights, health, etc.) and country representatives to reflect together on nutrition and climate change resulting in the identification of key recommendations and a set of concrete priority actions; and (iii) to contribute to the integration of agriculture, gender and nutrition security into National Adaptation Programmes of Action (NAPAs).

For further information: go to the [UNSCN website](#) or mail to [scn@who.int](mailto:scn@who.int)

## CONCLUDING COMMENTS ON COLLABORATION AND PARTNERSHIPS

Menno Mulder-Sibanda, World Bank, Washington DC

Mulder-Sibanda was asked to make a few concluding comments on experiences of working together:

Collaboration with different ministries and among different partners is essential to avoid fragmentation. Because there are many different stakeholders and role players whose actions have an impact on nutrition, even in situations where there are not well-funded large-scale nutrition programmes, the danger always exists that we will become fragmented.

One of the most important lessons we have learned is that we need unambiguous institutional leadership to move the nutrition agenda forward in a country. It is not so much about the individual charismatic leader as it is about having an institution that takes leadership. There needs to be a common entry point for all stakeholders and strong national leadership facilitates this. So, even in situations where some international donor funding is not channeled through the main nutrition programme, if there is a common entry point, plans can be discussed, funds can flow and activities can be implemented in a coherent manner. Institutional leadership is not about building institutional powerhouses – it does not mean that you have power over others. We all know that you cannot tell ministries what to do. It is about the power to mobilize a common agenda. Institutional leadership has to be inclusive, and should include the ministry of finance. It is interest-

ing how they become important players. Contrary to expectations they are not an obstacle in our process, but key stakeholders – if things work well, it is also good for them. They can be real allies if they see the gains that come out of it. So the kind of leadership we are talking about here should be non-threatening. Too often, bureaucracies are not set up for team building and trust building. Institutional capacity development must include trust building. For multisectoral collaboration to work, no one can be left out. While there will always be tensions, sound overall leadership can mitigate this and ensure that the agenda moves forward.

As the experiences in Burkina Faso and Senegal demonstrate, developing collaborative partnerships for nutrition is a process that can take years to develop and requires constant nurturing. When and how does it start? We are still learning how the process works, but it appears that champions play a key role. Who are these champions? It is said that you become a champion when you take a step out of your comfort zone. Champions tend to build other champions around them. Champions are individuals – we all have it in us to be a champion. No single characteristic defines a champion, they come in all shapes and sizes. Some are born networkers, they can relate to everyone. I have seen champions that are eloquent and can tell a compelling story. Others are stubborn, not

afraid to fight; while others are soft spoken but convincing. We all have it in us to be a champion, it is about stepping out of our comfort zone to make nutrition a priority. Champions can also emerge suddenly, at the right moment. For example, at the international nutrition forum, the Mali nutrition unit stood up and said, "we need to change, we can't go on like this". A new group of champions were born!

We can be inspired to become champions (when there is a momentum growing). That is what happened with Mali at the forum. Scaling up, it is like a virus: this forum is also a transmission center to pick up inspiration and see what comes of it. There will be people who will rely on you. Champions cannot be promised smooth sailing, even in countries where there has been movement, there are still issues. It is a process of behaviour change on all our part, accepting that countries are in the driving seat. It is a culture change, it takes time. We have to keep working on it. As development partners, for example, we have to learn to become more pragmatic and less dogmatic.

Finally, it may be good to remember that institutional leadership is also about letting go and letting others do. Senegal has mastered implementation so well. In fact, what they have learned is that implementation is mastered at the local level, and so they devolved decision-making on implementation to local levels, and have reaped the fruits.

## SESSION 4: Plenary discussion

This session consisted of a wide-ranging plenary discussion, in which participants identified topics for further discussion in the group work later in the week. The issues raised by participants related to the following themes:

- advocacy;
- how to make the Agriculture-Nutrition-Health relationship work?
- civil society involvement;
- essential elements for the development of policy documents and plans;
- budgeting tools;
- information system on nutrition integrated in the national information system;
- resource mobilization at local level;
- multisectoral involvement;
- integration of nutrition and food security.

These issues were then grouped into the following five broad topics for group discussion:

- making institutional arrangements work for nutrition;
- the elaboration of policy and strategic plan documents for nutrition;
- costing, budgeting and tracking expenditure - for what and how?
- mobilizing resources to implement nutrition strategic plans;
- the contribution of food security and agriculture in collaboration with other sectors to

achieving national nutrition priorities.

### RESULTS OF THE GROUP WORK

The conclusions of these discussions add valuable perspectives to the deliberations of the forum and are summarized below.

#### Group 1: Institutional arrangements for nutrition

This group focused on the role of different groups and how to achieve synergy among them to achieve national nutrition goals. With regard to the lead institution for nutrition, the group recommended that its role should be formalized, with clearly assigned responsibilities and reporting lines. To ensure continuity and the ability to act it should be semi-autonomous, not linked to a specific technical ministry, and should be representative and inclusive. Key tasks include:

- defining the national policy;
- ensuring leadership/coordination of interventions;
- monitoring and evaluating interventions;
- proposing draft laws;
- working closely with various technical services in the elaboration and implementation of M&E tools;
- mobilizing resources;
- stimulating action; and
- providing technical support to implementation structures.

The group also discussed the rationale for involving local communities in defining nutrition policies

and strategies. Important factors include ensuring sustainability and ownership at local level and building on what already exists. The group felt that it was important to have consultation processes at local level that mirrored processes at central level, in order to stimulate action, behaviour change and involve communities in monitoring and evaluation of programmes. It was also thought important to integrate nutrition indicators in local development plans. Recommendations included making a distinction between administrative structures in rural areas and local community groups, and ensuring that both groups participated in local planning activities. For this to happen it was necessary to revitalize community support organizations and animators and to adapt plans to suit local conditions.

#### Group 2. Preparing policies and strategic plans – frameworks and action steps

This group considered frameworks and road maps for the development of national policy and strategic planning documents. The group's conclusions are summarized in Tables 1 and 2.

#### Group 3: Costing, budgeting and tracking expenditure - for what and how?

This group reviewed inputs on costing, budgeting and expenditure tracking and capacity building needs to enable countries to carry out these processes effectively. The group's deliberations are summarized in Figures 1 and 2. The group emphasized the impor-

**Table 1. Nutrition policy and strategic plan documents: what for, for whom and what should be their key content?**

	Policy document	Strategic Plan document
<b>Definition</b>	A reference framework with a long-term vision and strategic orientations reflecting the commitment of political authorities (adopted and signed)	A reference framework with strategic orientation as per the policy document
<b>Target audience</b>	Decision-makers, technical and financial partners (TFP), actors, researchers	Actors (public and private sectors and NGOs), communities, TFPS
<b>What for?</b>	Adequacy of interventions together with assessment of needs, harmonization of interventions; a consensual/advocacy document for resource mobilization	Harmonization of interventions
<b>Key elements</b>	<ul style="list-style-type: none"> <li>• Context</li> <li>• Situation Analysis (Food security, nutrition, institutional and technical capacities)</li> <li>• Past experiences</li> <li>• Vision / Goal / Objectives</li> <li>• Strategic Orientations (principles)</li> <li>• Institutional Framework</li> </ul>	<ul style="list-style-type: none"> <li>• Context (recall / update of what is in the policy document)</li> <li>• Situation Analysis</li> <li>• Challenges, constraints and gaps</li> <li>• Strategies (to include emergencies)</li> <li>• Specific objectives</li> <li>• Implementation mechanisms</li> <li>• Budgetization</li> <li>• M&amp;E</li> <li>• Logical framework (annex)</li> </ul>

**Table 2. Nutrition policy and strategic plan documents: steps for elaboration/review**

Policy and Strategy documents for multisectoral interventions	Stakeholders
<ul style="list-style-type: none"> <li>• Participatory situation and institutional analysis</li> <li>• Advocacy with political leaders at the highest level</li> <li>• Consensus meeting leading to a common vision and a road map</li> <li>• Establishment of a multisectoral steering committee to finalize documents</li> <li>• Validation, adoption and signature</li> <li>• Resource mobilization strategy</li> </ul>	<p>Participatory process</p> <p>At central and decentralized levels for all sectors</p>



tance of ensuring logical coherence between nutritional needs, as determined in the situation analysis, strategy, actions, budgetary allocations and indicators used to monitor progress. Note that costing is often done based on objectives set out in the strategic plan. This provides a rough estimate of the total cost of the proposed strategy, and can be used for advocacy and to inform decision-making and action planning, including priority setting in the context of scarce resources. More detailed budgeting is necessary at different levels – at local government level, for example, it is used to mobilize resources and allocate funds to specific sectors and programmes. Donors also require more detailed budget figures, for example to distinguish the propor-

tion of funds used for human resources versus equipment (Figure 1).

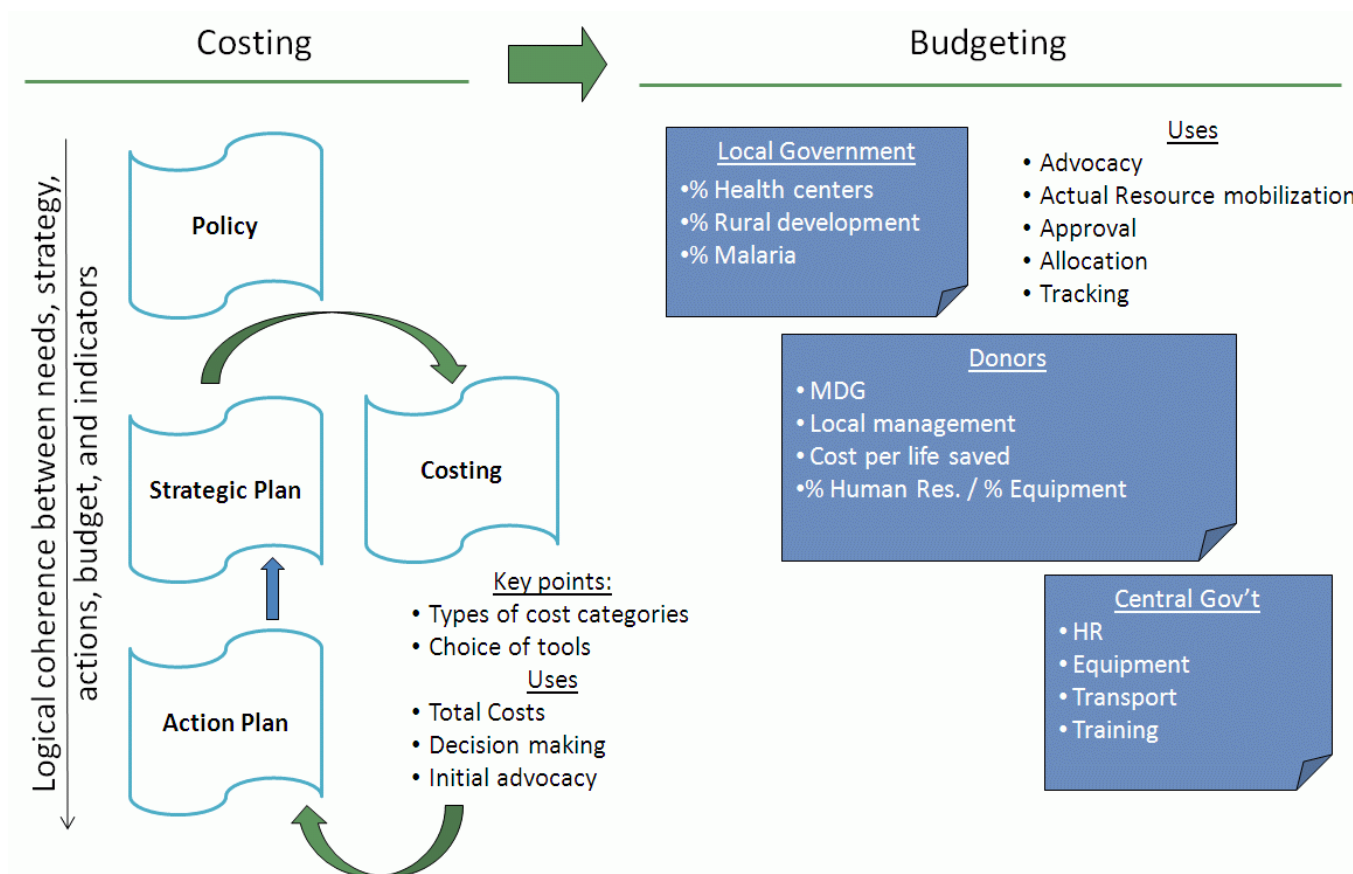
The group also distinguished between three nutrition expenditure tracking approaches, as summarized in Figure 2. As discussed during the forum, national accounts (such as the National Health Accounts) can be used to track expenditure on specific nutrition activities, if they are specified in the budget and tracked using clear indicators. Periodic surveys can be used to review total expenditure on nutrition by both governmental and nongovernmental structures, as well as households. A third approach (C) involves drawing on the national accounts plus surveys of the expenditure of specific donors or organizations (Table 3).

**Group 4: Mobilizing resources to implement nutrition strategic plans**

The group deliberated on the following four questions:

- what information and skills do we need to increase access to existing and new funding sources to achieve nutrition goals?
- how could we use emergency funds to contribute to implementing development strategies?
- what steps would we need to take (including capacity building) to successfully mobilize resources for nutrition?
- how can partner agencies in the region support country initiatives to mobilize resources?

**Figure 1: Costing versus budgeting**



**Table 3: Nutrition expenditure tracking approaches**

A. Routine National Accounting System (government)			B. Periodic National Survey (includes non-government)
Ministries	Prevention	Treatment	National periodic review of national accounts by survey, which assesses nutrition expenditures at Government, all other organizations and household levels.  Also with the same domain categorization.
Health	<ul style="list-style-type: none"> <li>• BF promotion</li> <li>• Budget amount</li> <li>• Budget line</li> <li>• Indicator</li> </ul>	<ul style="list-style-type: none"> <li>• SAM</li> <li>• Budget amount</li> <li>• Budget code</li> <li>• Indicator</li> </ul>	
Agriculture	<ul style="list-style-type: none"> <li>• Livelihood intervention</li> <li>• Budget amount</li> <li>• Budget line</li> <li>• Indicator</li> </ul>		
Others			
<b>C = A + Partial B</b>			
Survey of only Donor, UN and NGO expenditure that can be requested directly			

With regards to information and skill needs, they concluded that it was necessary to map budgeting processes in each sector, as well as the roles of donors in budgeting. Given the different role players, specific advocacy messages need to be developed for different audiences, e.g. the finance ministry and the education ministry require different messages. Nutrition units need to demonstrate capacity to track and manage resources. It is also important to have dedicated capacity to identify funding opportunities.

The group concluded that nutrition units could take advantage of emergency situations to increase the visibility of nutrition. Given the frequent occurrence of crises in the region it was important to incorporate crisis planning into overall planning for nutrition in the region. Donors who support

emergency response programmes can play an important role in highlighting nutrition issues to development donors. They should also build capacity for long-term nutrition action in the health sector and at community level.

Steps to successfully mobilize resources for nutrition include developing advocacy tools, developing proposal writing and report-writing skills, building capacity of champions to lead and market nutrition, building relationships across sectors and partnering with NGOs, and reminding donors of their commitments.

With regards to the role of funding partners, the group concurred that donors should support countries' planning processes in accordance with the Paris Declaration. They concluded that partners can support country initiatives by helping to develop advocacy tools,

building capacity in leadership, marketing and management, identify and track funding opportunities and funding gaps and promote greater transparency on budgets and available funds. Also, WAHO must play a greater role in the advocacy of countries for the provision of funds.

#### **Group 5: Contribution of other sectors to nutrition**

The group deliberated on the following questions:

- what can and should the agriculture and food security sector, in collaboration with the other sectors, contribute to achieving nutrition goals?
- what are the barriers that prevent the agriculture and food security sector from taking nutrition into account, having a positive impact on nutrition objectives and demonstrating

that impact?

- what support do the sectors need to more effectively take nutrition into account, and demonstrate a positive impact on nutrition objectives?

The recommendations for the agriculture and food security sectors to support the achievement of nutrition goals include enhancing mutual understanding of the nutrition situation, through discussions, consultations and joint learning; and formalization of a common political and institutional framework for nutrition, with clear roles and responsibilities. It is also necessary to incorporate nutrition indicators in information systems, including surveillance and monitoring systems.

Among the barriers are the lack of attention to nutrition on the development agenda at all levels and the lack of dialogue between different sectors, different understandings of nutrition and food security, and different approaches based on local conditions and sectoral and project approaches, rather than multidisciplinary, developmental approaches. Finally, a lack of financial support for nutrition-focused activities in the agriculture and food security sector also hampers its impact on nutrition.

Several actions are recommended to overcome these constraints. They include proactively engaging with each other across sectoral boundaries at all levels, identifying and implementing joint activities and developing integrated strategies based on these experiences. Learning from the experiences of other countries, and seizing political and financial opportunities

such as those provided through the Permanent Interstate Committee for the Fight against Drought in the Sahel (CILSS), NEPAD, the Economic Community of African Western States (CEDEAO), Economic and Monetary Union of West Africa (JEMOA) are also recommended. To support country collaborative efforts partners should also have harmonized and synergistic approaches, provide technical support and resources for capacity building, and provide improved communication strategies.

### SUMMARY AND CONCLUSIONS

The technical update session aimed to strengthen understanding of key principles and processes of planning and financing of nutrition programmes, to review the applicability of available tools for costing and to identify capacity building priorities to strengthen these processes in nutrition programmes in ECOWAS countries. Based on technical input papers, country case studies and group discussions, the following key conclusions emerged:

- Nutrition policy and strategy documents must contain up-to-date information about the nutrition situation in the country.
- Planning processes at all levels must be participatory and include all relevant sectors. Results-based planning and management contribute to ongoing performance improvement, and ultimately to better results.
- Countries need effective coordination platforms to develop effective policies,

strategies and implementation plans; and to effectively monitor and evaluate policy implementation.

- More attention needs to be given to improving systems to track the level of resources invested in nutrition and how they are being spent, to ensure that nutrition goals and programmes remain visible.
- A range of costing and budgeting tools are available in the health sector. More work needs to be done to support nutrition costing and budgeting in other sectors, particularly in agriculture/food security.
- Experience in the region demonstrates that nutrition leaders can succeed in placing nutrition higher on national agendas. For this to happen, there needs to be strong and uncontested leadership from within the nutrition community, evidence of successful implementation from local programmes that can be used in advocacy, and readiness to respond pragmatically to opportunities to insert nutrition in national planning processes.
- Capacity building is needed at various levels and in various sectors to ensure that available tools are being used effectively to demonstrate the effectiveness of nutrition interventions, to calculate the costs for the various inputs required in effective interventions, and to develop comprehensive and actionable nutrition policies and strategies.

# BULLETIN BOARD

## ANNOUNCEMENTS

### Report submitted by the Special Rapporteur on the right to food, Olivier De Schutter

The Special Rapporteur's report on nutrition and the right to food has been presented formally to the Human Rights Council on 6 March. The report (UN doc A/HRC/19/59) is now available on the website of the 19th session of the Human Rights Council. In the report, Mr De Schutter shows why undernutrition, micronutrient deficiency and overnutrition are different dimensions of malnutrition that must be addressed together through a life-course approach.

The complete report is available for download [here](#).

### European Right to Food Summer School

The European Right to Food Summer School organized by Fighting Hunger with Human Rights (FIAN International) aims at bringing together international experts, human rights activists, students and engaged individuals and provides advanced training on right to food, accountability and justiciability issues.

**Location:** Berlin

**Date:** 3-8 June 2012

For further information, click [here](#).

### SUNRAY: Sustainable Nutrition Research for Africa in the Years to come

The Sunray project will develop a nutrition research agenda for sub-Saharan Africa. It is conducted by nine partners; four universities from Africa and two research organizations, a university and two nongovernmental organizations from Europe. It focuses on mapping of current research, stakeholder analysis, assessment of the future research needs in nutrition research and regional workshops. Workshops have already happened in Tanzania and Benin, and the next will be in and South Africa.

For further information, click [here](#).

### West Africa CAADP Regional Nutrition Programme Development Workshop

The New Partnership for Africa's Development (NEPAD) in collaboration with the Economic Community of West African States (ECOWAS), West Africa Health Organization (WAHO), CILSS and Development Partners hosted the West Africa Regional CAADP Nutrition Programme Development Workshop November 9-12, 2011 in Dakar, Senegal. The workshop was organized in recognition of the critical need to integrate nutrition in National Agricultural and Food Security Investment Plans and development agendas of ECOWAS member states.

For further information, click [here](#).

### African Nutrition Leadership Programme (ANLP)

The ANLP is a leadership development and networking seminar aimed at assisting the development of future leaders in the field of human nutrition in Africa. Emphasis is placed on understanding the qualities and skills of leaders, team building, communication and nutrition information in a broader context, and to understanding the role of nutrition science in the world. The tenth of a series of seminars of the ANLP will run in South Africa, and follow-up courses are already being hosted in other African countries.

For further information, click [here](#).

## Meetings and Conferences

### International Conference on Food Science and Nutrition 2012

2 - 4 April 2012

Kota Kinabalu, Sabah, Malaysia

<http://www.ums.edu.my/conferences/ICFSN>

### 9th Annual Nutrition & Health Conference

16 - 18 April 2012

Westin Boston Waterfront  
Boston, Massachusetts

<http://nutritionandhealthconf.org/>

### Global Health & Innovation Conference 2012

21 - 22 April 2012

Yale University, New Haven,  
Connecticut, USA

<http://www.uniteforsight.org/conference/>

### World Nutrition Rio2012 Congress

27 - 30 April 2012

Rio de Janeiro, Brazil

[www.worldnutritionrio2012.com/](http://www.worldnutritionrio2012.com/)

### International Conference on Diet and Activity Methods

14 - 17 May 2012

FAO Headquarters, Rome, Italy

<http://www.icdam8.org/>

## Vacancies

Keep updated about the latest food and nutrition vacancies through the UNSCN website:

<http://www.unscn.org/en/announcements/vacancies/>

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# UNITED NATIONS SYSTEM

## STANDING COMMITTEE ON NUTRITION

**The United Nations System Standing Committee on Nutrition (UNSCN) is the food and nutrition policy harmonization forum of the United Nations.** Its vision is a world free from hunger and malnutrition, where there are no longer impediments to human development.

Created in 1977 as the ACC Subcommittee on Nutrition, at that time, the UNSCN was accountable to the Administrative Committee on Coordination of the UN (ACC). As a result of the UN Reform of the ACC (which was renamed as the Chief Executives Board CEB), the Subcommittee continued its functions as the United Nations System Standing Committee on Nutrition (UNSCN). **The mandate of the UNSCN** is to promote cooperation among UN agencies and partner organizations in support of community, national, regional, and international efforts to end malnutrition in all of its forms in this generation.

In this way, the Standing Committee on Nutrition of the UN System (UNSCN) is not another agency but it is a UN platform and an extended network where UN agencies come together to exchange information, harmonize and reconcile their strategies, policies and guidelines, agree common action and approaches and take joint initiative in global nutrition issues, while engaging with other key nutrition stakeholders. By leveraging the normative expertise and operational strengths of different UN agencies engaged in nutrition, it aims to ensure that the system-wide response is indeed greater than the sum of the individual efforts.

The UNSCN works towards providing consolidated expertise in nutrition to existing Member States entities such as the Committee on World Food Security (CFS), the World Health Assembly (WHA), among others. It also supports the Ending Hunger and Undernutrition Partnership (REACH) and aims at providing UN coordinated support to initiatives such as the Scaling Up Nutrition (SUN) Movement.

The UNSCN is governed by a [Chair](#), currently Ramiro Lopes da Silva (Deputy Executive Director of WFP) who is the eleventh Chair of the UNSCN and who heads the UNSCN Executive Committee.

UNSCN has undergone organizational changes and has been governed by an Executive Committee of senior executives from FAO, WHO, UNICEF and WFP and the UN Secretary-General Special Representative for Food Security and Nutrition since 2011.

At the hub of this UN nutrition network is the [UNSCN Secretariat](#), which is hosted by WHO in Geneva and core funded by the UN agencies. As part of its advocacy and communication efforts, the UNSCN Secretariat produces and disseminates a series of knowledge products, reaching some 10 000 nutrition practitioners, programme managers and development workers around the world. Among its main knowledge products are the **SCN News**, the **NICS Reports** (which are linked to the NICS Database), the **Reports on the World Nutrition Situation** and the **Nutrition Policy Papers**.

### UNSCN

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