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# Planning and costing for the acceleration of actions for nutrition: experiences of countries in the Movement for Scaling Up Nutrition

May 2014

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# Foreword by Susan Horton

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**W**e currently have an opportunity to attract even greater support for nutrition – the kind of opportunity which comes once in many years. A confluence of factors has contributed to this. The food price crisis of 2007 helped reverse international complacency on agriculture, and has led to reinvigorated investment in this area. We know more about “what works” (and what doesn’t) in nutrition interventions, summarised in publications such as the 2008 and 2013 *Lancet* nutrition series. The Millennium Development Goals have helped to focus attention on outcomes. Economics studies have demonstrated that investing in nutrition has not only social benefits, but there are also economic benefits to countries from healthier children who are provided with the best start to reach their optimal physical and cognitive potential.

One important stimulus to amassing international funding for nutrition came from global costing exercises. It is not enough to know what interventions to invest in and the benefits to society of these investments: it is important to demonstrate that although the needs are great, the amounts needed for investment are affordable. Costing the agenda for HIV/AIDS and for immunisation programmes was an important precursor to increased funding. In the same way, costing the global nutrition agenda (through exercises such as the World Bank *Scaling up Nutrition* publication in 2010 and the 2013 *Lancet* nutrition series) have been critical.

Funding for nutrition has increased significantly in recent years. The 2013 “Nutrition for Growth” summit in London brought together bilateral donors, international agencies, foundations, and countries to commit increased funding for nutrition programmes as well as ambitious targets for reducing undernutrition. However, we cannot grow complacent, international attention can be fleeting – we need to seize the moment.

The costing studies in this report are another important step in moving the agenda forward. Global costing is important, but individual country costing efforts are the essential next step. Costing serves a variety of purposes: it helps the process of mobilising resources, whether external or internal to a country, and it is also an essential component of planning for action. Costing a plan is key to the process of prioritisation – to deciding what are the key actions, and in which sequence they need to occur.

A costed nutrition plan is not an end in itself: it is a tool in the process of conceptualising, planning, and initiating action. A good plan (and the associated costing) will need to be further refined and often adapted as circumstances change. A national costed plan is not the final step either. As actions roll out, plans (and the associated costing) need to be decentralised to guide the work of the implementing partners.

The present study represents an exciting achievement on the path towards improved nutrition globally. Twenty countries have invested the effort required to develop a costed plan. This has not been easy. It has required developing new skills, collecting new data, and working together with new colleagues to achieve this goal. This is not the final step: and significantly more work lies ahead as countries start the difficult process of implementing the plans. I congratulate the huge team effort that has moved this great project to this point. Generations of children stand to benefit from the work that is underway.

# Acknowledgements

This report is a synthesis of work undertaken by Countries in the Movement for Scaling Up Nutrition (SUN). It is produced by the Secretariat of the SUN Movement under the overall responsibility of the Coordinator. We thank all who have contributed to this work over the past year and, most recently, in the development and delivery of the report.

Firstly, we acknowledge the contribution of Government Focal Points from the twenty countries whose plans are included in this report. They have shared their documents freely and have engaged in discussions about how their plans were developed, who was involved, what are their limitations and what challenges lie ahead. The results of these discussions with the Focal Points, as well as with in-country supporters from different sectors and agencies, are available in specific country visit reports which can be provided on request.

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SUN Movement Secretariat  
David Nabarro, Co-ordinator  
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## List of Acronyms

AARR	Annual Average Rate of Reduction
CIP	Country Investment Plan
CMAM	Community Management of Acute Malnutrition
CRF	Common Results Framework
DHS	Demographic and Health Survey
DNHA	Department for Nutrition and HIV/AIDS (Malawi)
DPEM	District Plans to Eliminate Malnutrition (Rwanda)
GDP	Gross Domestic Product
GNI	Gross National Income
IYCF	Infant and Young Child Feeding
JAPFM	Joint Action Plan to Eliminate Malnutrition (Rwanda)
MICS	Multiple-Indicator Cluster Surveys
SUN	Scaling Up Nutrition
SMS	Sun Movement, Secretariat
MQSUN	Maximising the Quality of Scaling up Nutrition
U5	Under 5 years old
UNICEF	United Nations Children's Fund
WHO	World Health Organization

# Introduction and Summary

## Summary Points

National plans for scaling-up nutrition generally include (a) improvements in people's access to nutrition specific interventions, (b) the adoption of nutrition-sensitive strategies in related sectors, as well as (c) a number of explicit functions to enable the stewardship and synergised working of multiple stakeholders. The costing of these plans is most valuable if it includes the following elements:

- A well-defined population for whom access to nutrition services is to be enhanced – predominantly women and young children – together with an accurate estimation of its size of the population and the cycle in which they use the services;
- Clarity on national targets for nutrition, together with reliable and up-to-date estimates of the baseline situation and current and projected coverage of interventions<sup>1</sup>;
- Definition of multi-stakeholder platforms, implementation channels, performance monitoring and management systems;
- Reliable unit costs for the development of interventions and ensuring that they are both delivered to, and accessed by, those who need them the most (with clarity on underlying costing assumptions and methods);
- Well-justified costs for the stewardship of joint actions by multiple stakeholders – including coordination, multi-sectoral planning, comprehensive costing, communications and advocacy, system capacity building and information management;
- Incorporating the costs of existing actions for nutrition, including labour and fixed costs, and reflecting them as a contribution to plans for scaling-up actions and yielding better outcomes.

Since its inception in 2010 the SUN Movement has been led by governments of developing countries who have committed – at the highest level – to intensifying efforts to Scaling Up Nutrition. The Movement has also provided a context within which networks of supporting groups are enabled to align behind national policies and plans for nutrition and to increase their investment in the actions which will have sustained impact. The extent of this alignment and the potential impact of actions are both influenced by the range of elements within the national plans for scaling up nutrition and the ways in which they are both negotiated as plans are developed, and presented in the eventual planning documents.

The importance of national plans for ensuring alignment has led some SUN countries and the SUN Movement Secretariat (SMS) to ask themselves (a) what are the characteristics of a national nutrition plan that are useful both for national governments and in-country stakeholders; and (b) what are the specific elements that should be within a national plan for it to be useful to both domestic and external investors in nutrition? Over the last few years the SMS has been told that, there are core elements of all national nutrition plans that must be present if investors are to find them useful. In addition each investor will require elements of a national plan to be reflected within the investor's language, concepts and approaches. The purpose of this document is to fulfil the first objective and identify some of the elements needed in all national nutrition plans so that they add value to both those implementing the plan and those providing investments.

In 2010, the Framework for Scaling Up Nutrition projected the additional cost for enabling all people in countries with high burden of undernutrition (using stunting as an indicator) to achieve good nutrition<sup>2</sup>. This

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<sup>1</sup> The term coverage has different meaning depending on the source of the data. It can be: 1) geographic coverage (number of districts

projection was used by the SMS, in 2012, to calculate the total and additional cost of scaling up nutrition within SUN countries. Data presented in the 2013 *Lancet* Series on Maternal and Child Nutrition led to refinements in the estimated costs of specific nutrition interventions. In preparation for the June 2013 “Nutrition for Growth” Summit, the SUN Movement Secretariat pulled together information on the costs of actions to scale up nutrition within SUN country national plans in order to compare approaches to costing, calculate financial requirements and estimate shortages of funding for the 20 SUN countries who shared the cost components of their plans.

The belief underlying the SUN Movement is that within any SUN country, the synergised pursuit of an agreed and achievable set of results by the different groups whose actions contribute to people’s nutrition will lead to more effective implementation. The Movement’s Networks and Secretariat support the Governments of SUN Countries as they establish institutional arrangements that encourage negotiation of, and agreement on, expected results, as well as the alignment and synergy of arrangements for implementation.

### **Contribution of National Nutrition Plans to Stewardship of Multiple Actors and Synergised, Effective Actions**

The analysis has revealed how the costing exercise is part of on-going institutional transformations –multi-sectoral planning, management of implementation, tracking resources, monitoring progress, and evaluating results. The proper stewardship of this process is key to success and sustainability: effective stewardship depends on trusting relationships and effective communications between stakeholders.

**Observation 1:** *The process through which a plan is developed has a critical influence on the utility of the plan for stewardship of multiple actors.* A plan is more likely to be of use for stewardship if developed as a result of inclusive consultation between representatives of national governments and other in-country stakeholders: notably scientists, donors, UN agencies and non-government organisations. The consultation may involve iterative dialogue among different stakeholders: a process that can take several weeks. Involvement of civil society organisations in the development of plans can make the plans more relevant to the needs of people most at risk of poor nutrition, especially by reflecting specific vulnerabilities of people from different livelihood groups. There was very little involvement by businesses in the development of this group of plans although it is hoped that there will be greater engagement by businesses moving forwards.

**Observation 2:** *The development of a national nutrition plan is a “directed negotiation”.* Within the SUN Movement the term ‘common results framework’ (CRF) is used to describe a set of expected results that have been debated and agreed across different sectors of government and other stakeholders. The development of a CRF proceeds more smoothly if it takes place under the authority of the highest level of Government, with clear directions to all relevant stakeholders, a robust timetable and a commitment by all to support the achievement of the agreed results as fully as they can, within their areas of responsibility.

**Observation 3:** *A national nutrition plan is often an amalgam of multiple sector plans.* A national nutrition plan may be a combination of several sectoral plans which together indicate ways in which different elements of the CRF will be pursued and which provides an overview of the estimated costs for the interventions set out in these different plans (Indonesia, Guatemala, Peru and Bangladesh are examples of the “amalgam” approach). The identified actions may require the technical endorsement of the responsible ministries: several national nutrition plans have more than one ministerial signature (Sierra Leone, Nepal). Effective implementation at community level may also call for endorsements from authorities in local government (as has happened in Kenya).

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<sup>2</sup> Horton, S. et al., (2010) *Scaling up nutrition: what will it cost?* World Bank, Washington D.C

## **Contribution of Nutrition Plans to Effective Implementation of Interventions to Scale Up Nutrition**

**Observation 4:** *The development of local level plans informed by national recommendations is essential for effective implementation.* No national plan is able to capture the diversity of different contexts within a country so Common Results Frameworks and contextualised plans are also needed at local levels, developed through the engagement of different sector specialists and multiple stakeholders, with the full involvement of civil society representatives and parliamentarians. Focus on developing plans at this level will be essential moving forwards.

**Observation 5:** *Plans are especially useful if they are the basis for monitoring progress in implementation: this is an area that is receiving attention.* Fourteen countries have developed frameworks for monitoring progress in implementation and comparing it with what is envisaged in national action plans for nutrition. However, only half of them include the data needed for the measurement of progress against national goals and for assessment of scale-up from year to year. All concerned countries are refining their frameworks to make them more useful.

**Observation 6:** *Variations in the extent to which nutrition-sensitive strategies are incorporated into national nutrition action plans reflect the work underway within SUN countries to establish appropriate nutrition elements within different sector plans – including public health, agriculture, social protection and water supply.* The plans for Indonesia, Guatemala, Peru and Bangladesh were analysed from this perspective. These plans include most of the specific nutrition interventions identified as effective if made accessible within the 1,000 days between the start of a pregnancy and a child's second birthday. They also focus on the promotion of good nutrition practices with strong education components. They reflect a nutrition-sensitive development agenda: they seek to ensure that all people have year round access to safe, affordable and nutritious food needed for full nourishment, made possible through a combination of adequate income, appropriate health care, availability of drinking water and education.

**Observation 7:** *Plans are most likely to yield synergised and effective efforts if they pay specific attention to nutritionally vulnerable individuals and communities.* Some plans include large-scale interventions in the agriculture, education or social protection sectors that specifically target vulnerable people and their communities. In Nepal, for example, the agriculture component emphasises nutrition sensitive agriculture and food systems and promotes dietary guidelines tailored to different ecologies and livelihoods. In Sierra Leone, the agriculture component focuses on vulnerable households and communities with the highest recorded prevalence of stunting. The average annual per capita cost of these plans is around US\$ 2-3.

**Observation 8:** *Most plans currently focus on enabling pregnant women and young children to access specific nutrition interventions in the 1,000 day window between the start of pregnancy and the child's second birthday — these interventions are mainly provided by the health sector.* However, Governments of these countries are now establishing clear links between health and other sectors to increasingly encourage convergence of different sectoral plans so as to address the needs of specific population groups or communities with high risks of malnutrition. In Senegal, the nutrition-sensitive component includes a project developed under the National Agriculture Investment Programme, which targets 4000 most vulnerable households. The average annual per capita cost of these plans is around USD\$ 2-3.

## **Cost Calculations in National Plans Should be Based on Explicit Principals and Assumptions**

**Observation 9:** *There is an increasing need for costings to be undertaken in an inclusive way.* Although the process of nutrition planning (development of objectives and identification of interventions) is usually iterative and involves different sector specialists, costings are often undertaken by one Ministry or by a small inter-ministerial sub-group. Experiences from Bangladesh, Nepal and Madagascar show the



advantages of involving multiple sectors in costing: in each case costs were calculated by the relevant stakeholder and then integrated by one responsible body. While a wide range of stakeholders might be engaged in the planning process, their contributions are often not indicated in the costed component. Non-government groups are often excluded from the costing too: this is particularly so for stakeholders from business despite their obvious role in interventions such as the fortification of food and the improvement of value chains. Involving multiple stakeholders in costing contributes not only to comprehensiveness but also to comparisons of feasibility and efficiency.

**Observation 10:** *Costed plans are useful to multiple stakeholders if the assumptions that underlie costings are made explicit and can be examined by all: otherwise it is likely that the costing estimates will not be taken seriously.* Currently the majority of costed plans lack clarity on the assumptions applied in the costing: this makes it difficult to appreciate which input costs have been included. Plans could be strengthened by including labour costs and recurrent costs of utilities, which are not currently included in any of the plans. Additionally, including information on current investments in nutrition would also strengthen plans. The current approach leads to an underestimation of the existing contributions to actions for nutrition by different sectors of Government and other stakeholders. Moving forward, confidence of potential investors would be boosted by including current operating costs which can be supplemented so as to scale up actions for nutrition.

**Observation 11:** *National plans and their costings are most useful if the intensity of intervention directly relates to nationally agreed targets for implementation rather than to general objectives for improvement, and if expected expenditure is spelt out year by year.* The availability of information on current performance in relation to targets enables an assessment of the level of effort needed to achieve targets and – provided that reliable data on unit costs are available – the cost of this effort. The explicit linkage of costs and plans to performance targets and current level of activity, in this way, contributes to the confidence of investors that those responsible for implementation appreciate the scale of the task ahead.

## **Strategy for Increasing the Potential Utility of Costed National Plans for Scaling Up Nutrition**

The strategy for increasing the usefulness of costed national plans in SUN countries includes the following elements:

*Element 1: Emphasis on the processes for planning, implementation and monitoring rather than on the plan itself.* The process should involve directed iterative consultations which engage all stakeholders in developing plans and translating intentions into implementable actions.

*Element 2: The systematic engagement of domestic and international decision makers in planning and costing work.* ‘Client review’ of national plans is an increasing focus of effort within the SUN Movement: the underlying rationale is that a good plan is one which is useful to those who make decisions about investment, implementation and impact. A good plan helps all concerned (government and supporting stakeholders) to align action, work in synergy and speed up the achievement of results. Client reviews can give a constructive shape to the continuous cycle from design, planning and costing to managing implementation, tracking finance, monitoring progress and review.

*Element 3: The evolution of principles that should be reflected in different stages of the planning cycle (from design to costing, managing implementation and monitoring).*

## National Nutrition Planning Processes are Likely to be most Useful if Based on the Following Principals

One outcome of this synthesis of experiences with national nutrition planning and costing in SUN countries is the following series of PRINCIPLES.

### *Planning and costing*

- A. **Agreement around a national Common Results Framework (CRF) helps to shape multi-stakeholder working.** Planning around a common results framework can be initiated by one or two line Ministries but agreement depends on the engagement of all relevant stakeholders and administrative levels for scaling-up implementation of agreed services and interventions. This process evolves over time as it gets buy-in from additional line Ministries and decision-makers (e.g. executive leaders and parliamentarians). As new stakeholders come on board they are encouraged to outline their commitments for enabling people to enjoy good nutrition and their responsibilities for delivering specific services and interventions.
- B. **The role of government is to convene all stakeholders, coordinate their engagement, lead on strategy and maintain shared ownership of planning and implementation processes - at national and sub-national level.** Governance (stewardship of nutrition) needs to be separately costed and adequately supported to reinforce and sustain the multi-stakeholder working at national and sub-national level.
- C. **Useful planning documents should have the following minimal characteristics: 1) convey national commitments; 2) reflect sector and stakeholder involvement and 3) feed into the national and sub-national budgetary processes<sup>3</sup>.**
- D. **Costing involves negotiation between multiple stakeholders, contributes to the quality of budget formulation by government and underpins the scale up of services and interventions.** Sub-national administrative entities need to be able to conduct similar processes. Planning documents need to be explicit on the assumptions that are used to establish costs.

### *Encouraging investments and tracking the use of resources:*

- E. **Tracking the use of resources involves the development of systems for gathering data on expenditure.** This requires agreement on categories for financial tracking categories to capture information on the budget execution among the full range of stakeholders.<sup>4</sup>
- F. **The choice of finance tracking methodology depends on multiple country-specific factors.** Which sectors are engaged in the delivery of interventions and services as a contribution to the common results framework? What is the capacity of the public finance system to collect and analyse data? What is the government expertise with collating and analysing expenditure data across multiple ministries? What is the level of expenditure that is estimated to be “off-budget”?
- G. **National plans should incorporate the investments of the non-government stakeholders who contribute to national targets and Common Results Frameworks.** National SUN platforms – led by the Focal Points – are encouraged to track the resources they deploy, and monitor the actions they implement, as a contribution to the alignment of actions among stakeholders. To do this, the contributions of different stakeholders should be explicit and similar categories should be used for both tracking expenditure and monitoring performance.

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<sup>3</sup> Cost itemisation in the national plans can differ significantly from the one in the budget formulation, posing significant challenges in tracking budget execution.

<sup>4</sup> We suggest as a starting point to use the same categories that were applied to analyse the costed plans. The first layer of the categorisation framework resonates with the one agreed by the Donor Network and with other systems like the NHA (e.g. distinction between specific nutrition interventions and nutrition-sensitive approaches). Further discussion is required on the “governance” category. The aim is to agree on ONE classification language that is broad enough to incorporate the details while maintaining the overall consistency.

- H. **The design of a financial tracking system should at all times reflect the interests of decision makers – what is the kind of information, the periodicity and the level of detail that they need?** The choice of financial tracking methods will reflect (a) the information required by decision makers, and (b) the extent to which it is feasible to obtain and analyse reliable data in a cost effective way. In practice, those responsible for managing information about (i) people’s nutrition situation, (ii) the tracking of expenditure; (iii) monitoring the implementation of interventions and (iv) demonstrating improved nutritional outcomes, will need to establish clear frameworks for their information requirements. These should include whether it is commitments, budget execution or actual expenditures that are tracked. Tracking tools like resource mapping, budget analysis and national health accounts have the potential to contribute on an annual basis. However, it will be for the national platforms themselves to devise, test, adjust and validate their nutrition information systems at national and local levels. Public Expenditure Reviews (PER) are a useful ‘one-off’ means for examining and categorising expenditures and for helping those concerned to consider the kinds of information they might seek to access as a support to decision making.
- I. **The process of reaching agreement on a Common Results Framework (CRF) is – in itself – a powerful tracking and implementation tool.** It helps implementers to link the planning of actions with their costing and their reflection in a budget, as well as the execution of implementation, accounting for actions and the auditing of expenditures. The CRF process of negotiating and agreeing a CRF is the basis for ensuring that committed stakeholders can together appreciate the size of the funding shortfall, specific needs for capacity building and priorities for mobilising support (either through direct financing or through technical assistance).

## Next Steps

**Strengthening the capacity of SUN countries for planning, costing, managing implementation, tracking expenditure and monitoring progress.** During the September 2013 SUN Movement Global Gathering participants focused on several areas of emphasis for building capacity. They encouraged the SUN Movement Secretariat to build support for well-accepted positions and clearly-articulated outcomes for these areas of emphasis right across the Movement. The following areas of emphasis have been identified:

- A. Optimising the use of communications and advocacy to maintain political commitment and support institutional change, ensuring the effective functioning of national multi-stakeholder platforms and facilitating the roll-out of multi-stakeholder approaches to nutrition in communities;
- B. Establishing guidance for countries on nutrition-sensitive investments, planning, costing and managing the implementation of actions and establishing robust systems through which they can monitor, evaluate and demonstrate results; and,
- C. Mobilising additional external and domestic resources for nutrition, and tracking the effectiveness and efficiency of these funds.

The SUN Movement Secretariat is working with the SUN Global Networks and technical partners to ensure a consistent approach to establishing country needs, communicating progress and ensuring both timely and adequate responses in these areas. Progress with this initiative by the Secretariat (referred to as “Capacity to Deliver”) will be reviewed in the 2014 SUN Movement Progress Report and Global Gathering (due to take place in November 2014). Success will depend on concerted efforts by all in the Movement, based on agreed concepts and common principles of the kind set out in this paper, and backed by imaginative leadership and dedication of SUN country governments, together with other stakeholders that participate in national platforms for scaling up nutrition.

# 1. Overview: setting the context

This section sets the context, with an overview of the scale of malnutrition, and outlines some of the trends from the 20 countries that have shared their costed nutrition plans with the SUN Movement Secretariat.

**Table 1: Submitted country plans**



<b>Bangladesh</b> (2011 – 2015)	<b>Mozambique</b> (2011 – 2016)
Benin (2012 – 2015)	<b>Nepal</b> (2013 – 2017)
<b>Burkina Faso</b> (2010-2015)	Niger (2012-2015)
The Gambia (2011 – 2015)	Peru (2012-2013)
Guatemala (2013-2014)	<b>Rwanda</b> (2012)
Haiti (2013-2017)	Senegal (2013-2017)
<b>Indonesia</b> (2011-2017)	<b>Sierra Leone</b> (2013 – 2017)
<b>Kenya</b> (2013- 2017)	Tanzania (2012 – 2016)
<b>Madagascar</b> (2012 – 2015)	Uganda (2012 – 2016)
<b>Malawi</b> (2012-2016)	Yemen (2013)

**Red** = countries visited

## 1.1 The scale of malnutrition: implications for the individual and for society

Undernutrition is one of the world’s most serious but least addressed health problems. The human and economic costs are enormous, falling hardest on the very poor and on women and children. Undernutrition interacts with repeated bouts of infectious disease, causing an estimated 3.1 million preventable child deaths annually, 45 per cent of all under 5 deaths.<sup>5</sup> The economic costs, in terms of lost national productivity and economic growth, are huge.

Globally, 165 million children under five years old are stunted, that is nearly one in four children. Stunting, or low height for age, is associated with impaired brain development which has long-lasting negative consequences throughout a child’s life, including reduced school attendance and performance. Diminished educational outcomes mean that these children will earn less money once they become adults: a 2007 study estimated an average 22 per cent loss of yearly income in adulthood<sup>6</sup>. Additionally, a stunted child enters adulthood with a greater propensity for becoming overweight and for developing chronic diseases, such as diabetes later in life, increasing the burden on the healthcare system.

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<sup>5</sup> Black et al, 2013

<sup>6</sup> The Lancet Series, 2008

## Forms of malnutrition

**Stunting among children under 5 years of age** or chronic undernutrition is when a child has a low height for their age and is the outcome of multiple forms of poor nutrition. It is now commonly used as an indicator to measure the impact of efforts to reduce undernutrition.

**Wasting among children under 5 years of age** is an indicator of acute malnutrition. It refers to a child's weight being too low for their height. This indicator is sensitive to shocks at local, national, regional or global levels that have an impact on nutritional status, such as natural disasters, conflict, food price rises or seasonal shortages. Trends are not measured – though wasting prevalence indicates populations that are vulnerable.

**Low birthweight** is associated with the highest risk of stunting that can slow growth in height. Babies with a low birthweight are more likely to grow up to become stunted adults, increasing the risk of obesity and chronic disease later in life. They are also more likely to give birth to babies with a low birthweight themselves, thereby entering into a negative intergenerational cycle of malnutrition.

**Micronutrient deficiencies** increase the risk of disease and death. They also effect growth, contributing to stunting. The most common forms of micronutrient deficiencies are Vitamin A Deficiency, Iodine Deficiency Disorders and Iron Deficiency Anaemia.

**Overweight and obesity in children under five years of age** increase the risk of chronic diseases in later life, increasing the burden on the public health system. Overweight mothers are also at higher risk of poor maternal and birth outcomes, such as low birthweight, gestational diabetes and pre-eclampsia.

**Double burden** is a term used to characterise where there is concurrent undernutrition among young children and overweight and obesity in older children, adolescents and adults within the same population.

**Reducing undernutrition not only saves millions of lives, but investing in nutrition represents significant value for money in comparison with other development interventions.** The Copenhagen Consensus (where the world's leading economists determine the value for money of a number of potential development interventions), ranked five interventions targeting nutrition in the top ten best development buys in 2008, including micronutrient supplements (ranked 1st), micronutrient fortification (ranked 3rd) and biofortification (ranked 6th).<sup>7</sup> In the 2012 update, bundled micronutrient interventions to fight hunger and improve education were ranked as the top investment.

In 2013 the **Cost of Hunger** study published these findings on Africa<sup>8</sup>:

- In **Uganda** almost US\$ 900 million is lost annually due to the effects of malnutrition. This is as much as 5.6 per cent of GDP.
- In **Ethiopia**, almost US\$ 4.7 billion or around 16.5 per cent of GDP is lost each year to the long-term effects of child malnutrition.
- In **Swaziland**, almost US\$ 92 million or around 3.1 per cent of GDP is lost each year to the long-term effects of child malnutrition.

These findings clearly indicate that undernutrition is not just a health issue, but an economic one as well. The results quantify the social and economic impact in health, education and productivity.

<sup>7</sup> <http://www.copenhagenconsensus.com/Home.aspx>.

<sup>8</sup> <http://www.wfp.org/news/news-release/hunger-costs-uganda-56-cent-gdp>

## 1.2 Global nutrition targets

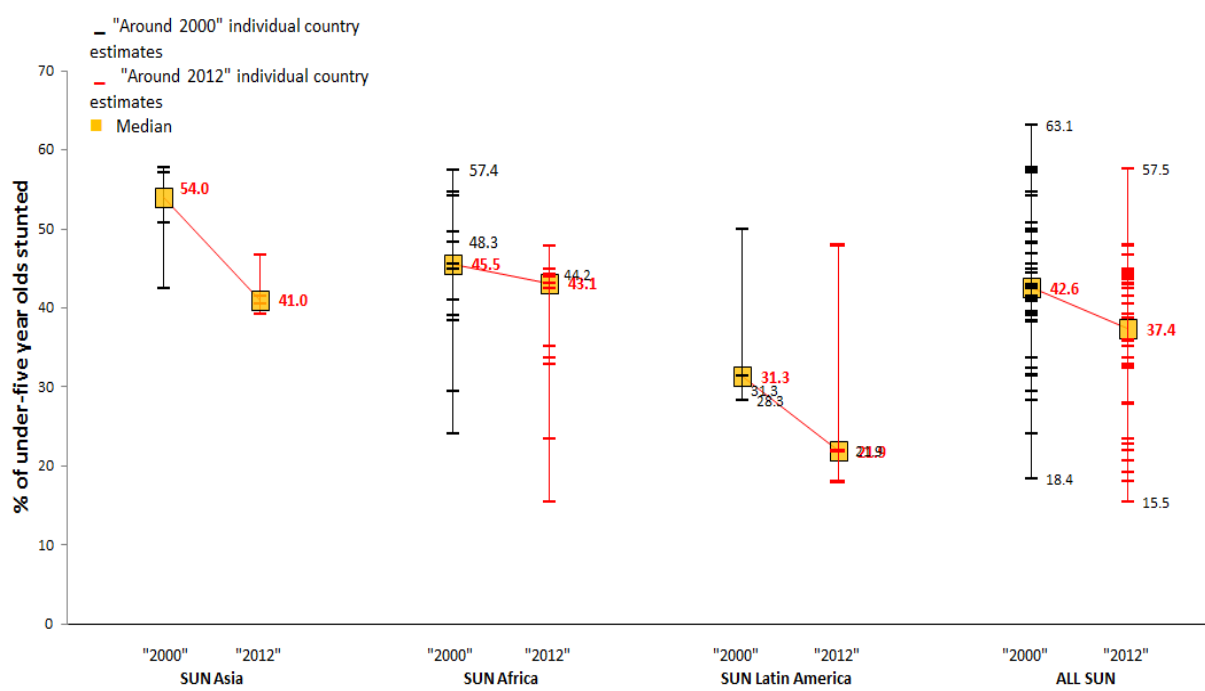
In 2012 the World Health Assembly agreed global targets to improve maternal, infant and young child nutrition. These are shown in Table 2.

<b>Target 1</b>	40% reduction in the global number of children under five who are stunted
<b>Target 2</b>	50% reduction in anaemia in women of a reproductive age
<b>Target 3</b>	30% reduction of low birthweight
<b>Target 4</b>	Increase exclusive breastfeeding rates in the first six months up to at least 50%
<b>Target 5</b>	No increase in childhood overweight
<b>Target 6</b>	Reducing and maintaining childhood wasting to less than 5%

The SUN Movement tracks these targets where there is reliable national-level information. Consistent **trends** can only be established for stunting prevalence and exclusive breastfeeding rate.

These trends are shown by region among the 20 SUN countries with reliable national level data in Graphs 1 and 2, illustrating how levels of stunting have changed between 2000 and 2012.

**Graph 1: Stunting trends for 20 SUN countries between 2000 and 2012**

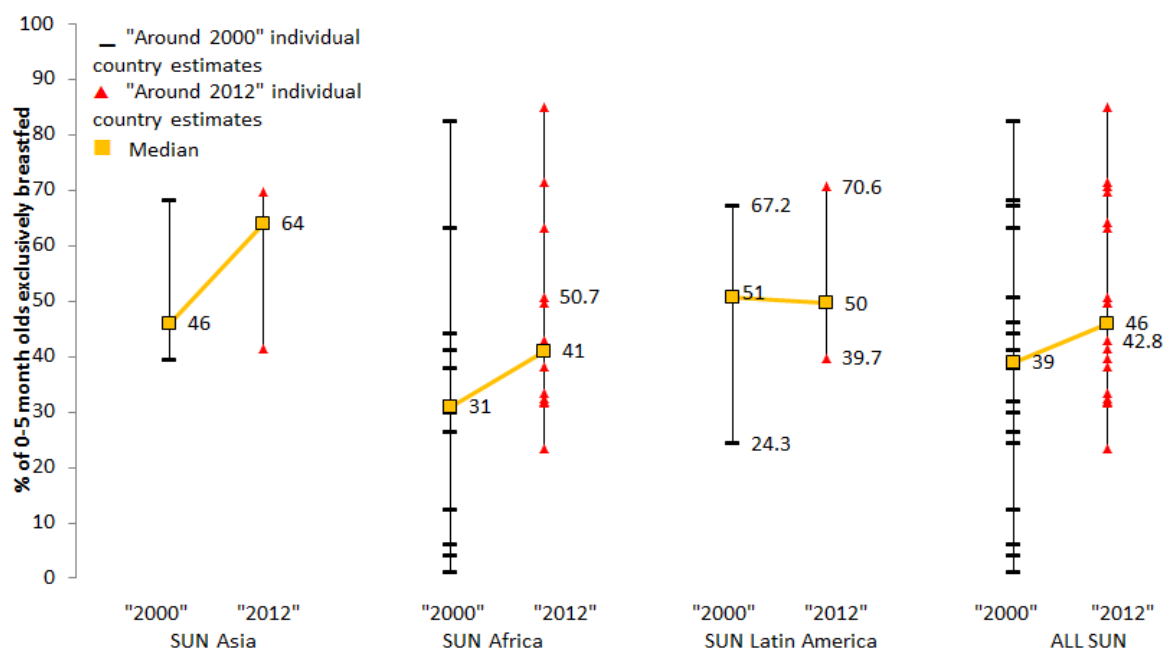


Source: UNICEF, World Bank, WHO Joint Malnutrition Dataset, 2013 (based on MICS, DHS and other national surveys).

Data points in the graphics, including the median, are based on all 20 countries with costed plans 4 Asian SUN countries; 13 African SUN countries; 3 Latin American and Carribean SUN countries. "Around 2000" = 1998-2003; "Around 2012" = 2008-2012 ; with about 10 years (range = 8 to 14 years) in between individual country estimates.

<sup>9</sup> WHA 65/11: Report on Maternal, infant and young child nutrition: draft comprehensive implementation plan, April 2012: p9: [http://apps.who.int/gb/ebwha/pdf\\_files/WHA65/A65\\_11-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_11-en.pdf) and [http://apps.who.int/gb/ebwha/pdf\\_files/WHA65/A65\\_11Corr1-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_11Corr1-en.pdf)

**Graph 2: Exclusive breastfeeding trends for 20 SUN countries between 2000 and 2012**



Source: UNICEF Global Databases, 2013 (based on MICS, DHS and other national surveys).  
 Data points in the graphics, including the median, are based on a subset of countries with available trend data :including 20 out of 50 SUN countries ; 4 Asian SUN countries ; 13 African SUN countries ; 3 Latin American and Carribean SUN countries ).  
 "Around 2000 " = 1998-2003; "Around 2012 " = 2009-2012 ; with about 10 years (range = 7 to 13 years) in between individual

Tracking these trends helps to monitor progress over time. In order to identify those countries which are making progress on stunting reduction the Average Annual Rate of Reduction (AARR) can be calculated. This is a measure of the stunting trend using available standardised sources (DHS or MICs surveys).

Countries with an AARR significantly above two per cent and a stunting prevalence above 40 per cent, are those most likely to experience yearly decreases in the number of stunted children – especially when their average population growth is below two per cent. As Table 3 shows, countries in this category include Nepal, Yemen and Bangladesh.

An AARR of below 2 per cent a year will mean that any gain in stunting reduction is offset by the annual population growth rate. A negative AARR means that stunting rates are increasing, even before population growth is taken into account.

**Table 3: Current Average Annual Rate of Reduction (AARR) in SUN countries (since 2000)**

COUNTRY	Current AARR
Senegal	5.12%
Peru	3.76%
Nepal	3.38%
Burkina Faso	3.31%
Uganda	2.81%
Yemen	2.64%
Bangladesh	2.32%
Haiti	2.11%
Mozambique	1.48%
Madagascar	1.40%
Malawi	1.33%
Indonesia	1.08%
Kenya	1.08%
Burundi	0.89%
Tanzania	0.87%
Guatemala	0.79%
Sierra Leone	0.70%
Rwanda	0.57%
Niger	-0.18%
Gambia	-0.29%
Benin	-1.16%

Countries with an AARR below one per cent and a stunting prevalence above 40 per cent face the highest increase in the number of stunted children, especially where the annual population growth is above two per cent. Countries facing this challenge include Niger, Rwanda, Guatemala, Tanzania and Burundi.

Whilst there is clearly a high burden of stunting, many countries also experience multiple forms of malnutrition. Table 4 outlines the high levels of stunting, wasting and low birthweight in seven of the 20 countries, while Table 5 shows that seven countries have high levels of overweight, with two experiencing high levels of both overweight and wasting, known as the double burden of malnutrition.

**Table 4: Levels of stunting, wasting and low birthweight**

Country	U5 Stunting	U5 Wasting	Low birthweight
Bangladesh	41.3%	15.6%	21.6%
Burkina Faso	34.6%	15.5%	16.2%
Madagascar	50.1%	15.2%	12.7%
Mozambique	42.6%	5.9%	16.0%
Nepal	40.5%	10.9%	12.4%
Niger	43.9%	18.0%	20.5%
Yemen	57.7%	15.2%	27.0%

**Table 5: Levels of overweight and wasting**

Country	U5 Overweight	U5 Wasting
Benin	9.0%	4.7%
Burkina Faso	7.7%	15.5%
Indonesia	12.2%	13.3%
Malawi	8.3%	4.0%
Mozambique	7.4%	5.9%
Peru	9.8%	0.6%
Sierra Leone	9.6%	6.9%



### 1.3 The diversity of contextual factors

There is great diversity within the SUN countries when it comes to, for example, the characteristics of their economies, labour forces and demographics, all of which may influence the uptake and impact of the interventions under investigation. A 2013 study by Columbia University<sup>10</sup> attempted to model relationships between contextual factors (characteristics of the surrounding setting that are related to the effectiveness of an association), sectoral nutrition-sensitive interventions and outcomes that are associated with child stunting. The overall purpose of this study is to help decision-makers in SUN countries prioritise key nutrition-sensitive investments across different sectors as part of their wider efforts to improve nutritional outcomes. The study combines methods to analyse the relationship between the actions of different sectors and nutrition-relevant outcomes.

Table 6 shows the main contextual factors which were found to be associated with the relevant outcomes studied.

**Table 6: Contextual factors associated with nutrition outcomes**

Outcome	Contextual factors
Exclusive breastfeeding for the first six months of life	Income (GNI/capita) Adolescent birth rate Maternity leave + female labour participation (in interaction)
Complementary feeding (measured using minimum acceptable diet 6-23 months as indicator)	Income (GNI/capita) Girls education (female to male adult literacy rate) Agricultural diversity (measured as the percentage of energy from non-staple production) Percentage of land used for agriculture Iron availability from animal products
Maternal nutrition (measured using LBW as indicator)	Urban population Female to male secondary school enrolment Adolescent birth rate Female labour participation
Diet diversification (measured using percentage of energy from non-staples in supply)	Agricultural diversity (measured as the percentage of energy from non-staple production )- in low and middle income countries Income (log GNI per capita) Access to finance for farmers Improved road infrastructure Tractors available per unit of agricultural land (negative association)
Food quantity (measured using calories available per capita)	Amount of fertiliser used per unit of land Percentage of land used for agriculture Agricultural diversity (negative association) Income (log GNI per capita)
Iron availability from animal products	Agricultural import tariffs (negative association) Public investment in agricultural research and development Exports as % of GDP (negative association)

<sup>10</sup> Fanzo et al. forthcoming. The study builds on the [LIST tool](#) developed at Johns Hopkins and the recently released [ACF report](#) on maximizing the impact of nutrition-sensitive investments.

Using the model, the study shows that these contextual factors can account for as much as 59 per cent of the variation in the outcomes across countries. Those associated with exclusive breastfeeding for example explain 31 per cent of the variation, and income (GNI per capita) and education (female to male adult literacy rate) explain 59 per cent of the variation across countries in the minimum acceptable diet scores of children between 6-23 months.

The overall stage of economic development and the role of agriculture in society determine how important agriculture is as an economic driver, and how transformations in agriculture will affect nutrition outcomes. Diversity in production and supply, including animal-based products appears to be enhanced when developmental measures are put in place, which are closely linked to the creation of incentives for more nutritious and diversified food sources. In the agriculture contextual model, access to finance for farmers, which is often included in rural safety net programmes, is positively associated with food supply diversity, which is a nutrition sensitive metric susceptible to economic transitions. On the other hand, the number of tractors available per unit of agricultural land, which are indicators for agricultural intensification and mechanisation, are negatively associated to the national food supply diversity. This might possibly be explained by large agricultural intensification projects that invest heavily on increasing grain productivity rather than diversifying productivity.

The findings from this study indicate the importance of including contextual factors in the analysis of country plans, accounting for the role that these factors can have on outcomes.

## 2. Opportunities for investments

### 2.1 Understanding the analytical framework

As countries establish or revise national plans and prioritise their investment and commitment to nutrition, global stakeholders align resources and capacity to advance national goals. National plans act as a reference for pledges by external investors who develop their own investment instruments to meet shortfalls.<sup>11</sup> To assist with intra and international analysis of their content and associated costs, these plans have been classified into standardised categories. The analytical framework also examines the estimated requirements, and in some cases commitments, under the nutrition-specific, nutrition-sensitive and governance headings and associated sub-categories.

**1. Nutrition specific actions** refer to all interventions which tackle the immediate causes of undernutrition, including food intake and disease management. These interventions have the greatest evidence base for impact, based on the findings and latest recommendations in the 2008 and 2013 *Lancet Series'* on maternal and child undernutrition. Specific nutrition actions target mostly women and children and are grouped into:

- *Good nutrition practices*, including maternal, infant and young child feeding (IYCF) and healthy diet.
- *Vitamin and mineral intake*, including supplementation and fortification.
- *Acute malnutrition management*, including severe and moderate acute malnutrition and emergency nutrition interventions.
- *Enrichment of the diet nutrient density* of young children (6–23 months of age) and pregnant and lactating women.

These interventions, in addition to being proven to work in a variety of settings, represent very high value for money (as outlined in the Copenhagen Consensus).

**2. Nutrition-sensitive sectoral strategies** address the underlying causes of poor nutrition and complement specific nutrition actions. The scale up of ten key specific interventions in 34 high burden countries would only reduce the burden of stunting by 20 per cent (although the burden of wasting would be reduced much more). Therefore, given that 80 per cent of stunting will not be addressed by specific interventions, sensitive strategies are critical.<sup>12</sup>

Unlike nutrition specific interventions, which tend to be implemented through the health sector, nutrition sensitive programmes are implemented through a range of sectors and target different groups of people. These interventions are grouped into:

- *Those which improve household level food and nutrition security (this includes agriculture, food systems and social protection)* strategies that increase availability of, and people's access to, nutritious foods.
- *Those which improve the care environment for young children:* strategies designed to educate and empower families so that they are better able to provide appropriate nutritional care to their households – especially their children. These include interventions such as ensuring women can take maternity leave from jobs, empowering women within the household, and ensuring men also participate in child rearing activities.

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<sup>11</sup> Analysis of the Costs of SUN Country Plans – June 2013, SUN Movement Secretariat

<sup>12</sup> Zulfiqar A Bhutta et al., “Evidence-Based Interventions for Improvement of Maternal and Child Nutrition: What Can Be Done and at What Cost?,” *The Lancet*, June 2013, doi:10.1016/S0140-6736(13)60996-4.

- *Those which improve health, water, and sanitation:* strategies that improve access to health services (including those for reproductive health, drinking water, sanitation facilities, management of malaria, nutrition care for people living with HIV/AIDS and TB and management of non-communicable diseases, particularly obesity-related illnesses).

**3.1 Nutrition Governance** refers to all interventions aimed at strengthening national and sub-national capacity to bring stake holders together and enable them to coordinate effectively. This includes: coordination and information management, systems and capacity building, and policy development, advocacy and capacity building.

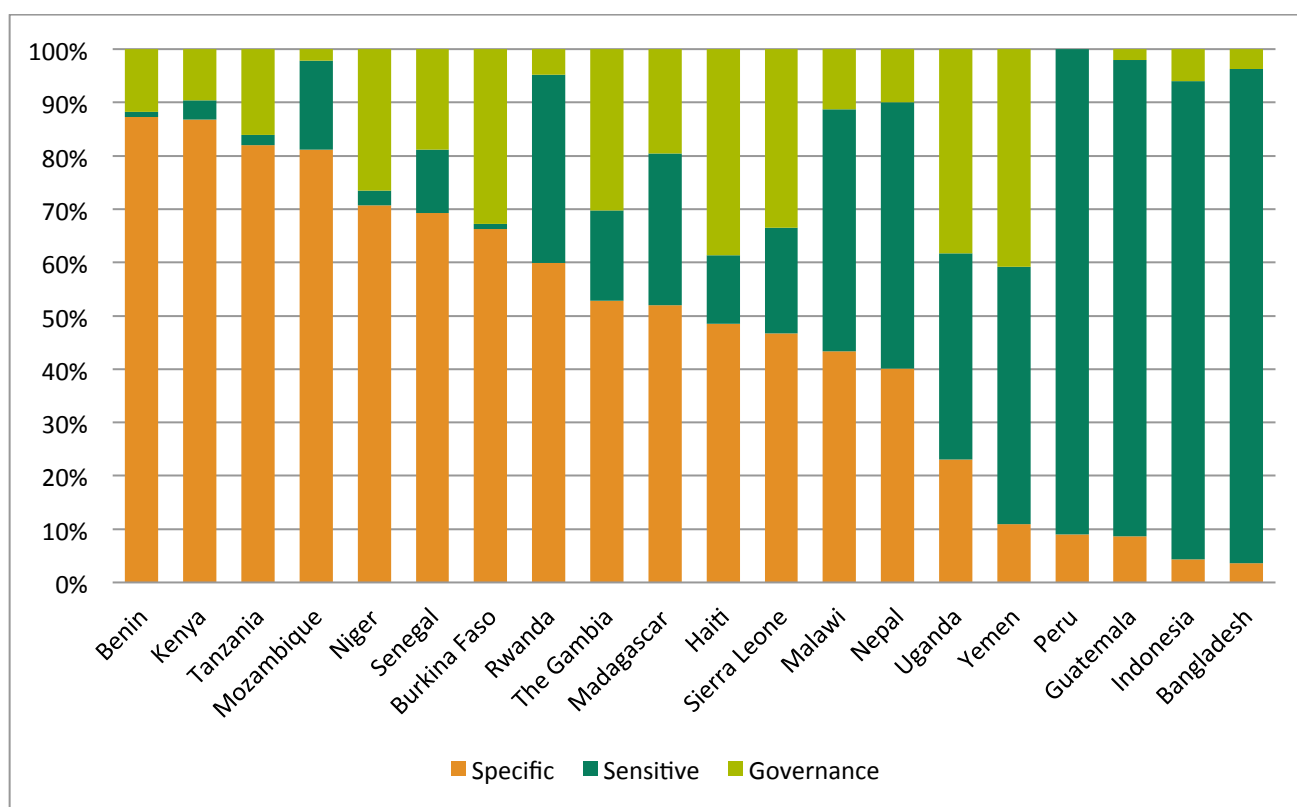
### Exploring planned services and interventions

Table 7 shows the average programme costs by programme type, nutrition-specific, nutrition-sensitive or governance from 20 national plans shared with the SUN Movement. Graph 3 presents the programme composition of plans for each of the 20 countries.

**Table 7: Average programme costs by programme type (millions of USD)<sup>13</sup>**

Programme Type	Millions of USD
Specific	200.5
Sensitive	1496.0
Governance	114.2

**Graph 3: Overview of plans' composition**

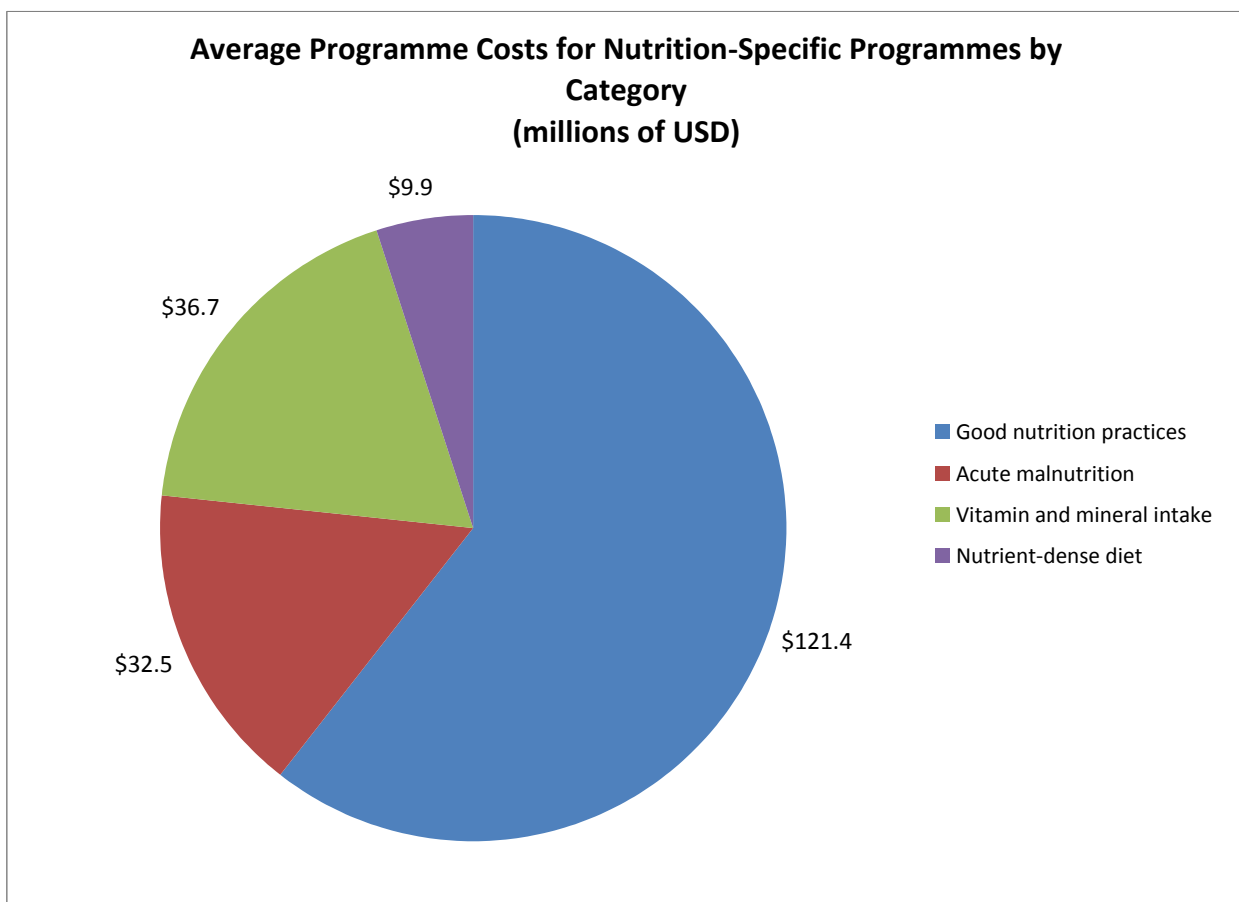


<sup>13</sup> All new or updated plans have been incorporated into this figure as of February 2014.

## 2.2 Focus on nutrition-specific interventions

When looking at nutrition-specific interventions, Graph 4 shows that the highest average programme costs are for good nutrition practices (US\$121.4 million), followed approaches focusing on vitamin and mineral intake (US\$36.7 million), then acute malnutrition interventions (US\$32.5 million). However, it should be noted that the cost per beneficiary is significantly lower for good nutrition practices than other interventions (such as treatment of acute malnutrition) due to the greater reach of the programme.

**Graph 4: Average programme costs for nutrition-specific programmes by category**



Interventions to increase the nutrient density of diets of young children and pregnant and lactating women have been specifically included in the plans of Mozambique, Sierra Leone and Nepal. These include targeted provision of supplements in areas with highest level of stunting or targeted to vulnerable households.

**Community Management of Acute Malnutrition (CMAM):** The management of acute malnutrition may not have been correctly estimated in many countries due to the fact that many CMAM programmes are run by non-governmental organizations and not integrated into the public health system. An analysis<sup>14</sup> of 13 SUN countries, which have a high burden of acute malnutrition and information on spending reveals that the amount allocated each year to CMAM is, on average, US\$14.7 million (per country). However, when two countries with the highest spend are removed from the list (Kenya and Yemen), the average annual planned

<sup>14</sup> ACF: Acute Malnutrition: An Everyday Emergency, Generation Nutrition campaign report, forthcoming, April 2014”.

spend for the 11 remaining countries falls to just US\$3.9 million<sup>15</sup>. This suggests that there is clearly still a significant budgetary shortfall when it comes estimating CMAM costs. One of the reasons may be the fact that CMAM is still seen as an external, donor-funded activity and/or a purely emergency activity that will be funded by donors. There is therefore a need to ensure that – as the national plans get rolled out and fully funded – adequate funding is provided for CMAM from the government’s own domestic resources.

### **2.3 Looking to the future – healthy dietary and lifestyle choices; considering the nutritional requirements of different groups**

The plans predominantly target mothers and children under five years old, and in many cases children under two years old specifically, due to the importance of proper nutrition during the first 1,000 days and therefore ‘maternal and IYCF’ activities make-up the majority of activities under good nutrition practices.

Nutrition education for older children, adolescents, adults and the general population is also highlighted within the plans. Many of the activities will focus on promoting healthy eating, diversification of food consumption, promoting the consumption of naturally occurring nutrient-dense foods as well as fortified food stuffs. Orientation of teachers and health workers, as well as food business executives is also included, though the most common programme is the development of healthy eating education materials and campaign content through national television and radio media. Overall, the methods of healthy eating promotion remain the media; health and education facility based and community based approaches are less common.

Lastly, while much of the new curriculum material has not yet been developed, it may lack a critical focus on obesity, given the absence of obesity prevention contained in many of the national plans. Obesity and diet related non-communicable diseases were not completely absent from the plans, as associated costs were included within health activities. This is increasingly important when dealing with the double burden of malnutrition.

### **2.4 Focus on nutrition-sensitive approaches**

Nutrition-sensitive programmes are those which tackle the underlying and basic causes of malnutrition, including household level food insecurity, the public health environment, care practices as well as more structural issues such as livelihood strategies, gender equality and structural discrimination against certain groups of people. As previously discussed, nutrition sensitive programmes are critical to ensure that we are able to have a substantial impact on stunting reduction. The average cost by programme type, broken down by the three categories used within the analytical framework, can be found in Table 8.

**Table 8: Average Programme Costs by Programme Type for Nutrition-Sensitive (millions of USD)<sup>16</sup>**

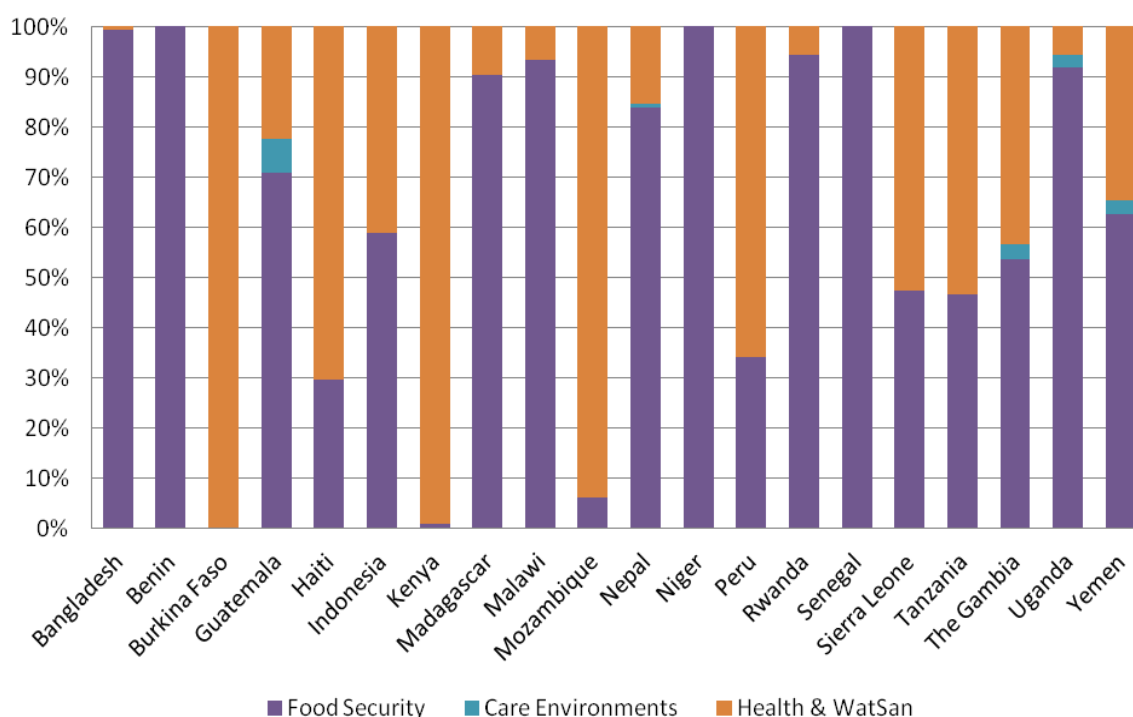
<b>Programme Type</b>	<b>Millions of USD</b>
Food Security and Food Systems	10209
Care Environments	6.2
Health and Water and Sanitation	468.8

<sup>15</sup> The figures for individual countries are: Bangladesh – \$2.14m; Benin - \$1.02m; Burkina Faso - \$5.4m; Haiti – \$0.38m; Kenya - \$72.8m; Madagascar - \$5.79m; Malawi - \$10.71m; Nepal - \$2.61m; Niger – \$6.92m; Sierra Leone - \$7.07m; The Gambia - \$0.24m; Uganda - \$0.61m; Yemen - \$75.77m. No figures were available for Senegal, Indonesia, Tanzania or Mozambique. All these countries have rates of under-five wasting of above 5%. Source: authors’ own calculations based on background data supplied by the SUN Secretariat cf. *Analysis of the Costs of SUN country plans* report of June 2013, accessed at: <http://scalingupnutrition.org/about/financial-tracking-resource-mobilization>

<sup>16</sup> All new or updated plans have been incorporated into this figure as of February 2014.

**Enhancing the care environment:** In examining the breakdown of nutrition sensitive programmes included in the costed plans (as shown in Graph 5) the majority of funding is to support food security programming with a much smaller amount of money spent on nutrition-related health and water and sanitation activities, and even smaller allocation of activities and funds to support improving the **care environment**. Plans by Uganda and Nepal included activities relating to improving the care environment including promotion of girls’ enrolment in school, promotion of social mobility and activities emphasising the need for time and labour saving devices for resource collection. However, activities to empower women were largely absent from many of the plans and links with authorities responsible for education and social protection should therefore be re-emphasised or at least re-examined in order to strengthen the plans.

**Graph 5: Composition of Nutrition-sensitive Costs by Sub-category**



**Improving household level food and nutrition security:** Most of the plans include a strong component to increase access or availability to nutritious food. The vast majority of plans include food security activities and foresee the engagement of the Ministries of Agriculture, Livestock and Fisheries. Some plans also contain considerable food security components (e.g. the Country Investment Plan in Bangladesh), and effectively constitute a food and nutrition plan. The interventions most commonly chosen to increase **food accessibility** include support to food pricing and distribution systems (e.g. Indonesia), income generating activities, income diversification programmes, food marketing training and cash transfer social protection schemes. Interventions that improve **food availability** include support to local farmers, local level food sufficiency schemes, promotion of fresh food safety and storage, crop, livestock and fisheries production support, improved food packaging, food processing certification and technical guidance to household-level and small business production. Under the Bangladesh Country Investment Plan there are 12 programmes which include food safety, fisheries and aquaculture development, livestock development and improved quality of inputs and soil fertility.

**Enhancing the public health environment:** Most nutrition-sensitive programmes incorporate **public health, water supply and sanitation interventions**. Many of the plans intend to support and promote nutrition-related health activities. These include a variety of programmes such as improving dietary intake, promoting increased use of reproductive health services including contraception, dietary guidelines for who are ill or who have HIV, vaccination promotion, diarrhoea management and de-worming, and birth waiting homes for baby delivery.

**Increased access to clean water and adequate sanitation facilities:** Water supply interventions mostly focus on availability and conservation, including water harvesting and water facility maintenance, whilst 'sanitation' interventions focus on awareness campaigns for hygiene, safe disposal and latrine construction. The Gambia plan for example, has three sanitation activities, two of which are related to development of information, education and communication materials, whilst the Malawi plan highlights advocacy tasks to improve sanitation conditions in health and education facilities.

The national nutrition policies and plans use situational analysis and causal analysis, predominantly at the national level, with some reference to sub-national variation or differences between livelihood zones (pastoral/agricultural) or geographic setting (urban/rural). Most plans focus on the comprehensive package of known nutrition-specific interventions. However, due to remaining questions within the nutrition community around the exact impact of many nutrition sensitive interventions, as well as the difficulty of multi-sectoral planning, plans are less likely to fully outline all nutrition sensitive programmes. The content of many plans represents some success in incorporating other sectors, including agriculture or education more officially into the list of interventions included within the plans.

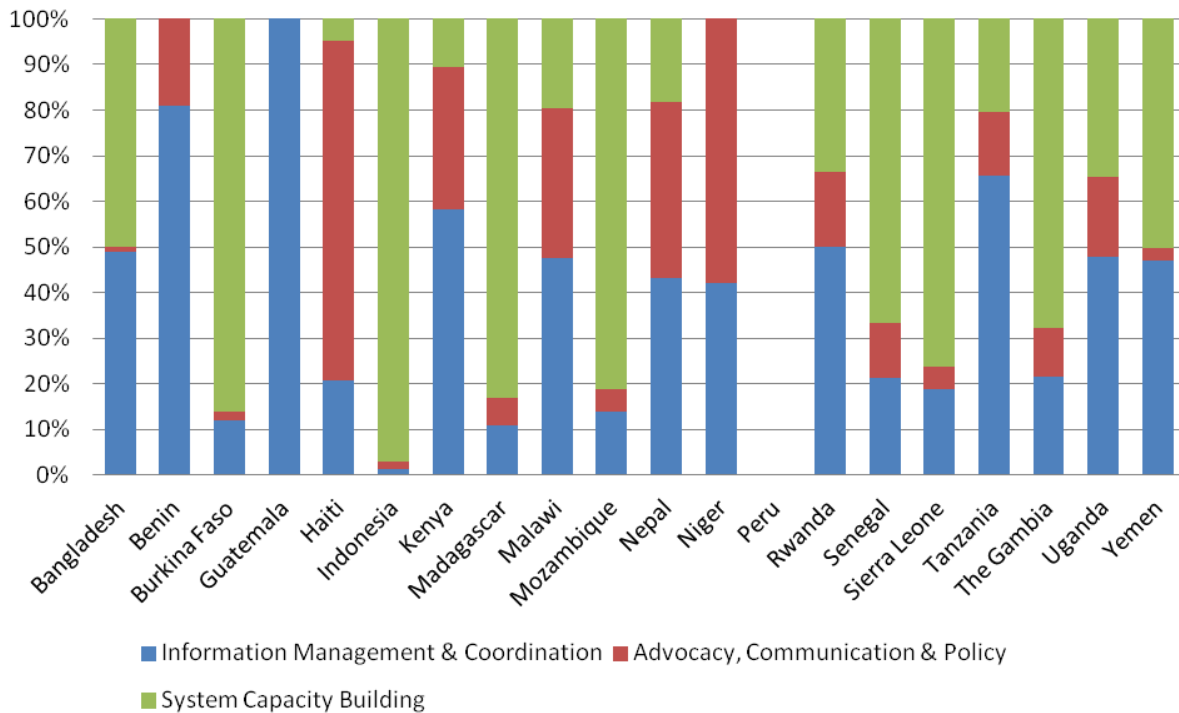
Not all nutrition sensitive programmes were initially included in the plans but this information was able to be included in the analysis of the plans as a result of merging other sectoral plans into a single data set. This was facilitated by national government authorities working with MQSUN (e.g. Indonesia, Nepal and Yemen) or it was already part of the national framework (e.g. Guatemala and Sierra Leone). In the case of Yemen, the country is now going through a prioritisation exercise with the full engagement of the Ministries. It is likely that most countries will follow a similar prioritization exercise when they move forward with the implementation at sub-national level.

## ***2.5 Exploring the governance of nutrition***

Graph 6 shows the number of activities for each sub-category under the governance classification held within each plan. While the numbers do not show the importance of governance within each plan, they should give an approximation of the relative focus placed on each sub-category within the overall support to governance. Policy development and communication are the least considered actions amongst the 20 plans, with only 14 countries choosing to include these types of programmes, Coordination and partnership is highly prioritised and included in 19 plans. This is followed by information management, included in 18 plans.



**Graph 6: Distribution of Governance Costs by Sub-category**



Common examples of policy development activities include, ‘review and include nutrition components in relevant sectoral plans and budgets’ (Tanzania) and ‘incorporate nutrition aspects in local plans and planning process, including nutrition specific M&E [monitoring and evaluation] framework’ (Nepal), while communication activities include, ‘develop and disseminate quarterly nutrition bulletins’ (Kenya) and ‘Develop a multi-sector food and nutrition security communication strategy’ (Sierra Leone).

The majority of plans refer to building skills and competencies that focus on providing an improved quality of services through sensitisation and learning on protocols and standards. In this case, capacity building activities have been included in the ‘nutrition-specific’ and ‘nutrition-sensitive’ categories. Human resource capacity building has been included under ‘system capacity building’ component when it refers to operational and managerial competencies for managers and technicians alike. For example, in the Bangladesh Country Investment Plan there is a task for ‘Strengthening the Government Institutional Capacity of Directorate General of Food’ with a more specific activity of ‘Strengthen capacities to implement, monitor and coordinate National Food Policy Plan of Action and Country Investment Plan’. Other plans show further activities supporting human resource capacity building. The Sierra Leone plans details the government contribution for staff salaries as well as capacity assessments and training. Table 9 attempts to show what kinds of governance activities countries are focusing on.

**Table 9: Governance activities across the 20 country plans**

Governance activities	Bangladesh	Benin	Burkina Faso	Guatemala	Haiti	Indonesia	Kenya	Madagascar	Malawi	Mozambique	Nepal	Niger	Peru *	Rwanda**	Senegal	Sierra Leone	Tanzania	The Gambia	Uganda	Yemen
Information Management																				
Monitoring and evaluation																				
Surveillance																				
Research																				
Co-ordination and Partnership																				
Advocacy																				
Communication																				
System capacity building																				
Policy development																				

\*Peru has one activity with the general title 'governance'

\*\*Rwanda plan includes all the district plans, hence the high number of activities

**Key**

	1-5 activities
	6-10 activities
	10-15 activities
	15-20 activities
	20-50 activities
	50-100 activities

**Government responsibilities and coordination**

**Importance of prioritisation:** In developing and costing national plans, some countries can take a more aspirational approach in terms of what is desirable to achieve nutrition at scale, whereas others follow a more pragmatic route and define the packages and services according to what is currently possible. Even within the same plan, some inputs may be more aspirational, looking at what might eventually be covered, while others are based on realism, depending on the approach taken by the stakeholder. Using the same criteria for prioritisation within a plan is therefore key. Prioritisation of interventions is easiest if done at the sub-national level where determinants of malnutrition are better known.

**Importance of sustaining an inclusive approach:** Given the multi-sector nature of nutrition, it is common for not only the health and agriculture sectors to be involved in the development of national plans, but for other ministries such as Education, Social Affairs and Gender to also contribute. Rwanda’s Joint Action Plan to Eliminate Malnutrition (JAPEM) is a collaboration of five ministries, termed the Social Cluster: the Ministry of Health, Ministry of Agriculture and Animal Resources, Ministry of Education, Ministry of Local Government and Ministry of Gender and Family Promotion. In Indonesia the Ministries of Health, Agriculture, Home Affairs, Religious Affairs, Social Welfare, and Food and Drug Control have financial contributions allocated within the published national plan (2011–2015). After the planning process is complete, the plans are submitted to the Ministry of Finance, which provides the final budget allocation. However, participation by all involved ministries may not always be equal due to a feeling of being more peripheral to nutrition

matters; nevertheless it is positive to see in some countries the participation of ministries that may have traditionally been less involved in nutrition programming such as the ministry of education.

The relationship between central level and sub-national planning processes is one that is still to be fully clarified in many countries. While policy and planning generally occur at national level, it is at sub-national level where implementation takes place. Successful scale up will therefore be more likely if national plans accurately reflect costs at sub-national level, but also if stakeholders in districts and provinces have ownership of the plans. Burkina Faso, for example, has a decentralised health system, with budgets held at regional and district level for implementation of activities, yet these budgets and costs are not reflected in the Strategic Plan. In Rwanda, each district has produced a District Plans to Eliminate Malnutrition (DPEM), although the mechanics of district planning as part of the Decentralization Policy had not been well-honed at the time of their development. Importantly though, Rwanda has involved districts in the revision of the JAPEM as part of the updating of the plan in 2014. Many countries are turning increased attention to decentralised planning, coordination and capacity building, using the costing and managerial capacities within a national setting to support the development of de-centralised planning and costing exercises which is likely to have positive implications for the implementation of nutrition programmes.

Location of the SUN government focal point	
<b>EXECUTIVE POWER</b>	<b>MINISTRY</b>
Benin The Gambia Madagascar Malawi Senegal Sierra Leone Tanzania Uganda	Bangladesh Burkina Faso Haiti Indonesia Kenya Mozambique Nepal Peru Rwanda Yemen
<b>INDEPENDENT BODY</b>	
Guatemala	

**Importance of building nutrition champions:** Leadership with nutrition is highlighted within many policies and plans and the need for Task Forces and ad hoc meetings has also been expressed as has the development of technical, political, academic and media champions. The Malawi National Nutrition Policy and Strategic Plan aims to use nutrition champions to lobby and advocate for equitable resource allocation for nutrition programmes with decision makers, while The Sierra Leone Plan also mentions identifying and developing food and nutrition security champions. The Zambia Plan also aims to use champions and influential persons from the community to promote the implementation of policies on nutrition care and HIV and AIDS policies as well as identifying Ambassadors to champion the first 1,000 most critical days at various levels. The Gambia Plan proposes an inter-sectoral Technical Advisory Committee while the Malawi plan aims to facilitate participation of Malawian specialists in the international and national nutrition fora. Plans might be further strengthened by including peer-to-peer learning and the use of SUN networks to share learning about SUN processes.

While countries have different capacities for coordination and convening, many countries have made significant developments to increase the function of multi-stakeholder platforms and have incorporated an increasing number and breadth of line Ministries and civil society organisations. Nepal’s multi-stakeholder platform includes all relevant line ministries, and has included costing from each in their multi-sector framework. The ability to convene is also related to the level of authority of both the SUN focal point as well as where the forum is positioned. Indonesia’s focal point is the Coordinating Minister for People’s Welfare and provides the authority and high level positioning to influence ministries to fully engage in the SUN process. The focal point in Yemen sits within the Ministry of Planning and International Cooperation with a clear mandate to coordinate across line ministries.

## ***2.6 Alignment of donors, UN agencies, civil society organisations, academia and businesses***

Donors, investors and UN agencies are more likely to align their investment and programme strategies to national plans, if these plans are appropriately detailed and accurate in their content, for both nutrition-specific and nutrition-sensitive interventions, as well as clearly linking to other sectors plans where necessary.

At this stage the plans do not encompass all of the nutrition-specific, nutrition-sensitive and nutrition-related governance activities and costs by all stakeholders within the country. Whilst common results framework for multi-sectoral actions are becoming more usual, there still remains an important rationale to clarify what is, and what is not included within these plans.

Activities which may be missing from plans include activities by international actors – humanitarian actors in particular. The Sierra Leone Plan has tried to capture activities and costs from all stakeholders and largely seems to have achieved this, though other countries have found this extremely challenging such as Bangladesh where there are a multitude of development partners working in the country.

The Indonesian National Nutrition Plan has been updated a number of times and at each step has been more inclusive of additional line ministries and related monitoring indicators. This level of consultation has developed confidence in the plans as well as the processes; something seen in numerous other countries visited.

## The role of the private sector in national nutrition strategies and implementation plans

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The SUN Movement recognises the importance of mobilising a range of sectors and actors to stimulate greater investment in addressing malnutrition. Among these, the private sector, either through unilateral business investment, or by public-private partnerships, can play a critical role in fighting malnutrition and ensuring effective action on the ground.

Food production, distribution and demand creation is largely a private sector activity, and there is increasing recognition for private sector participation as part of a country-led, multi-stakeholder approach to addressing malnutrition. The SUN Business Network is aware of at least 27 SUN countries that have requested support for engaging business in their national strategies. However, an analysis carried out by the SUN Business Network, on the role of business in SUN country strategies, has revealed that beyond recognizing the importance of including business in SUN country multi-stakeholder platforms or committee, there is very little understanding or articulation of the role of business in both strategic and implementation plans.

In 13 country strategies\* analyzed by the Business Network, 7/8 key nutrition goals are typically proposed by SUN countries. These include: access to direct nutrition services; behaviour change communication; increasing technical/institutional capacity to implement programs; advocacy and resource mobilisation; and research/data and M&E. Under these goals there is very little articulation of the role of business. There is some nod to business participation in the fields of agriculture, food fortification, workplace interventions, and public communication, but these references are largely vague.

Moreover, while business has the potential to be a significant source of private capital for long-term investment in nutrition, in a deeper dive into four implementation plans again there was very little articulation of the role business could play as investor. These plans reveal a very high dependence on public resources, with limited mention and intention to leverage business investments, nor do they articulate activities which would be suitable for business investment. In one implementation plan it was noted that it 'does not include business investment, which, by nature cannot be planned'.

In another implementation plan which had articulated the role of business in food fortification, business investment was limited to corporate social responsibility donations, and not core business. This reflects a broader theme of the expectation that businesses will provide funding for public sector programs.

Cooperation with the private sector needs to be further strengthened at the country level to reflect global priorities to scaling up nutrition. There has been much political drive towards market-based solutions and harnessing business' expertise to improve nutrition yet country strategies have done little to contemplate business engagement. This is particularly worrying given that the majority (\$19billion or over 80 per cent) of pledges at the 2013 Nutrition for Growth event were for nutrition-sensitive areas, such as nutritious agricultural value chains, which are heavily market driven.

### **A structured effort to support countries to build their private sector investment in SUN is urgently required.**

The Business Network is developing a generic framework for engaging business in country plans, and currently has resources to help a small number of countries to develop action plans to integrate business into the national strategies.

*\* Of the 20 National Nutrition Strategies available, those that were narrated in English were selected for review. Thirteen countries were reviewed, which included: Bangladesh; The Gambia; Ghana; Indonesia; Kenya; Malawi; Mozambique; Nepal; Rwanda; Uganda; Yemen; Zambia; Tanzania. In addition, a deeper dive was conducted on four implementation plans: Bangladesh, The Gambia, Indonesia and Tanzania.*

## 3. Behind and beyond country costed plans

In costing the national plans, a number of assumptions and approaches for scaling up services and interventions, and for costing these must be considered and documented in order to ensure that the resulting cost estimates, and their implications, are well understood. It is also important to document the specific costing methodology used to generate cost estimates. This next section discusses the various assumptions and methods that have been employed in the 20 national costed plans. Please see Annex One for an overview of the costs across these 20 plans.

### 3.1 Setting priorities

Prioritisation of activities is an important aspect of a country plan; 12 out of the 20 costed national nutrition plans indicate that some degree of prioritisation has taken place. **Where prioritisation is present within a plan, implementation can be more clearly directed and the costing process is more realistic** as it allows for variations in cost estimates by year, depending on specific annual activities.

Where this is not evident it is unclear what interventions are being prioritised; when and over what time frame; and what the cost implications will be. An even distribution of costs sets all interventions to be of equal priority. In cases where there are significant start-up costs, planning for equal costs across years may mean a delay in implementation. A prioritisation may avoid this happening.

In Rwanda, for example, the plan includes the consumption of biofortified beans (rich in iron) and orange sweet potatoes (with added vitamin A) as one outcome under diversified food production and consumption activities. There may be high start-up costs in education and marketing to encourage consumption of biofortified food. However, once biofortified food is regularly consumed, the only expected additional cost would be the result of the slightly higher production cost of the food.

### 3.2 Setting targets

The most useful plans contain specific annual targets that are linked to activities and their scale up and/or coverage. How closely linked costed activities are to the scale and coverage anticipated in each year affects how realistic plans can be.

In Madagascar's plan, where a broad outcome level target indicates that the prevalence of underweight children under five years of age will be reduced to 28 per cent. This target links to the broad objective related to underweight children, but is not linked to specific interventions within that objective, nor is it broken into annual targets.

Kenya's plan links the targets to each activity indicated in the plan and then specifies both the present coverage and expected expansion for most of the targets.

**In order to be effective as a planning and implementation tool, targets and scale up should be linked to measurable intervention indicators rather than broader outcome measures.** For example, an intervention that teaches school children proper handwashing should have targets that reflect the number of children taught the techniques (or the number of schools where the techniques are taught) rather than the reduction in diarrhoea in the population. Furthermore, targets should be achievable both in cost and implementation. Setting a goal of 100 per cent may be difficult to achieve both financially and logistically.

### **3.3 Approaches for scaling up**

A country plan's approach to the scale up of activities should reflect national priorities, the nature of the interventions selected, and a country's geography. There are a variety of approaches to scaling up within the national plans. These include national coverage, district roll-out and population targets. Scale up should not necessarily be the same for all interventions. Some interventions require a higher level of commitment up front due to higher start-up costs. For some interventions, it may be more important to target specific districts first, so scale-up may be regional. ***If priorities are clear, and targets are measurable and linked to both interventions and outcomes, scale up will reflect priorities given available funds.***

Some plans contain scale up costs that vary by year, intervention and geographical unit, such as in Nepal where scale up is mostly detailed at the level of the country's 75 districts, including cost differences between the districts for each year. Others, including Mozambique, include activities where the costs are more evenly divided across years and do not relate to geographic scale up plans. Mozambique's plan indicates that priority will be placed on high-need districts and provinces. The nature of how this prioritisation will be incorporated into scale up or how it was considered in the costing is not apparent.

### **3.4 Who is involved?**

Plans tend to reflect who led or coordinated the process. Given the multisectoral approach needed to tackle malnutrition, country plans may be more comprehensive and realistic when the assumptions used in costing the interventions are aligned across those sectors and organisations that fund or provide nutrition interventions and governance.

Health and agriculture sectors are involved in the development of national plans in most countries, but the total number of sectors engaged varies considerably across countries and ministries with more nutrition-sensitive interventions are frequently less connected to nutrition or the nutrition plan.

In Bangladesh, the County Investment Plan encompasses 12 programmes including nutrition and agricultural activities through the likes of the National Nutrition Service (NNS), as well as other Operational Plans that are nutrition related.

A few countries have a single agency or department that coordinates nutrition activities. In Malawi, the Office of the President and Cabinet, Department of Nutrition, HIV and AIDS (DNHA) coordinates nutrition-related interventions. In the Gambia, the National Nutrition Agency is the focal government entity in charge of nutrition-related interventions. In some countries, departments that coordinate or give leadership to nutrition-related interventions are housed within the Ministry of Health.

The assumptions used in the costing process tend to be driven by the leading entity in the costing process or differ across the plan depending on the contributors. ***Ensuring harmonisation across sectors and organisations through the shared definition of the Common Results Framework can ultimately result in a more comprehensive and realistic plan.***

### **3.5 Costing of interventions**

In order to effectively plan for scale up, all costs associated with an intervention need to be included in the plan, regardless of who is paying for it. ***Where interventions are not fully costing, those selected may differ from national priorities and may even lead to an inaccurate estimation of a country's capacity.***

The assumptions used when calculating costs of new and existing interventions often come down to what is excluded from the costing process. In most countries reviewed, human resources and infrastructure costs for existing interventions were excluded from the plan, as those costs were already absorbed into the budgets of the ministries.

In the case of Rwanda and Madagascar, the costed plans did not include fixed costs, such as salaries for government staff, facility (rent) construction, maintenance cost, or utilities costs. In Nepal, where intense efforts were made to coordinate assumptions, ministries still applied sector-specific criteria for inclusion and exclusion of inputs.

Even in situations where all actual costs were not known, for most countries, there were set guidelines about what costs were included and what were excluded. For example, Burkina Faso's plan costed the funds required by the Direction de la Nutrition to coordinate, oversee, and supervise activities and conduct training from the National (central) level, but did not include specific programme implementation costs. Whereas the Bangladesh plan only included investments undertaken by the Government of Bangladesh that are channelled through the Annual Development Programme (ADP) and any projects by development partners that complement the Government's budget contributions. The plan did not include any direct transfers from development partners to implementers that are not linked to the ADP.

### **3.6 Costing of governance**

Fully costed governance arrangements are essential for the effective management and implementation of national plans and national priorities. **Countries that have clearly identified functions for coordination and management of nutrition appear to have been better positioned in identifying the required activities and costs.**

In Yemen, for example, the Ministry of Planning and International Cooperation oversees a multisectoral approach to managing nutrition activities within the country. Sector-specific plans must flow through the Ministry, which enables alignment across the sectors.

Governance should include the creation and maintenance of coordinating planning bodies. Ideally, it should also include investments in the systems needed to track implementation, expenditures, and outcomes.

### **3.7 Costing methods**

The specific costing methodologies chosen for costing a national plan need to be clearly understood and documented. There are a variety of methods that can be employed when costing a national nutrition plan. Some of these are outlined in Table 10. Countries generally choose the method that is most feasible given their specific implementation context. Costing methods include the estimation of programme costs; the costing of the various ingredients that comprise an intervention; marginal budgeting to assess costs of removing constraints to scale up; or a combination of methods. **Most plans do not currently include the requisite assumptions and detail on costing methodology that is required to understand, replicate, and revise a national plan.**

In some countries, there is some more information on costing methodology. In Madagascar, the country and the WHO had intended to employ marginal budgeting, but this approach was not feasible because the Government was unable to include its own fixed costs (personnel, operating costs, and infrastructure) in costing their plan given its complicated multisectoral character. Because marginal budgeting requires inclusion of such fixed costs, this methodology was ruled out and the country instead worked with a consultant provided by UNICEF to develop a separate costing tool, which explicitly excluded fixed costs of the governmental agencies. There, the team developed three budget scenarios to account for the continuing uncertainty related to the political, economic, and social crisis in Madagascar, assuming 20, 50, or 80 per



cent of planned activities are actually completed. The assumptions underlying each of the three scenarios were documented, and the costs under the 50 per cent scenario have been used in various multi-country analyses.

In Sierra Leone, costs for the budget were submitted by nutrition implementing agencies as well as the Ministry of Agriculture, Forestry and Food Security and the Ministry of Health based on their expenditure on current programmes. A consultant compiled the budget estimates, where they were provided by implementing agencies, and incorporated them into the plan.

**Table 10: Features of selected costing software/methods<sup>17</sup>**

<b>Tool</b>	<b>Features</b>
<i>Activity-based costing (ABC)</i>	<ul style="list-style-type: none"> <li>• Often used to try to improve efficiency of an organisation (e.g., hospital)</li> <li>• Can be used for costing nutrition interventions in more than one sector</li> <li>• Requires a substantial initial investment of time to define all the activities</li> </ul> <p>More info: Time-Driven Activity-Based Costing, Robert S. Kaplan and Steven R. Anderson, 2007, Harvard Business School Press</p>
<i>CORE plus</i>	<ul style="list-style-type: none"> <li>• Designed for integrated costing of all activities undertaken at a single health facility (e.g., hospital, primary health centre)</li> <li>• Has not yet been used for nutrition interventions</li> <li>• Would be useful nutrition interventions undertaken at a single health facility</li> </ul> <p>More info: <a href="http://www.msh.org/resources/cost-revenue-analysis-tool-plus">http://www.msh.org/resources/cost-revenue-analysis-tool-plus</a></p>
<i>Marginal Budgeting for Bottlenecks</i>	<ul style="list-style-type: none"> <li>• Excel spreadsheet designed by WHO, World Bank, and African Development Bank</li> <li>• Originally designed for health, but includes 3 nutrition interventions</li> <li>• Features of MBB have been incorporated into the OneHealth Tool</li> <li>• Countries who have used MBB in the past may wish to continue</li> </ul> <p>More info: <a href="http://www.devinfolive.info/mbb/mbbsupport/">http://www.devinfolive.info/mbb/mbbsupport/</a></p>
<i>OneHealth Tool</i>	<ul style="list-style-type: none"> <li>• Strategic planning and costing tool supported by the UN Interagency Group on Costing</li> <li>• Links health interventions with holistic planning for health systems (e.g., human resources, infrastructure, logistics)</li> <li>• Contains default intervention input assumptions (which can be modified by users) on WHO-recommended health interventions, including all WHO-recommended nutrition-specific interventions. Users can include additional interventions if needed.</li> <li>• Links to the “Lives Saved Tool LiST” to estimate health impact</li> </ul> <p>More info: <a href="http://www.internationalhealthpartnership.net/en/tools/one-health-tool/">http://www.internationalhealthpartnership.net/en/tools/one-health-tool/</a></p>
<i>PROFILES</i>	<ul style="list-style-type: none"> <li>• Tool for advocacy (using cost-effectiveness/cost-benefit), not costing</li> <li>• Restricted to some micronutrient interventions plus stunting</li> <li>• Effectiveness data are for individual interventions, while interactions among interventions are not modelled (“Lives Saved” tool is more sophisticated in comparison)</li> </ul> <p>More info: <a href="http://www.fhi360profiles.org">http://www.fhi360profiles.org</a></p>

<sup>17</sup> UNICEF Report (February 2014) “Workshop on Costing and Tracking Investments in Support of Scaling up Nutrition”

### **3.8. Financial tracking: examples from countries showing progress<sup>18</sup>**

Reliable financial tracking is essential for policy makers to prioritise, plan, and make decisions on resource allocation, as well as to monitor and evaluate policy implementation. A few countries, including Tanzania and Madagascar, have started tracking investments in nutrition. Ethiopia and Malawi also present good examples of potential options to track nutrition investments. Lessons can be learned from their experiences to date, including reinforcing the importance and challenges of tracking investment across ministries and sectors. There is, however, relatively little literature available on how to track investments on nutrition, including how best to define and delineate what is nutrition given its multisectoral composition.

Five main standardised tools relevant to track investments have been identified: budget analysis, Public Expenditure Review (PER), National Health Accounts (NHA), the Clinton Health Access Initiative (CHAI) Resource Mapping Tool, and Public Expenditure Tracking Survey (PETS). These tools vary in their coverage, the frequency of data collection, and the time and financial resources needed to use them.

#### **Tanzania<sup>19</sup>**

Tanzania carried out a PER of Nutrition. PER as a tool has been widely used in other sectors in Tanzania and relevant officers are therefore familiar with and knowledgeable about the tool. The purpose was to examine the flow of funds within the public sector; to examine the performance of the system in ensuring and financing the provision of care and improving welfare; and to examine some specific aspects of sector performance.

The Tanzania PER on nutrition covers budget<sup>20</sup> and actual expenditure on nutrition interventions at the national and sub-national level for two fiscal years. The timing of the exercise was made to coincide with the relevant stage of the budget cycle in order to become an input into budget preparation. This was considered essential because the major barrier in budgeting and nutrition at the district level is the lack of strategic direction and guidance on prioritisation and implementation of evidence-based nutritional interventions that have high impact on women and children. The exercise emphasised the inter-sectoral linkages of nutrition and the need for collaboration across sectors and level of government.

#### **Madagascar<sup>21</sup>**

Madagascar developed a National Plan of Action for Nutrition (NPAN) bringing in multiple sectors and representatives from ministries, civil society organisations, private sector, donors and the United Nations. With the aim to mobilise resources and estimate existing resources available and needed to finance the NPAN, Madagascar developed a mechanism to track investments. They designed a financial tracking report on expenditures related to nutrition, collecting information on financing and feeding it into a template aligned to its national costed plan. They produced a survey in line with the strategies, interventions and activities in the NPAN and sent it to all stakeholders. The returns from the survey were consolidated which allowed the National Office of Nutrition (ONN) to have a clearer picture of the financial possibilities,

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<sup>18</sup> Clara Picanyol: extract from “Tracking Investments on Nutrition”; Working Paper (2014) available at

[http://www.unscn.org/files/Activities/SUN/CostingWorkshop2013/II\\_14\\_C\\_Picanyol\\_Financial\\_Tracking\\_English.pdf](http://www.unscn.org/files/Activities/SUN/CostingWorkshop2013/II_14_C_Picanyol_Financial_Tracking_English.pdf)

<sup>19</sup> This section is based on Innovex (2013) and on the presentation delivered by representatives from Tanzania at the Workshop on Costing and Tracking Investments on Nutrition held in Nairobi in November 2013.

<sup>20</sup> Budget refers to financial allocation

<sup>21</sup> This section is based on the presentation delivered by representatives from Madagascar at the Workshop on Costing and Tracking Nutrition Investments held in Nairobi in November 2013.

knowledge of existing commitments and an indication of what could potentially be mobilised. At the same time, they improved their understanding of extra-budgetary amounts in certain line ministries, civil society organisations and the private sector.

The main challenges faced were the limited knowledge of nutrition-related investment in each of the sectoral ministries, as well as the limited transparency or breakdown of budgets of some of the operating agencies. In certain line ministries, it was difficult to distinguish the expenditures contributing to nutrition. Also, very little information from the private sector was collected.

### ***Ethiopia***<sup>22</sup>

Ethiopia has recently embarked on a country-wide exercise to map resources for nutrition against the national action plan. The aim is to identify and document the extensive nutrition interventions being implemented across multiple sectors, the partners undertaking the activities, the resources flowing into nutrition and the interaction between interventions and stakeholders. This stakeholder mapping also serves as an accountability tool to track progress and examine whether commitment plus resources results in an impact. They were particularly interested in including donor and NGO contributions, due to the multiplicity of actors.

Ethiopia is looking at ways to make this product sustainable in the long-term. One of the challenges is how to integrate it into the yearly partners' survey conducted by the Ministry of Health to ensure its integration in the Ministry's database. On the one hand, this would contribute towards reducing the workload of partners and make it more likely that they would complete the survey ensuring sustainability. On the other hand, it would mean reducing the questionnaire, resulting in a smaller amount of data and outputs. They also encountered difficulties in getting information from NGOs and some donors.

### ***Malawi***<sup>23</sup>

Malawi is estimating financial resources spent on nutrition in 2010–12 and allocated or committed to nutrition for 2013–15. The analysis being carried out contains elements of a public expenditure review in as much as it reviews monies spent over the last three years and complements it with a forward-looking analysis of commitments. The ultimate purpose of this exercise is to improve nutrition financing.

The first step was to define the conceptual framework from a functional as well as from an economic perspective. From a functional perspective, there needs to be an agreement on what constitutes 'nutrition expenditure' to respond to the first basic question: what are we tracking? In the absence of an international consensus on the delimitation of nutrition interventions, Malawi is basing its boundaries on the objectives being agreed as part of the national strategy and action plan.

### ***Bangladesh***

The Country Investment Plan (CIP) in Bangladesh is a living document that tracks funding and has a high level of transparency. Every June the budget is updated with money spent, projects funded, and new projects. It details the amount provided by each donor and the amount needed to fund the project. It also includes projects that were on-going at the commencement of the CIP, but does not include the projects' expenses that fall outside of the CIP implementation period. When the information is not available for the CIP implementation period, an estimate of the budget allocation for the reference period is included.

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<sup>22</sup> This section is based on Lemma, F. (2013) and on his presentation delivered at the Workshop on Costing and Tracking Investments on Nutrition held in Nairobi in November 2013.

<sup>23</sup> N'Gbesse, O. (2013). "Nutrition resource tracking. Malawi", draft

# Conclusions by Lawrence Haddad

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**T**he 20 countries who have submitted their plans to SUN for analysis and description deserve a lot of credit, not only for developing the plans, but for sharing them in a way that promotes learning within and across countries. Developing a nutrition plan is a daunting task: Where to begin? What to prioritise? How to get the balance right between nutrition specific, nutrition sensitive and governance? In terms of ambition, where to settle between grim reality and lofty aspiration? What needs to happen to achieve scale? How will that scaling be incentivised and guided? Which costs to include? What unit costs to build in? There are few evidence based guides, let alone blueprints. This is where the Scaling Up Movement is so important; there is a sense of community that wards off any risk of feeling overwhelmed. There are partners to learn from. There is a solidarity that is needed in the face of uncertainty about what to do first and how to do it.

This report has highlighted many gaps and imperfections in the plans described. They have not been glossed over. Some plans have not prioritised action and some have excluded key costs. Some have virtually no nutrition sensitive investments while some are dominated by this category. Some plans are very clear about the what, where, when and how of scale up, some are not. But, very few plans have all of these limitations and all have different strengths and weaknesses. This heterogeneity is inevitable, if only because countries have different interlinked sets of nutrition problems as this report clearly shows. But countries also have different sets of nutrition capacities – very few if any could implement all of the 10 Lancet nutrition specific interventions at the same time.

Importantly, the heterogeneity of the plans is a strength, not a weakness. A series of cookie cutter plans would be a false victory for nutrition. For instance, the plans might have been technically stronger through the drafting in of more technical experts, but as the Poverty Reduction Strategy Processes (PRSPs) of the early 21st Century showed us, technically smart plans are of no use if those who are accountable for implementing them feel little sense of ownership. Moreover, the truth is that there is very little guidance available from the technical literature. Those developing these plans are the true trailblazers. This places a greater responsibility on all of us to learn from the plans and to share that learning and this is what this synthesis report aims to do.

Potential investors in nutrition should be encouraged and motivated by these plans. They may not be perfectly formed as yet, but they embody that most precious of development assets: the commitment and the determination of national champions to make them become so. In this way the plans serve as the most credible basis for investments to accelerate the reduction of undernutrition. They should be analysed, used, improved and backed.

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### Demographic data (2010, WPP 2012)

Population:	151.1 million
Children under 5:	15.3 million
Population growth rate:	1.09%

### Nutrition data (DHS 2011)

Stunting:	41.3%
Wasting:	15.6%
Low Birth Weight:	21.6%
Overweight:	1.5%
Exclusive Breastfeeding:	64.1%

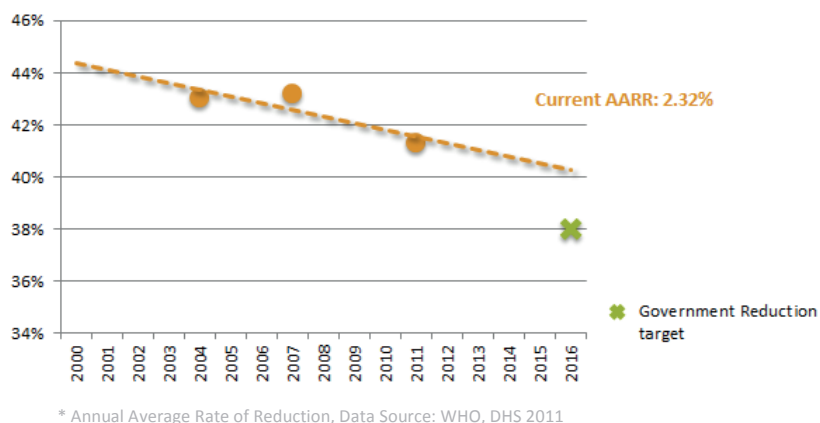
### Cost of Bangladesh Country Investment Plan

Total Cost (5 years)	\$9.2 billion
Annual Cost:	\$1.8 billion
Per Capita Annual Cost:	\$11.7

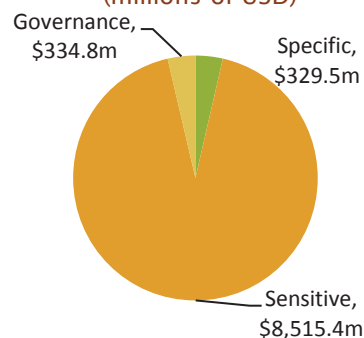
### Break-down:

Nutrition-specific interventions:	3.6%
Nutrition-sensitive approaches:	92.8%
Strengthening Governance:	3.6%

### Stunting Reduction Trend



### Total Programme Costs by Programme Type (millions of USD)



### Coverage of Nutrition-Specific Interventions

Good nutrition practices	
Exclusive breastfeeding (0-6 months)	63.5% <sup>1</sup>
Complementary feeding with at least 4 groups per day (6-23 months)	25.2% <sup>1</sup>
Vitamin and mineral intake	
Zinc treatment for diarrhoea	40.8% <sup>1</sup>
Pregnant women attending 4 or more ANC visits (proxy for iron and folate supplementation)	25.5% <sup>1</sup>
De-worming (12-59 months)	50.2% <sup>1</sup>
Vitamin A supplementation (6-59 months)	94.0% <sup>2</sup>
Presence of iodised salt in the house	82.3% <sup>1</sup>

Comprehensive data on coverage of treatment for acute malnutrition, and micronutrient fortification are not available  
Source: <sup>1</sup>DHS 2011; <sup>2</sup>UNICEF 2013

### Bangladesh in the SUN Movement

Bangladesh has appointed the Additional Secretary in the Ministry of Health and Family Welfare (MoHFW) as the SUN Focal Point. The convening body for nutrition in the country, the Steering Committee for Nutrition led by the MoHFW, has representation from 10 government ministries, United Nations agencies, donors, business, academic and technical institutions and the Nutrition Working Group. The SUN Donor Conveners are USAID and the World Bank.

## Bangladesh Country Investment Plan

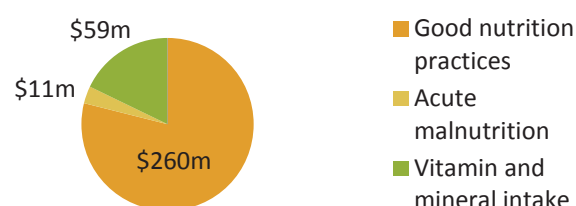
The Bangladesh Country Investment Plan (CIP) is a country led planning, fund mobilisation and alignment tool. The CIP was developed jointly by 13 Government Ministries in conjunction with development and private sector partners. It supports increased, effective public investment to increase and diversify food availability in a sustainable manner and improve access to food and nutrition security. Its interventions also aim to mobilize investment by smallholders and other private sector food security actors. It is the investment arm of the National Food Policy (2006) and the Plan of Action (2008-2015).

## Cost of Bangladesh Country Investment Plan

The total cost of the CIP over five years is approximately \$9.2 billion. This is equivalent to an annual cost of \$1.8 billion per year or a per capita annual cost of just under \$12.

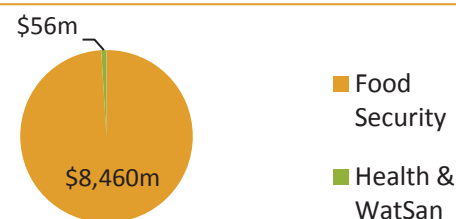
### Costs of Nutrition-Specific Interventions Over 5 Years

Nutrition-specific interventions cost interventions represent \$330 million, or 4% of the cost of the CIP.



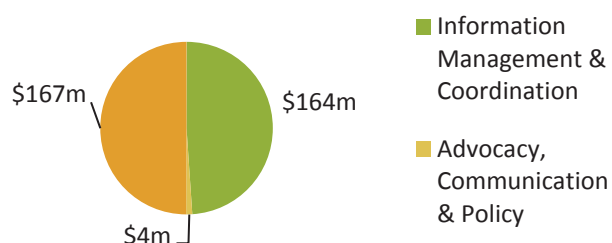
### Costs for Nutrition-Sensitive Approaches Over 5 Years

Nutrition-sensitive approaches represent approximately \$8.5 billion, or 93% of the cost of the CIP.



### Costs for Strengthening Governance Over 5 Years

Strengthening governance to implement nutrition-specific and nutrition-sensitive approaches accounts for the remaining \$335 million, or 4% of the total cost of the CIP.



## Priorities, Implementation & Accountability

To reinforce country ownership and ensure sustainability of the CIP, implementation will be through strengthened, existing country institutional and delivery systems. In this respect, CIP implementation builds strongly on the mechanisms in place for monitoring the National Food Policy Plan of Action, and projects financed through the Annual Development Programme (ADP) as part of the national planning process. Given the ambition and the complexity of the CIP, there are challenges to be overcome to ensure sustained political commitment, strong coordination, resource mobilisation, innovation and scaling up, and leveraging of public and other funding sources.

## Domestic & Donor Financing Commitments

Funds for the CIP – from government budget resources as well as from development partners – have been allocated through the ADP process. Funds have also been channelled from development partners through non-governmental organisations.

## Funding Gap

The current financing gap is in the order of \$5 billion. An in-depth examination of domestic and external funding streams to cover the costs of the CIP will be carried out to estimate the funding gap.

### Demographic data (2010, WPP 2012)

Population:	9.5 million
Children under 5:	1.6 million
Population growth rate (2010):	3.01%

### Nutrition data (AGVSAN 2008)

Stunting:	37.0%
Wasting:	4.7%
Low Birth Weight:	12.5%
Overweight:	9.0%
Exclusive Breastfeeding:	43.1%

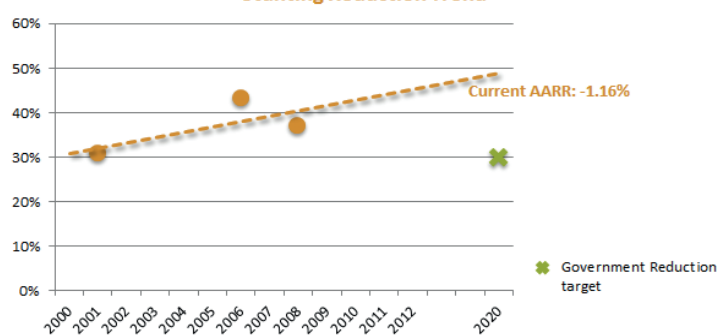
### Strategic Plan for Food and Nutrition Development (2009)

Total Cost (4 years)	\$135.3 million
Annual Cost:	\$33.8 million
Per Capita Annual Cost:	\$3.3

#### Break-down:

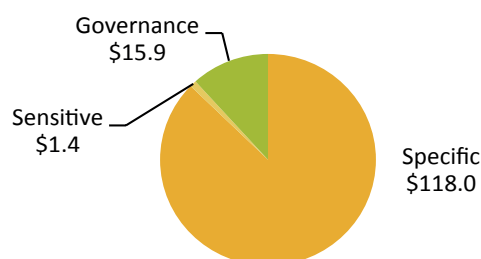
Nutrition-specific interventions:	87.3%
Nutrition-sensitive approaches: (Food security costs only)	1.0%
Strengthening Governance:	11.7%

### Stunting Reduction Trend



\* Annual Average Rate of Reduction, Data Source: WHO, AGVSAN 2008

### Total Cost of 4 Year Plan (millions USD)



## Coverage of Nutrition-Specific Interventions

Good nutrition practices	
Exclusive breastfeeding (0-6 months)	32.5% <sup>1</sup>
Complementary feeding with at least 4 groups per day (6-23 months)	32.1% <sup>1</sup>
Vitamin and mineral intake	
Zinc treatment for diarrhoea	No data
Pregnant women attending 4 or more ANC visits (proxy for iron and folate supplementation)	58.2% <sup>1</sup>
De-worming (12-59 months)	No data
Vitamin A supplementation (6-59 months)	98.0% <sup>2</sup>
Presence of iodised salt in the house	93.5% <sup>1</sup>

Comprehensive data on coverage of treatment for acute malnutrition and micronutrient fortification are not available

Source: <sup>1</sup>DHS 2011-12; <sup>2</sup>UNICEF 2013;

### Benin in the SUN Movement

Benin joined the SUN Movement in September 2011 and appointed the Technical Advisor for Agriculture to the President as the SUN Focal Point. The *Conseil National de l'Alimentation et de la Nutrition* or National Council on Food and Nutrition is Benin's multi-sectoral, multi-stakeholder, high-level platform for coordinating efforts for scaling up nutrition. A platform of technical and financial partners was established in 2012 under the joint initiative of the World Bank and UNICEF to support the work of the National Council. The SUN Donor Convener in Benin is UNICEF, with the World Bank providing additional support.

### Benin Strategic Plan for Food and Nutrition Development

The Strategic Plan for Food and Nutrition Development (PSDAN) sets out both nutrition-specific and nutrition-sensitive approaches and is operationalised through the Result-based Food and Nutrition Programme (PANAR) and the National Food Security Programme. The PANAR has five sub-programmes that cover nutrition-specific interventions and the National Food Security Programme has two programmes focused on nutrition-sensitive agriculture.

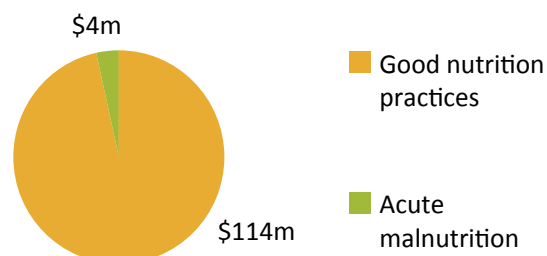


## Cost of the Strategic Plan for Food and Nutrition Development

The total cost of the PSDAN over four years is approximately \$135 million. This is an average of approximately \$34 million per year, with a per capita annual cost of just over \$3.

### Costs of Nutrition-Specific Interventions Over 4 Years

Nutrition-specific interventions cost \$118 million, representing 87% of the PSDAN's total cost.

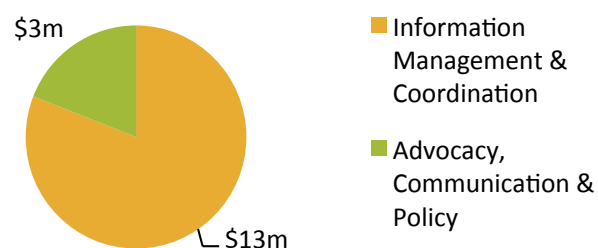


### Costs for Nutrition-Sensitive Approaches Over 4 Years

Nutrition-sensitive approaches are focused on food security and cost \$1.4 million over 4 years, or 1% of the PSDAN's total cost.

### Costs for Strengthening Governance Over 4 Years

Strengthening governance to implement nutrition-specific and nutrition-sensitive approaches accounts for \$16 million, or 12% of the total cost of the PSDAN.



## Priorities, Implementation & Accountability

The government has prioritised the mobilisation of resources from domestic, technical and financial partners to implement the PSDAN.

### Domestic & Donor Financing Commitments

A special allocation of \$100,000 was incorporated into Benin's nutrition budget in 2012, and a specific government budget line for nutrition will be established in 2013. Approximately 13% of the cost of the five PANAR sub-programmes is expected to come from Benin's national budget, with an additional 8% provided by local government bodies. This leaves 79% of the total plan currently unfunded. Resources have been mobilised to meet the total estimated costs for the Programme for Food Security through Agricultural Intensification through domestic and external partner support.

### Funding Gap

An in-depth examination of domestic and external funding streams to cover the costs of the Strategic Plan for Food and Nutrition Development will be carried out to estimate the funding gap.

### Demographic data (2010, WPP 2012)

Population: 15.5 million  
 Children under 5: 2.8 million  
 Population growth rate: 2.93%

### Nutrition data (DHS 2010)

Stunting: 32.9% (SMART 2012)  
 Wasting: 10.9% (SMART 2012)  
 Low Birthweight: 16.2% (SMART 2012)  
 Overweight: 16.2% (DHS 2010)  
 Exclusive Breastfeeding: 7.7% (DHS 2010)

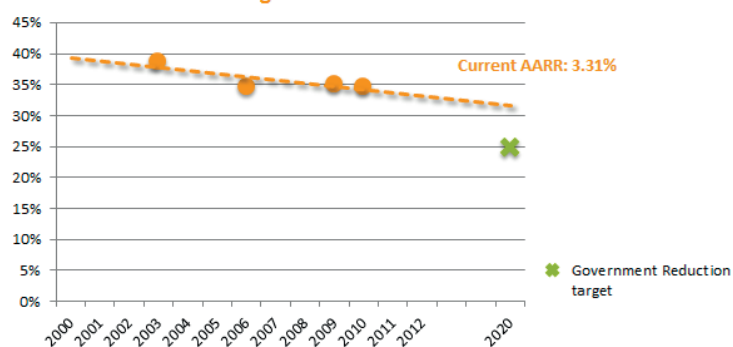
### Strategic Plan for Nutrition (2010-2015)

Total Cost (6 years) US\$70.7 million  
 Annual Cost: US\$11.8 million  
 Per Capita Annual Cost: US\$0.62

### Break-down:

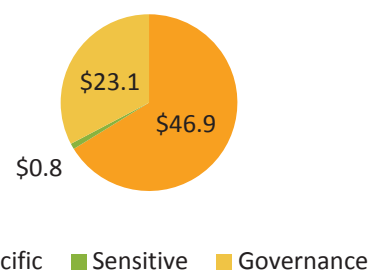
Nutrition-specific interventions: 66.2%  
 Nutrition-sensitive approaches: 1.1%  
 Strengthening governance: 32.7%

### Stunting Reduction Trend



\* Annual Average Rate of Reduction, Data Source: WHO, DHS 2010

### Total Costs over 6 Years (millions of USD)



### Coverage of Nutrition-Specific Interventions

Good nutrition practices	
Exclusive breastfeeding (0-6 months)	38.2% <sup>1</sup>
Complementary feeding with at least 4 groups per day (6-23 months)	4.8% <sup>1</sup>
Vitamin and mineral intake	
Zinc treatment for diarrhoea	0.4% <sup>2</sup>
Pregnant women attending 4 or more ANC visits (proxy for iron and folate supplementation)	33.7% <sup>2</sup>
De-worming (12-59 months)	12.8% <sup>2</sup>
Vitamin A supplementation (6-59 months)	87.0% <sup>3</sup>
Presence of iodised salt in the house	95.9% <sup>1</sup>

Comprehensive data on coverage of treatment for acute malnutrition and micronutrient fortification are not available

Source: <sup>1</sup>SMART 2012; <sup>2</sup>DHS 2010; <sup>3</sup>UNICEF 2013

### Burkina Faso in the SUN Movement

Burkina Faso joined the SUN Movement in June 2011 and appointed the Director of Nutrition in the Ministry of Health as the SUN Focal Point. The convening body, the National Council for Nutrition Coordination is located within the Ministry of Health with support from the Deputy Ministers from Agriculture and Food Security, Hydraulics and Sanitation, Social Action and National Solidarity, and Economics and Finances. The Donor Convener in Burkina Faso is UNICEF and development partners coordinate to support national efforts through their own separate platform, called the Group of Technical and Financial Partners for Nutrition Security.

## Burkina Faso Strategic Plan for Nutrition

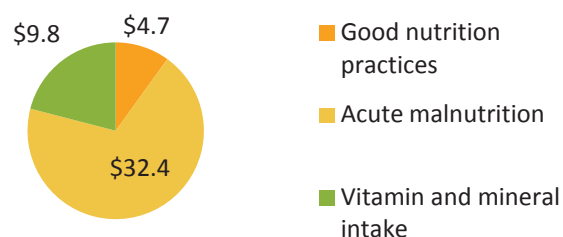
The Strategic Plan for Nutrition or *Plan Strategique Nutrition 2010-2015* is based on the National Nutrition Policy, which was adopted in 2007. The plan covers nutrition-specific interventions, including interventions to address nutrition-related chronic diseases, as well as nutrition-sensitive approaches. The budget accompanying the Strategic Plan, however, includes only funds required by the Department of Nutrition to coordinate, oversee and supervise activities and conduct national level training. It does not include the cost of implementing specific nutrition programs.

## Cost of the Strategic Plan for Nutrition

The total cost of Burkina Faso's Strategic Plan for Nutrition over six years is US\$70.7 million. This is an average of approximately US\$11.8 million per year, with a per capita annual cost of less than US\$1.

### Costs of Nutrition-Specific Interventions Over 6 Years

Nutrition-specific interventions cost US\$47 million, or 66 per cent of the Strategic Plan total costs.

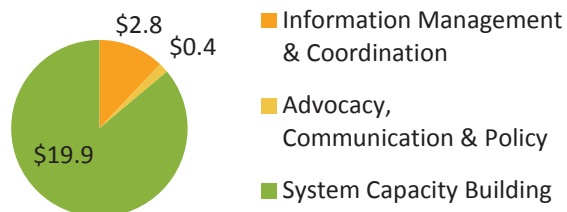


### Costs for Nutrition-Sensitive Approaches Over 6 Years

Nutrition-sensitive approaches represent US\$0.8 million, or 1 per cent of the total costs. These costs are focused on health, water, sanitation and hygiene actions in the Strategic Plan.

### Costs for Strengthening Governance Over 6 Years

Strengthening governance to implement nutrition-specific and nutrition-sensitive approaches accounts for the remaining US\$23.1 million, or 33 per cent of the total cost of the Strategic Plan.



## Priorities, Implementation & Accountability

Implementation of the strategic plan falls mainly under the responsibility of the Ministry of Health with support from other concerned Ministries, technical and financial partners. Responsibility and funding required for regional and district level government activities is provided directly to those levels and is not included in the strategic plan. All implementation costs of programs are funded by external donors and provided directly by implementing organisations including non-governmental organisations.

## Domestic & Donor Financing Commitments

The SUN Government Focal Point has committed to mobilising both domestic and external resources for nutrition as a top priority. The Strategic Plan sets out seven potential sources of funding, including the state budget, United Nations agencies, local authorities and the private sector. The government is establishing a national budget line for nutrition; currently, nutrition is a sub-account within the Maternal and Child Health account of the national budget.

## Funding Gap

An in-depth examination of domestic and external funding streams to cover the costs of the Strategic Plan for Nutrition will be carried out to estimate the funding gap.

### Demographic data (2010, WPP 2012)

Population: 1.7 million  
 Children under 5: 0.3 million  
 Population growth rate: 3.14%

### Nutrition data (MICS 2010)

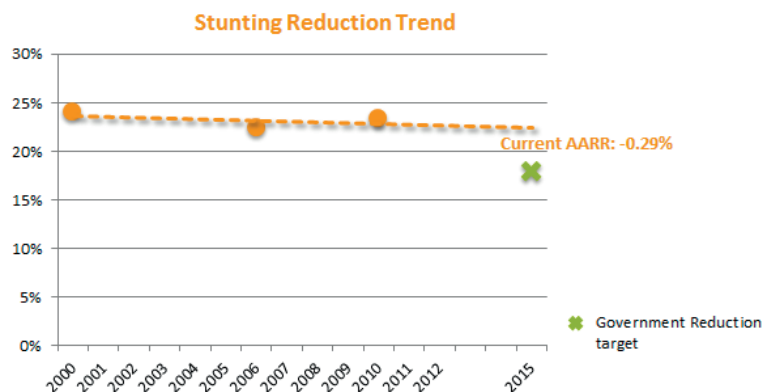
Stunting : 23.4%  
 Wasting: 9.5%  
 Low Birth Weight: 10.2%  
 Overweight: 1.9%  
 Exclusive Breastfeeding: 33.5%

### National Nutrition Strategic Plan (2011-2015)

Total Cost (5 years) \$26.3 million  
 Annual Cost: \$5.3 million  
 Per Capita Annual Cost: \$2.7

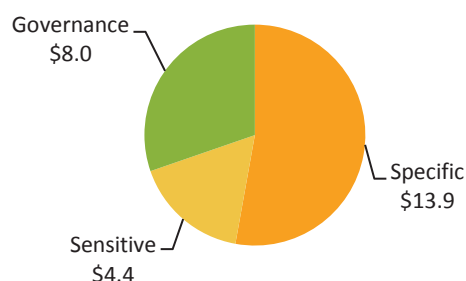
### Break-down:

Nutrition-specific interventions: 52.8%  
 Nutrition-sensitive approaches: 16.9%  
 Strengthening Governance: 30.3%



\* Annual Average Rate of Reduction, Data Source: WHO, MICS 2010

### Total Costs of 5 Year Plan (millions of USD)



## Coverage of Nutrition-Specific Interventions

Good nutrition practices	
Exclusive breastfeeding (0-6 months)	40.8% <sup>1</sup>
Complementary feeding with at least 4 groups per day (6-23 months)	No data
Vitamin and mineral intake	
Zinc treatment for diarrhoea	No data
Pregnant women attending 4 or more ANC visits (proxy for iron and folate supplementation)	No data
De-worming (12-59 months)	No data
Vitamin A supplementation (6-59 months)	93.0% <sup>2</sup>
Presence of iodised salt in the house	21.0% <sup>3</sup>

Comprehensive data on coverage of treatment for acute malnutrition, and micronutrient fortification are not available

Sources: <sup>1</sup>MICS 2005-2006; <sup>2</sup>UNICEF 2013; <sup>3</sup>SOWC 2010

## The Gambia in the SUN Movement

The Gambia joined the SUN Movement in July 2011 and appointed the Executive Director of the National Nutrition Agency as the SUN Focal Point. In July 2012, 'SUN in The Gambia' was launched as a tool to support national leadership and foster broad ownership and accountability for results to improve nutrition. The National Nutrition Agency (NaNA), under the Office of the Vice-President, coordinates the implementation of the efforts to scale up nutrition. A National Nutrition Council comprising 12 Ministries provides oversight and policy guidance to the agency.

## The Gambia National Nutrition Strategic Plan

A National Nutrition Strategic Plan (2011-2015) was developed to translate the National Nutrition Policy (2010-2020) into actions by outlining strategies and activities required to achieve policy objectives. The Gambia has also developed a Business Plan for Better Nutrition (2011-2015) to explain the importance of investing in nutrition. The plan covers both nutrition-specific interventions and nutrition-sensitive approaches, including increased education for girls, maternal protection laws, improved sanitation and food security and social protection. The plan also

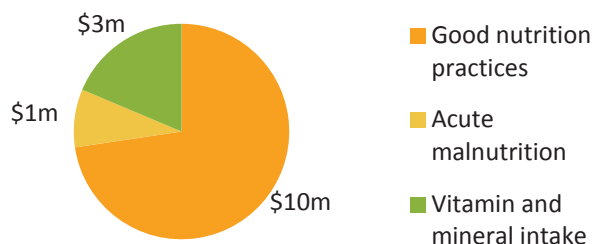
includes prevention and management of diet-related non-communicable diseases and emergency nutrition interventions.

### Cost of the National Nutrition Strategic Plan

The total cost of the National Nutrition Strategic Plan is approximately US\$26 million for five years, averaging US\$5.3 million annually, with a per capita annual cost of less than US\$3.

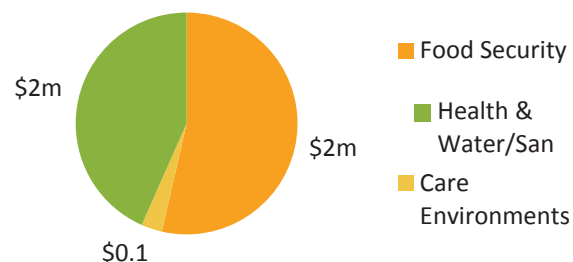
#### Costs of Nutrition-Specific Interventions Over 5 Years

Nutrition-specific interventions represent US\$14 million, or 53 percent of the National Nutrition Strategic plan total cost.



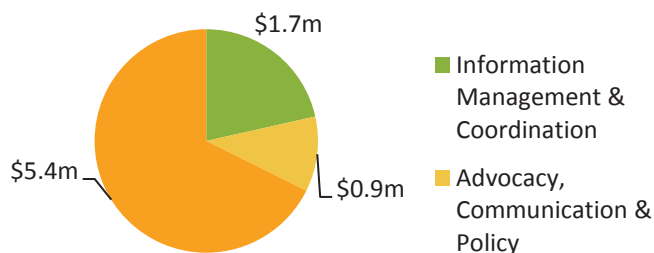
#### Costs for Nutrition-Sensitive Approaches Over 5 Years

Nutrition-sensitive approaches represent approximately US\$4 million, or 17 percent of the total plan cost.



#### Costs for Strengthening Governance Over 5 Years

Strengthening governance to implement nutrition-specific and nutrition-sensitive approaches accounts for the remaining US\$8 million, or 30 percent of the total cost of the plan.



### Implementation & Accountability

Large scale programmes and systems for improving nutrition are in place but not yet at full scale and more work needs to be done in order to understand the extent to which current programmes are aligned around the common results framework.

### Domestic & Donor Financing Commitments

Currently, financing information is only available for nutrition-specific programmes for which the government, UNICEF and the World Bank are the main investors. Partner contributions support the Baby Friendly Community Initiative, which is only 29 per cent funded, and the Micro-Nutrient Deficiency Control Programme which is 56 percent funded. The estimated cost of the Gambia National Agricultural Investment Program (GNAIP) is US\$261.8 million, with the World Bank, International Fund for Agriculture Development (IFAD) and UN Food and Agriculture Organization (FAO) as key partners. It has proven difficult to track financial investments from some NGOs and other resources outside when they do not go through NaNA.

### Funding Gap

Resource mobilisation has been identified as a major priority for 2014. The Government of the Gambia has examined financial resource flows and calculated that the combined available resources (government and development partners) for the five year period (2011-2016) is an estimated US\$5.2 million compared to the total cost of the plan which is US\$26 million. This leaves a total resource gap of US\$ 21.1 million over five years.

### Priorities for the SUN Focal Point

- To ensure consensus and build capacity for costing and financial tracking across sectors both at national and sub-national level;
- To engage the Ministry of Finance to ensure that costs for nutrition are budgeted and that systems are established to track spending;
- To address the human resource gap at sub-national level in terms of nutritionists and M&E officers

### Demographic data (2010, WPP 2012)

Population: 14.3 million  
 Children under 5: 2.2 million  
 Population growth rate: 2.46%

### Nutrition data (ENSMI 2008-2009)

Stunting: 49.8%  
 Wasting: 1.4%  
 Low Birth Weight: 11.4%  
 Overweight: 4.9%  
 Exclusive Breastfeeding: 49.6%

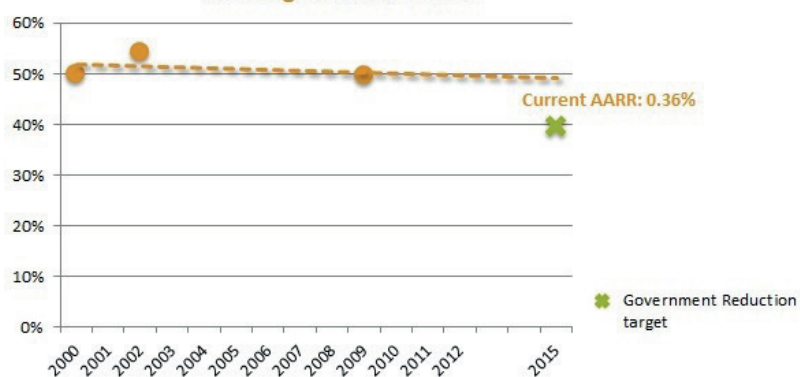
### Cost of Nutrition Plans

Total Cost (2 years) \$1678.8 million  
 Annual Cost: \$839.4 million  
 Per Capita Annual Cost: \$52.85

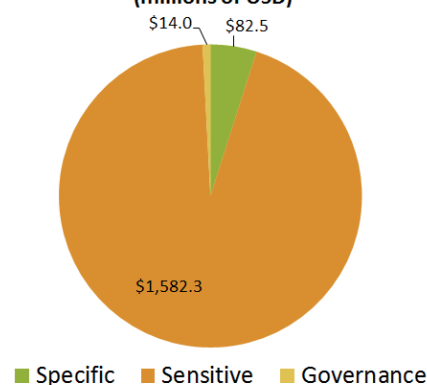
#### Break-down:

Nutrition-specific interventions: 4.9%  
 Nutrition-sensitive approaches: 94.3%  
 Strengthening Governance: 0.8%

### Stunting Reduction Trend



### Total Programme Costs by Programme Type (millions of USD)



### Coverage of Nutrition-Specific Interventions

#### Good nutrition practices

Exclusive breastfeeding (0-6 months)	49.6% <sup>1</sup>
Complementary feeding with at least 4 groups per day (6-23 months)	No data

#### Vitamin and mineral intake

Zinc treatment for diarrhoea	No data
Pregnant women attending 4 or more ANC visits (proxy for iron and folate supplementation)	No data
De-worming (12-59 months)	No data
Vitamin A supplementation (6-59 months)	28.0% <sup>2</sup>
Presence of iodised salt in the house	76.0% <sup>3</sup>

*Comprehensive data on coverage of treatment for acute malnutrition, and micronutrient fortification are not available*

*Source: <sup>1</sup>ENSMI 2008-2009, <sup>2</sup>UNICEF 2013; <sup>3</sup>SWOC 2007*

### Guatemala in the SUN Movement

Guatemala became part of the SUN Movement in December 2010 and appointed the Secretary of the Secretariat for Food Security and Nutrition (SESAN) as the SUN country Focal Point. In 2012, as part of his “National Agenda for Change” President Otto Perez Molina vowed to tackle malnutrition through his National Zero Hunger Pact. Under this Pact, the President has committed to reducing chronic malnutrition in children under five years of age by 10 per cent before the end of 2015. The SUN Donor Convener is the World Bank with support from Inter-American Development Bank and the World Food Programme.

## Guatemala Plans for Nutrition

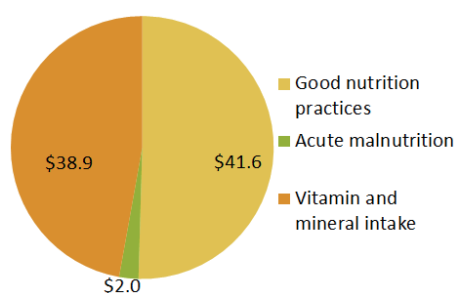
The Zero Hunger Pact is being operationalized through the Zero Hunger Plan 2012-2015 and coordination bodies that bring together different government ministries and external actors. The plan includes specific nutrition interventions such as the promotion of exclusive breastfeeding, increase in access to fortified food, and to health and nutrition services, and has a specific 1000 Day Window Programme. It also includes programmes that address the underlying causes of under-nutrition such as the creation of income generation opportunities, improved water and sanitation facilities, better education for women or promotion of food security and rural development. The present exercise includes estimations of expenditure by different governmental ministries that contribute to the Zero Hunger Plan for the years 2013 and 2014.

## Cost of Nutrition Plans

The total cost of nutrition plans over 2 years is approximately \$1680 million. This is equivalent to an annual cost of \$840 million per year or a per capita annual cost of just over \$52.

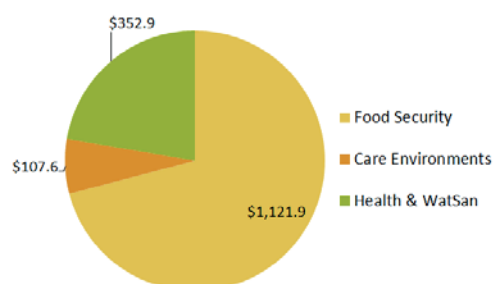
### Cost of Nutrition-Specific Interventions Over 2 Years

Nutrition-specific interventions cost \$82.5 million, or 4.9% of the total cost. The majority of the costs are allocated to promotion of good nutrition practices.



### Cost of Nutrition-Sensitive Approaches Over 2 Years

Nutrition-sensitive approaches represent approximately \$1580 million, or 94.3% of the total cost. Costs are mainly allocated to food security in addition to health, water and sanitation programmes, and care environments.



### Cost of Strengthening Governance Over 2 Years

Strengthening governance to implement nutrition-specific and nutrition-sensitive approaches accounts for \$14 million, or 0.8% of the total cost of the plan. All of this is allocated to information management and coordination.

## Priorities, Implementation & Accountability

A system for evaluating the impact of the Zero Hunger Plan's 138 interventions is being put in place. Using 5,880 household surveys, conducted in 226 prioritized municipalities, the country has started to develop baselines for the Zero Hunger Program. Mobile phones and new digital technologies are being used to help gather information on 58 indicators.

## Domestic & Donor Financing Commitments

The Zero Hunger Plan has been presented to finance departments of all line ministries in an effort to secure their focused consideration when budgeting and planning results for improved nutrition. In addition, a large group of development partners are mobilizing resources to support scaling up nutrition in the country. Guatemala is working on the development of a system that allows to track financial contributions by donors and development partners to national nutrition programmes.

## Funding Gap

The funding gap has not yet been estimated.

### Demographic data (2010, WPP 2012)

Population:	9.9 million
Children under 5:	1.2 million
Population growth rate:	1.33%

### Nutrition data (DHS 2012)

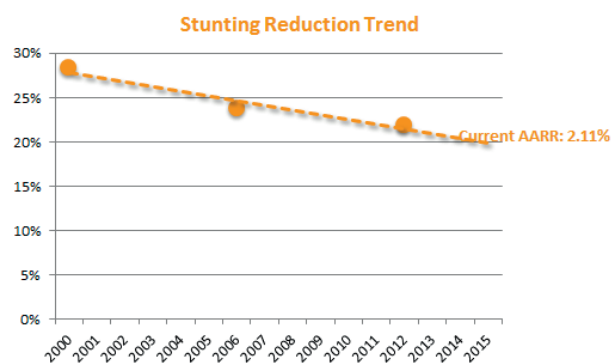
Stunting:	21.9%
Wasting:	5.1%
Low Birthweight:	19.1%
Overweight:	3.6%
Exclusive Breastfeeding:	39.7%

### National Nutrition Strategy Plan 2012-2017

Total Cost (5 years)	US\$50.9 million
Annual Cost:	US\$10.2 million
Per Capita Annual Cost:	US\$0.9

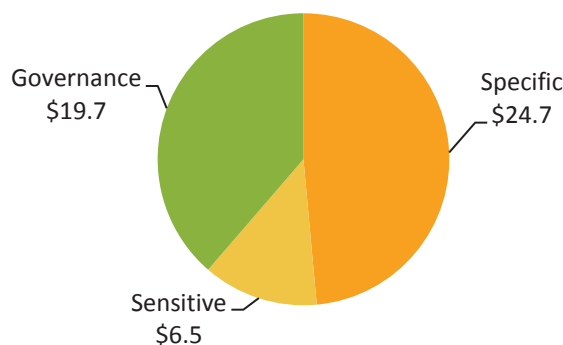
### Break-down:

Nutrition-specific interventions:	48.5%
Nutrition-sensitive approaches:	12.8%
Strengthening Governance:	38.7%



\* Annual Average Rate of Reduction, Data Source: WHO, DHS 2012

### Total Programme Costs by Programme Type (millions of USD)



## Coverage of Nutrition-Specific Interventions

Good nutrition practices	
Exclusive breastfeeding (0-6 months)	40.6% <sup>1</sup>
Complementary feeding with at least 4 groups per day (6-23 months)	No data
Vitamin and mineral intake	
Zinc treatment for diarrhoea	No data
Pregnant women attending 4 or more ANC visits (proxy for iron and folate supplementation)	No data
De-worming (12-59 months)	No data
Vitamin A supplementation (6-59 months)	36.0% <sup>2</sup>
Presence of iodised salt in the house	3.0% <sup>3</sup>

*Comprehensive data on coverage of treatment for acute malnutrition and micronutrient fortification are not available  
Sources: <sup>1</sup>DHS 2005-2006; <sup>2</sup>UNICEF 2013; <sup>3</sup>SOWC 2006*

### Haiti in the SUN Movement

Haiti joined the SUN Movement in June 2012 and appointed the Director of the National Coordination Unit of ABA GRANGO, the National Strategic Framework of the Haitian Government to fight hunger and malnutrition. The Technical Adviser of the Commission for the Fight Against Hunger and Malnutrition (COLFAM) was designated as the SUN Focal Point. COLFAM, chaired by the First Lady, includes key line Ministry representation and is responsible for the strategic direction of the ABA GRANGO.

### Haiti National Nutrition Strategy Plan

The National Nutrition Strategy Plan or *Plan Strategique National de Nutrition 2012-2017* has six strategic areas, including protection of nutrition in emergencies.

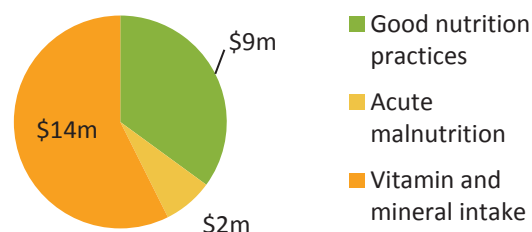


## Cost of National Nutrition Strategy Plan

The total cost of the National Nutrition Strategy Plan is approximately US\$51 million over five years. This is an average of approximately US\$10 million per year, equivalent to a per capita annual cost of less than US\$1.

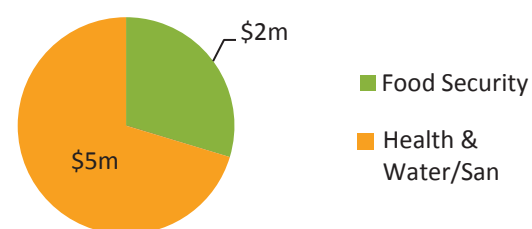
### Costs of Nutrition-Specific Interventions Over 5 Years

Nutrition-specific interventions cost approximately US\$25 million, representing almost half of the total cost of the plan.



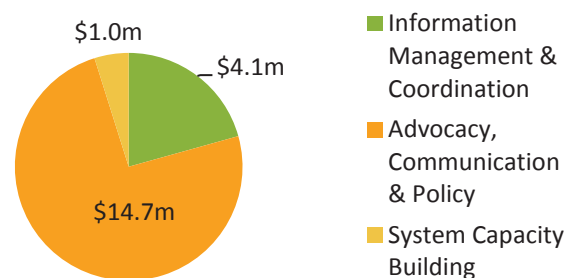
### Costs for Nutrition-Sensitive Approaches Over 5 Years

Nutrition-sensitive approaches represent approximately US\$6.5 million, or 13 per cent of the total cost of the plan.



### Costs for Strengthening Governance Over 5 Years

Strengthening governance to implement nutrition-specific and nutrition-sensitive approaches accounts for approximately US\$20 million, or 39 per cent of the total cost of the plan.



## Priorities, Implementation & Accountability

The National Nutrition Strategy plan is fully supported at the highest levels of government and there is firm commitment to reducing malnutrition through preventative actions.

### Domestic & Donor Financing Commitments

In 2011, Haiti received US\$750 million in development assistance to fight malnutrition and hunger. This robust financing is part of a dramatic upsurge in donor support following the January 2010 earthquake. Haiti recently created a new national budget line of 15 million gourdes (approximately US\$353,000) to support the priority programs of ABA GRANGO. To date, 4 million gourdes have been disbursed.

### Funding Gap

An in-depth examination of domestic and external funding streams to cover the costs of the National Nutrition Strategy Plan will be carried out to estimate the funding gap.

### Demographic data (2010, WPP 2012)

Population: 240.7 million  
 Children under 5: 25.1 million  
 Population growth rate: 1.39%

### Nutrition data (DHS 2007/2012)

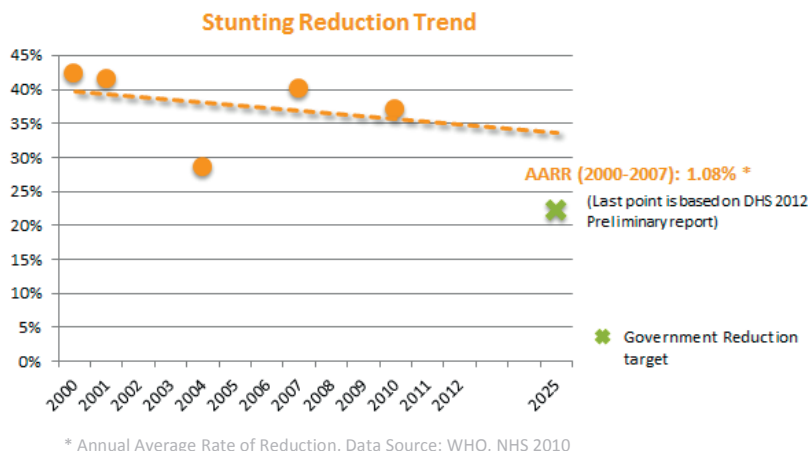
Stunting: 37.0%  
 Wasting: 13.3%  
 Low Birthweight: 5.5%  
 Overweight: 12.2%  
 Exclusive Breastfeeding: 41.5%

### Cost of Nutrition Plans

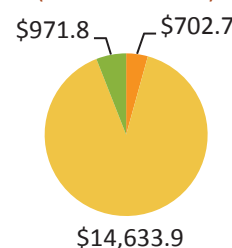
Total Cost (7 years) US\$16.3 billion  
 Annual Cost: US\$2.3 billion  
 Per Capita Annual Cost: US\$9.1

### Break-down:

Nutrition-specific interventions: 4.3%  
 Nutrition-sensitive approaches: 89.7%  
 Strengthening Governance: 6.0%



### Total Cost for 7 Years (millions of USD)



■ Specific ■ Sensitive ■ Governance

### Coverage of Nutrition-Specific Interventions

Good nutrition practices	
Exclusive breastfeeding (0-6 months)	41.5% <sup>1</sup>
Complementary feeding with at least 4 groups per day (6-23 months)	76.3%**
Vitamin and mineral intake	
Zinc treatment for diarrhoea	No data
Pregnant women attending 4 or more ANC visits (proxy for iron and folate supplementation)	81.5% <sup>2</sup>
De-worming (12-59 months)	No data
Vitamin A supplementation (6-59 months)	76.0% <sup>3</sup>
Presence of iodised salt in the house	No data

*Comprehensive data on coverage of treatment for acute malnutrition, and micronutrient fortification are not available  
 Source: <sup>1</sup>DHS 2012; <sup>2</sup>DHS 2007; <sup>3</sup>UNICEF 2013*

### Indonesia in the SUN Movement

A Presidential decree was signed in June 2013 which established a legal platform for the SUN Movement in Indonesia. It recognises the Minister of Coordination in the Ministry of People’s Welfare as the SUN Focal Point and a central multi-stakeholder, multi-sectoral coordinating national level Task Force as the highest level government convening body for nutrition in Indonesia. The structure of the Indonesian SUN Movement includes a Technical Working Group and five working groups on advocacy; research, development and training; planning and budgeting; monitoring and evaluation; and partnership. The SUN Donor Convener has not yet been confirmed. Dr. Nina Sardjunani, Deputy Minister in the Ministry of National Development Planning, is on the SUN Lead Group.

## Indonesia Plans for Nutrition

A National Plan for Food and Nutrition (NPFN) (2011-2015) is in place. The plan is in line with the National Mid-term Development Plan (2010-2014). The nutrition costs over seven years presented in this document include the budget of the NPFN; additional budget allocations and forecasts for 2013 to 2017 for activities not accounted for within the NPFN including nutrition-sensitive activities related to Health, Agriculture, Social Welfare, Public Works, and Food and Drug Control; and other costs covering activities of development partners in support of the NPFN. Collectively, these are referred to as the nutrition plans.

## Cost of Nutrition Plans

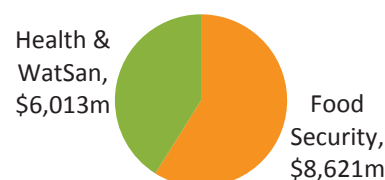
The total cost of nutrition plans over seven years is approximately US\$16.3 billion. This is equivalent to an annual cost of US\$2.3 billion per year or a per capita annual cost of just over US\$9.

### Cost of Nutrition-Specific Interventions Over 7 Years

Nutrition-specific interventions cost US\$703 million, or 4 per cent of the total cost. Nearly all of the costs are allocated to promotion of good nutrition practices (US\$702 million)

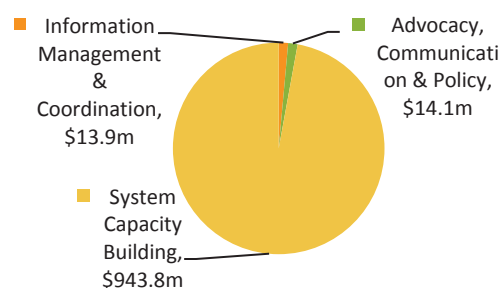
### Cost of Nutrition-Sensitive Approaches Over 7 Years

Nutrition-sensitive approaches represent approximately \$14.6 billion, or 90 per cent of the total cost.



### Cost of Strengthening Governance Over 7 Years

Strengthening governance to implement nutrition-specific and nutrition-sensitive approaches accounts for the remaining US\$972 million, or 6 per cent of total costs.



## Priorities, Implementation & Accountability

Nutrition is a national priority in Indonesia. The NPFN is being rolled out and all of the 34 provincial administrations have developed their own action plans in line with the NPFN. A specific monitoring body for the NPFN will be put in place now that the Presidential Decree has been signed.

## Domestic & Donor Financing Commitments

The costs shown largely represent the financial commitment of the Government of Indonesia. The costs do not fully incorporate costs from multiple line ministries. The Government is currently working to develop a more comprehensive plan in order to gain a realistic estimate of the overall financial cost.

## Funding Gap

The financing gap will be determined when the comprehensive plan has been developed.

### Demographic data (2010, WPP 2012)

Population:	40.9 million
Children under 5:	6.7 million
Population growth rate:	2.68%

### Nutrition data (DHS 2008-2009)

Stunting:	35.3%
Wasting:	6.7%
Low Birth Weight:	5.6%
Overweight:	4.7%
Exclusive Breastfeeding:	31.9%

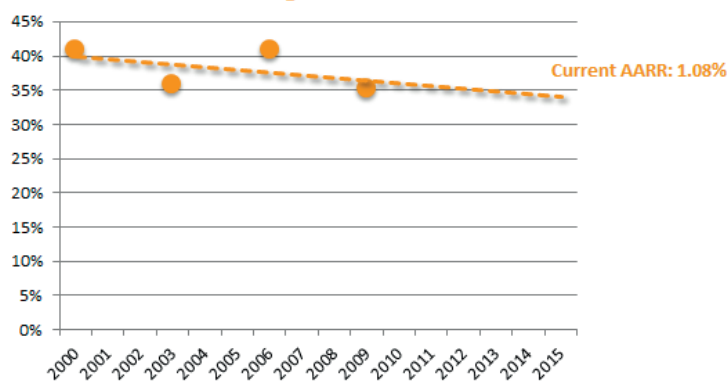
### Costed National Nutrition Action Plan (2012-2017)

Total Cost (5 years)	\$825.6 million
Annual Cost:	\$165.1 million
Per Capita Annual Cost:	\$3.4

#### Break-down:

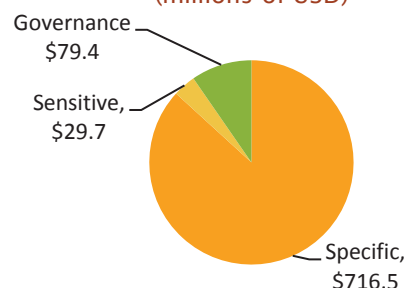
Nutrition-specific interventions:	87%
Nutrition-sensitive approaches: (Health and Water/San costs only)	3.6%
Strengthening Governance:	9.6%

### Stunting Reduction Trend



\* Annual Average Rate of Reduction, Data Source: WHO, DHS 2008-09

### Total cost of 5 year plan (millions of USD)



### Coverage of Nutrition-Specific Interventions

#### Good nutrition practices

Exclusive breastfeeding (0-6 months)	31.9% <sup>1</sup>
Complementary feeding with at least 4 groups per day (6-23 months) (3+ food groups for breastfed children and 4+ for non-breastfed children)	54.3% <sup>1</sup>

#### Vitamin and mineral intake

Zinc treatment for diarrhoea	0.2% <sup>1</sup>
Pregnant women attending 4 or more ANC visits (proxy for iron and folate supplementation)	47.1% <sup>1</sup>
De-worming (12-59 months)	37.5% <sup>1</sup>
Vitamin A supplementation (6-59 months)	62.0% <sup>2</sup>
Presence of iodised salt in the house	97.6% <sup>1</sup>

*Comprehensive data on coverage of treatment for acute malnutrition, and micronutrient fortification are not available*

*Source: <sup>1</sup>DHS 2008-2009; <sup>2</sup>SOWC 2012*

### Kenya in the SUN Movement

Kenya joined the SUN Movement in September 2012 and appointed the Head, Division of Nutrition, Ministry of Public Health and Sanitation as the SUN Focal Point. Efforts to scale up nutrition in Kenya are coordinated by the Nutrition Inter Agency Coordination Committee (NICC) and supported by the Nutrition Forum and a number of technical working groups. A Scaling Up Nutrition Secretariat is being formed under the NICC to strengthen cross-sector coordination. The European Union serves as the SUN Donor Convenor, with a focus on mapping and financial tracking.

### Kenya National Nutrition Action Plan

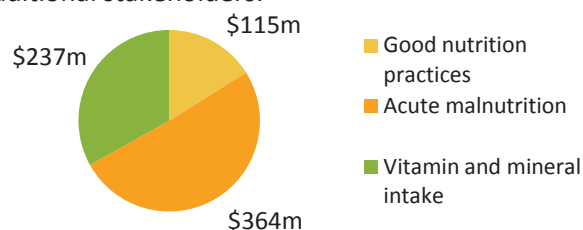
The Government of Kenya launched the National Nutrition Action Plan (NNAP) 2012-2017 in November 2012. The Plan will be rolled out at the national and provincial levels with nutrition-specific interventions targeting women and young children. The NNAP also addresses needs of school aged children and other population groups facing challenges of overweight, obesity and non-communicable diseases.

## Cost of the National Nutrition Action Plan

The total cost of the NNAP over five years is Ksh 70 billion (approximately US\$826 million), averaging US\$165 million per year, with a per capita annual cost of less than US\$4. The majority of resources (70 percent or US\$573) are targeted at children under five years of age. The costing of the NNAP, conducted over a three month period, was spearheaded by the Kenyan Government and UNICEF, with input from additional stakeholders.

### Costs of Nutrition-Specific Interventions Over 5 Years

The estimated cost of nutrition-specific interventions over five years is US\$716 million, or 87 percent of the NNAP's total cost.

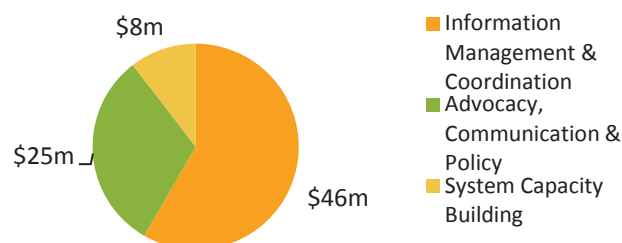


### Costs for Nutrition-Sensitive Approaches Over 5 Years

Nutrition-sensitive approaches represent US\$30 million, or 4 percent of the total cost of the NNAP. These interventions include health and water, sanitation and hygiene interventions only and don't reflect the costs of nutrition-sensitive approaches in other sectors.

### Costs for Strengthening Governance Over 5 Years

Strengthening governance to implement nutrition-specific and nutrition-sensitive approaches accounts for US\$79 million, or 10 percent of the total cost of the NNAP.



## Implementation & Accountability

The plan serves as a general guide for planning and priority setting. The immediate priority is to strengthen Infrastructure and capacity within the 47 counties as financial and decision making authority is shifting to enable them to act independently.

All large-scale vegetable oil producers and wheat flour and maize meal millers in Kenya have committed to fortifying their food products. In exchange, equipment and nutrient blends will be provided to industry along with training in quality assurance. This was agreed in a partnership between the government and private organisations that was launched in October 2012 to reach around 27 million Kenyans in the next five years.

## Domestic & Donor Financing Commitments

Government spending on nutrition-specific interventions through the health sector is estimated at 0.5 percent of the annual health budget, an investment that has been growing at a rate of 0.1- 0.2 percent annually for the past five years. Nutrition budgets are now mainstreamed as the NNAP is aligned to the government's broader Medium Term Development Plan. The previous year's annual operating budget for the Department of Nutrition was around US\$10 million.

Alignment of donor funding with the national nutrition plan is underway. DFID announced a £16.8 million (US\$26 million) three-year funding package for nutrition-specific interventions targeting emergency-prone areas of the country when the NNAP was launched. Additional humanitarian multi-year funding will be provided through the €250 million (US\$ 326 million) European Union initiative, called Supporting Horn of Africa Resilience (SHARE).

## Priorities for the SUN Focal Point

- To ensure the roll out of the National Nutrition Action Plan at county level through increased coordination and capacity;
- To support Counties to develop their specific nutrition action plans with bench marks to track progress in line with the M&E framework in the NNAP;
- To ensure sustained advocacy for nutrition through development of appropriate packages for different groups using the tag line "Nutrition is Key, Take up your role, Act now".

## Demographic data (2010, WPP 2012)

Population:	21.1 million
Children under 5:	3.4 million
Population growth rate:	2.84%

## Nutrition data (DHS 2008-2009)

Stunting:	50.1%
Wasting:	15.2% (2004)
Low Birth Weight:	12.7%
Overweight:	6.2%
Exclusive Breastfeeding:	50.7%

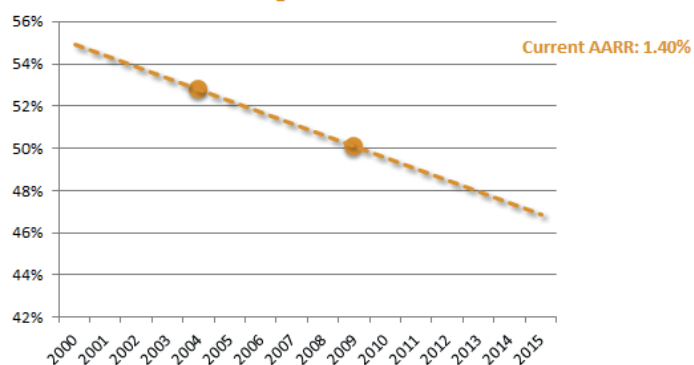
## National Nutrition Action Plan (PNAN II) (2012-2015)

Total Cost (4 years)	\$138.2 million
Annual Cost:	\$34.6 million
Per Capita Annual Cost:	\$1.45

### Break-down:

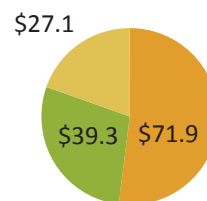
Nutrition-specific interventions:	52.0%
Nutrition-sensitive approaches:	28.4%
Strengthening Governance:	19.6%

## Stunting Reduction Trend



\* Annual Average Rate of Reduction, Data Source: WHO, DHS 2008-09

## Total Costs over 4 Years (millions of USD)



■ Specific ■ Sensitive ■ Governance

## Coverage of Nutrition-Specific Interventions

Good nutrition practices	
Exclusive breastfeeding (0-6 months)	50.7% <sup>1</sup>
Complementary feeding with at least 4 groups per day (6-23 months)	62.8% <sup>1</sup>
Vitamin and mineral intake	
Zinc treatment for diarrhoea	1.4% <sup>1</sup>
Pregnant women attending 4 or more ANC visits (proxy for iron and folate supplementation)	49.3% <sup>1</sup>
De-worming (12-59 months)	69.1% <sup>1</sup>
Vitamin A supplementation (6-59 months)	72.2% <sup>2</sup>
Presence of iodised salt in the house	52.6% <sup>1</sup>

*Comprehensive data on coverage of treatment for acute malnutrition, and micronutrient fortification are not available*

*Source: <sup>1</sup>DHS 2008-2009; <sup>2</sup>UNICEF 2013*

## Madagascar in the SUN Movement

Madagascar joined the SUN Movement in February 2012 and appointed the National Coordinator of the National Nutrition Office (ONN; housed within the Office of the Prime Minister) as the SUN Focal Point. The ONN, established in November 2004, is mandated to oversee multi-sectoral coordination of the National Nutrition Policy through the implementation of the *Plan National d'Action pour la Nutrition* (PNAN). UNICEF acts as the SUN Donor Convener and donors meet quarterly regarding technical and financial support.

## Madagascar National Nutrition Action Plan or *Plan National d'Action Pour la Nutrition*

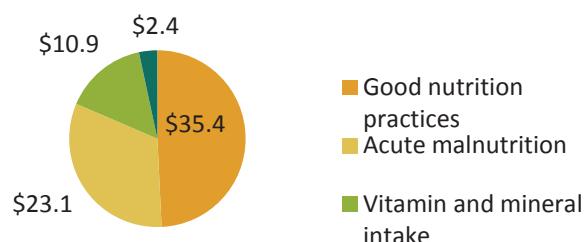
Madagascar's second *Plan National d'Action pour la Nutrition* (PNAN II), ratified in July 2012, was the result of a collaborative multi-sectoral planning process led by ONN, engaging many key nutrition stakeholders. It is a detailed plan with a strong multi-sectoral focus.

## Cost of the National Nutrition Action Plan

The total cost of the PNAN II over four years is approximately US\$138 million, averaging US\$35 million annually with a per capita annual cost of US\$1.5

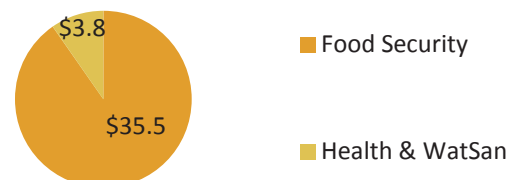
### Costs of Nutrition-Specific Interventions over 4 Years

Nutrition-specific interventions cost US\$71.9 million, representing about half of the PNAN II total cost. About 50 percent is allocated to good nutrition practices and over one third allocated to treatment of acute malnutrition.



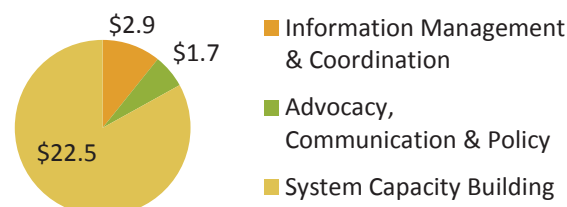
### Costs for Nutrition-Sensitive Approaches over 4 Years

Nutrition-sensitive approaches represent US\$39.3 million, or nearly 28 percent of the total plan costs. The vast majority is allocated to food security approaches.



### Costs for Strengthening Governance over 4 Years

Strengthening governance to implement nutrition-specific and nutrition-sensitive approaches accounts for the remaining US\$27.1 million, or about 20 percent of the total cost of the PNAN II.



## Implementation & Accountability

The PNAN II is fully supported at the highest levels of government and there is firm commitment to a multi-sectoral approach. The PNAN II activities are currently undertaken through two structures, the PNNC (Programme National de la Nutrition Communautaire) and le Programme de Surveillance Alimentaire et Nutritionnelle (PSN). The PNNC operates at the community level with a focus on Strategic Axe 1 of the PNAN II: Prevention of malnutrition. PSN focuses on Strategic Axes 2 and 4 of PNAN II: nutrition and food security of vulnerable groups and emergency rehabilitation and development to reduce the risk of malnutrition in emergency-prone regions.

## Domestic & Donor Financing Commitments

The PNAN II is heavily reliant on external support as the government has committed its limited resources to macroeconomic stabilisation. Government budget support for nutrition has focused on funding the ONN and a large-scale community-based nutrition programme. The Ministries receive little funds for their nutrition activities. For example, reported government funding of the Ministry of Health nutrition interventions amounts to 0.3 per cent of the budget. Support from international donors is shrinking, however, and is contingent on political stabilisation. It is probable that 2013/2014 will be a more difficult year for funding than 2012. Madagascar also established a regional group on monitoring and evaluation to convene agencies operating in the 22 regions and provided capacity building.

## Funding Gap

Madagascar developed a mechanism to track investments with the aim to estimate both existing and additional resources needed to finance the NPAN. With the support of the Technical Service for Review of Public Expenditures, a unit located within the Government of Madagascar, the National Office of Nutrition (ONN) designed a financial tracking survey on expenditures. After receiving the survey responses, the ONN followed-up with respondents to align expenditures and avoid duplication. In certain ministries, it was difficult to attribute expenditures contributing to nutrition. Also, very little information was collected from civil society organizations (CSOs) and the private sector.

**Despite a modest and realistic budget and plan, there is a significant funding gap.**

## Priorities for the SUN Focal Point

Priorities are to establish a sustainable financial tracking system to account for spending across ministries as well as off budget; to strengthen multi-sectoral coordination in all regions; and to mobilise financial resources.

### Demographic data (2010, WPP 2012)

Population:	15.0 million
Children under 5:	2.7 million
Population growth rate:	3.0 %

### Nutrition data (DHS 2010)

Stunting:	47.1%
Wasting:	4.0%
Low Birth Weight:	12.3%
Overweight:	8.3%
Exclusive Breastfeeding:	71.4%

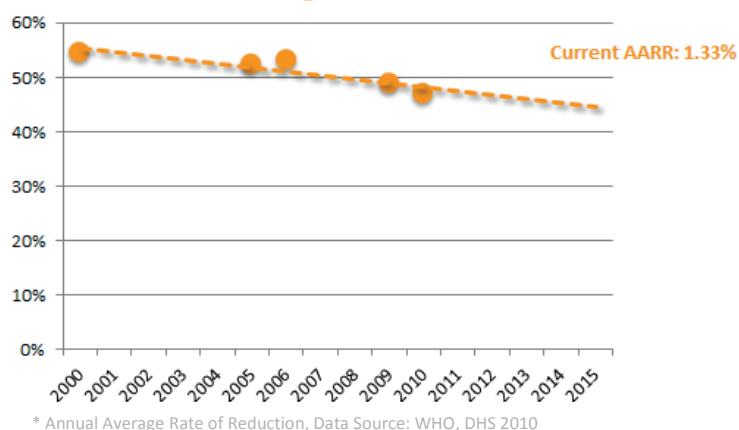
### Cost of Nutrition Plans

Total Cost (7 years)	\$561.2 million
Annual Cost:	\$80.2 million
Per Capita Annual Cost:	\$4.6

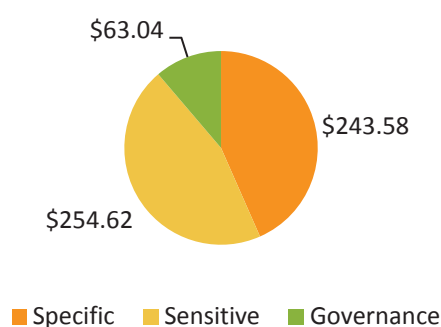
### Break-down:

Nutrition-specific interventions:	43.4%
Nutrition-sensitive approaches:	45.4%
Strengthening Governance:	11.2%

### Stunting Reduction Trend



### Total Cost for 7 Years (millions of USD)



### Coverage of Nutrition-Specific Interventions

Good nutrition practices	
Exclusive breastfeeding (0-6 months)	71.4% <sup>1</sup>
Complementary feeding with at least 4 groups per day (6-23 months)	29.4% <sup>1</sup>
Vitamin and mineral intake	
Zinc treatment for diarrhoea	0.2% <sup>1</sup>
Pregnant women attending 4 or more ANC visits (proxy for iron and folate supplementation)	45.5% <sup>1</sup>
De-worming (12-59 months)	68.7% <sup>1</sup>
Vitamin A supplementation (6-59 months)	96.0% <sup>2</sup>
Presence of iodised salt in the house	97.2% <sup>1</sup>

*Comprehensive data on coverage of treatment for acute malnutrition, and micronutrient fortification are not available  
Source: <sup>1</sup>DHS 2010; <sup>2</sup>UNICEF 2013*

### Malawi in the SUN Movement

Malawi joined the SUN Movement in March 2011 and appointed the Permanent Secretary in the Department of Nutrition, HIV and AIDS in the Office of the President and Cabinet as the SUN Focal Point. The National Nutrition Committee leads coordination on nutrition amongst technical specialists and development partners in Malawi. Its main function is to mobilise resources and support for the implementation of nutrition interventions to be in line with the country's National Nutrition Policy and Strategic Plan, monitor progress and evaluate impact. Irish Aid and USAID act as the SUN Donor Conveners in Malawi.



## Malawi Plans for Nutrition

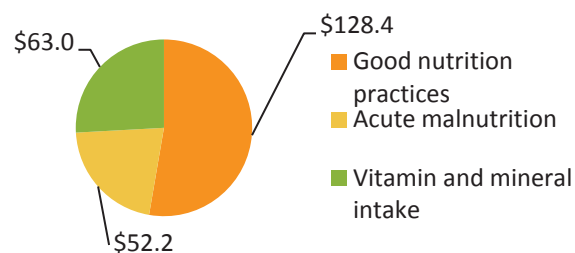
The National Nutrition Policy and Strategic Plan (NNPSP) (2007-2011) is being reviewed and remains the overarching policy and strategic plan for Malawi. The nutrition costs over seven years presented in this document include the costs of the NNPSP (2009-2011); SUN civil society alliance budget (2013-2016); National Education and Communication Plan (2011-2015); Malawi Agriculture Sector Wide Approach (2011-2015); budget for Community Management of Acute Malnutrition (2011-2015); budget for Baby Friendly Hospital Initiative (2011-2015); budget for Nutrition Care Support and Treatment for Adults and Adolescents (2011-2015), and the National Education Sector Plan (2009). Collectively, these are referred to as the nutrition plans.

## Cost of Nutrition Plans

The total cost of the Nutrition Plans over seven years is approximately US\$561 million. This is an average of US\$80 million per year, equivalent to a per capita annual cost of US\$4.6.

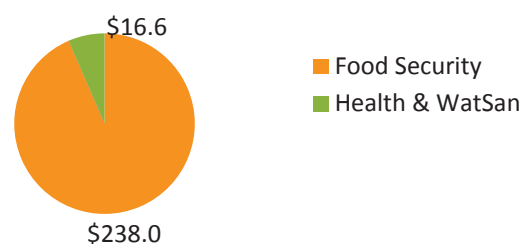
### Cost of Nutrition-Specific Interventions Over 7 Years

Nutrition-specific interventions cost US\$244 million, or 43 percent of the total plan cost. These costs are largely allocated to efforts to improve nutrition practices with smaller amounts allocated to vitamin and mineral intake and treatment of acute malnutrition.



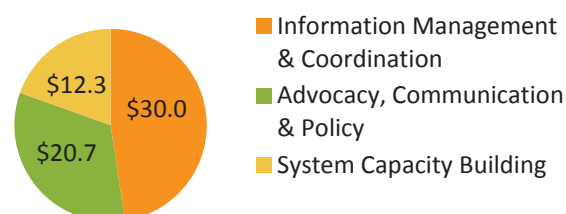
### Cost of Nutrition-Sensitive Approaches Over 7 Years

Nutrition-sensitive approaches account for US\$255 million, or 45 percent of total costs. The majority is allocated for food security approaches with a small amount going towards health, and water and sanitation.



### Cost of Strengthening Governance Over 7 Years

Strengthening governance to implement nutrition-specific and nutrition-sensitive approaches accounts for US\$63 million, or 11 percent of the total cost of the plan. Almost of half of this is allocated to information management and coordination.



## Implementation & Accountability

During 2013, Malawi has prioritized the rollout of SUN activities in districts, tracking progress, establishing coordination mechanisms and dissemination of key advocacy materials. Building nutrition capacity and establishing a robust information system as well as developing a strong monitoring and evaluation system at national and sub-national level is of critical importance.

## Domestic & Donor Financing Commitments

External financing accounted for 98 percent of all nutrition funding between 2010 and 2012. Domestic contributions for nutrition, such as government-funded salaries, utilities, infrastructure and consumables, however, are not being fully captured in costing and tracking. A Trust Fund for specific programmes, with a budget held by the Department of Nutrition, HIV and AIDS, has recently been established by the World Bank and Canada International Development Agency. Close auditing and monitoring systems are being established to underpin the release of the Trust Fund annually. There is a desire for the Trust Fund to expand to include other donors.

## Priorities for the SUN Focal Point

- To review the National Nutrition Strategy and to finalize and cost the National Nutrition Action Plan;
- To develop a sustainable financial tracking system that helps to attribute nutrition-specific and nutrition-sensitive spending in larger sectoral programs. This will draw upon the Nutrition Resource Tracking tool that was provided by the World Bank;
- To ensure the roll out of scaling up nutrition activities at district level through increased coordination, human resource capacity and implementation monitoring.

### Demographic data (2010, WPP 2012)

Population:	24.0 million
Children under 5:	4.2 million
Population growth rate (2010):	2.63%

### Nutrition data (DHS 2011)

Stunting:	42.6%
Wasting:	5.9%
Low Birth Weight:	16.0%
Overweight:	7.4%
Exclusive Breastfeeding:	42.8%

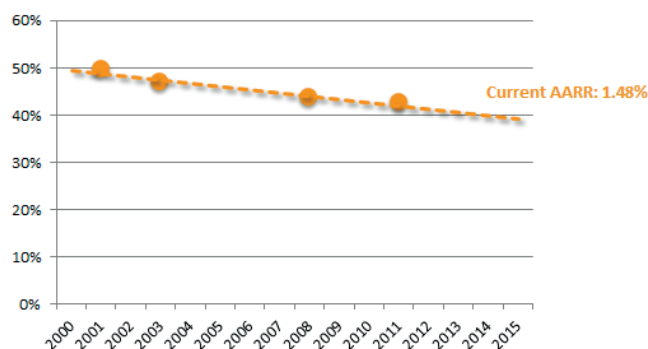
### Cost of Nutrition Plans

Total Cost (5 years)	\$409 million
Annual Cost:	\$82 million
Per Capita Annual Cost:	\$3.12

### Break-down:

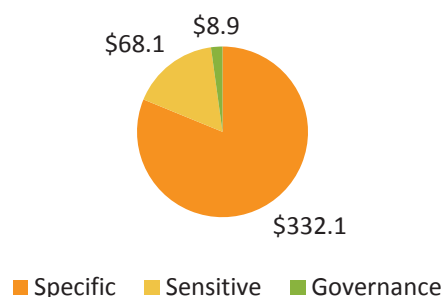
Nutrition-specific interventions:	81.2%
Nutrition-sensitive approaches:	16.6%
Strengthening Governance:	2.2%

Stunting Reduction Trend



\* Annual Average Rate of Reduction, Data Source: WHO

Total Cost for 5 Years (millions of USD)



## Coverage of Nutrition-Specific Interventions

Good nutrition practices	
Exclusive breastfeeding (0-6 months)	42.8% <sup>1</sup>
Complementary feeding with at least 4 groups per day (6-23 months)	30.1% <sup>1</sup>
Vitamin and mineral intake	
Zinc treatment for diarrhoea	No data
Pregnant women attending 4 or more ANC visits (proxy for iron and folate supplementation)	50.6% <sup>1</sup>
De-worming (12-59 months)	46.3% <sup>1</sup>
Vitamin A supplementation (6-59 months)	100% <sup>2</sup>
Presence of iodised salt in the house	25% <sup>3</sup>

*Comprehensive data on coverage of treatment for acute malnutrition, and micronutrient fortification are not available*

*Source: <sup>1</sup>DHS 2011; <sup>2</sup>UNICEF 2013; <sup>3</sup>SOWC 2008*

## Mozambique in the SUN Movement

Mozambique joined the SUN Movement in August 2011 and appointed the National Coordinator of the Technical Secretariat for Food and Nutrition Security (SETSAN) as the SUN Focal Point. Mozambique has set up a multi-sector, multi-stakeholder technical group to coordinate implementation of, and alignment with the multi-sectoral nutrition action plan. UNICEF and the Danish International Development Agency act as the Donor Conveners.

## Mozambique Plans for Nutrition

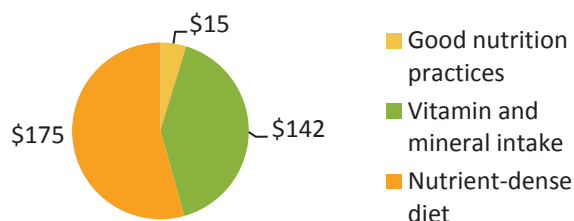
The Government of Mozambique and development partners committed to implementing the Mozambique Multisectoral Action Plan for the Reduction of Chronic Malnutrition in Mozambique or *Plano de Acção Multisectorial para a Redução da Desnutrição Crónica (PAMRDC)* in 2010. The Plan sets out seven strategic objectives, outlines specific interventions as well as key progress indicators and identifies which institutions will assume primary responsibility for achieving results. It focuses on setting up a package of priority interventions which will complement the activities included in other relevant plans and strategies, such as the Food and Nutrition Security Strategy (ESAN II) and the Integrated Plan for the attainment of MDGs 4 and 5, which are already being implemented.

## Cost of Nutrition Plans

The total cost of the PAMRDC over five years is approximately US\$409 million. This is an average of US\$82 million per year equivalent to a per capita annual cost of just over US\$3.

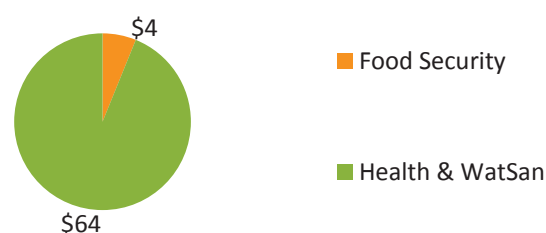
### Cost of Nutrition-Specific Interventions Over 5 Years

Nutrition-specific interventions cost US\$332 million, or 81 percent of the total plan cost. These costs are largely allocated to efforts to improve the nutrient-density of the diet and vitamin and mineral intake.



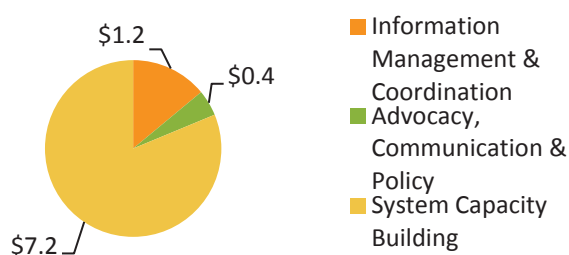
### Cost of Nutrition-Sensitive Approaches Over 5 Years

Nutrition-sensitive approaches account for US\$68 million, or 17 percent of total costs. The majority is allocated for health, and water and sanitation with a smaller amount going towards food security approaches.



### Cost of Strengthening Governance Over 7 Years

Strengthening governance to implement nutrition-specific and nutrition-sensitive approaches accounts for US\$9 million, or two percent of the total cost of the plan. The majority is allocated to system capacity building.



## Implementation & Accountability

There is firm commitment to a multi-sectoral approach to addressing malnutrition from the highest levels of the Mozambican government. Currently, the PAMRDC has a strong emphasis on nutrition-specific interventions and SETSAN has started to engage different sectors/ministries in charge of agriculture, social protection, women's empowerment, economic development, rural development, education, employment, trade, and disaster risk prevention and management - in nutrition dialogue and planning to broaden the scope of the PAMRDC.

## Domestic & Donor Financing Commitments

Nutrition funding in Mozambique is currently channelled through sector-specific budgets and vertical funding arrangements. However, for the future a common fund for nutrition is envisaged under the Ministry of Finance. A common basket fund mechanism is being developed in the Province of Tete with support from Danish International Development Agency.

## Priorities for the SUN Focal Point

- To advocate for political coordination at the highest level;
- To ensure that every province has their own Multi-Sectoral Action Plan and that interventions are integrated in all sectors;
- To establish harmonised and equitable financing mechanisms and be able to track financial resources across sectors and partners.

### Demographic data (2010, WPP 2012)

Population:	26.8 million
Children under 5:	3.2 million
Population growth rate:	1.19%

### Nutrition data (DHS 2011)

Stunting:	40.5%
Wasting:	10.9%
Low Birthweight:	12.4%
Overweight:	1.4%
Exclusive Breastfeeding:	69.6%

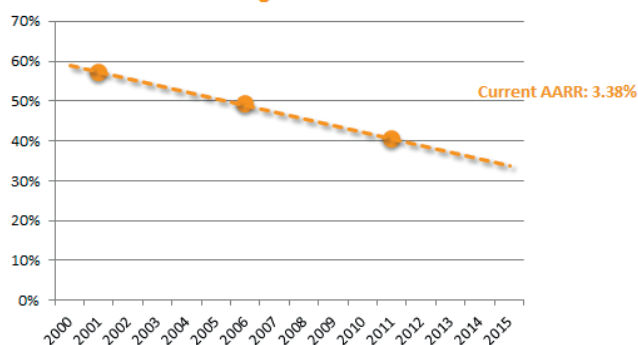
### Multi-Sectoral Nutrition Plan (2013-2017)

Total Cost (5 years)	US\$193.4 million
Annual Cost:	US\$38.7 million
Per Capita Annual Cost:	US\$1.1

#### Break-down:

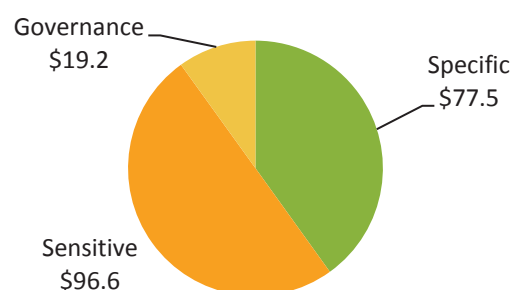
Nutrition-specific interventions:	40.1%
Nutrition-sensitive approaches:	50.0%
Strengthening Governance:	9.9%

Stunting Reduction Trend



\* Annual Average Rate of Reduction, Data Source: WHO, DHS 2011

Total Programme Costs by Programme Type (millions of USD)



### Coverage of Nutrition-Specific Interventions

Good nutrition practices	
Exclusive breastfeeding (0-6 months)	69.6%
Complementary feeding with at least 4 groups per day (6-23 months)	28.5%
Vitamin and mineral intake	
Zinc treatment for diarrhoea	11.4%
Pregnant women attending 4 or more ANC visits (proxy for iron and folate supplementation)	50.1%
De-worming (12-59 months)	83.7%
Vitamin A supplementation (6-59 months)	90.4%
Presence of iodised salt in the house	80.0%

*Comprehensive data on coverage of treatment for acute malnutrition, and micronutrient fortification are not available*

Source: DHS 2011

### Nepal in the SUN Movement

Nepal joined the SUN Movement in May 2011 and appointed the Head of the National Planning Commission (NPC) as the SUN Focal Point. The NPC, headed by the Prime Minister, hosts a High Level Nutrition and Food Security Steering Committee, chaired by the Vice Minister of the NPC. The World Bank is the SUN Donor Convener.

### Nepal Multi-Sectoral Nutrition Plan

The National Multi-sectoral Nutrition Plan (MSNP) for improving maternal and child nutrition and reducing chronic malnutrition was prepared by five key government sectors under the lead of the NPC, in collaboration with their development partners. It offers a package of activities/interventions with priority strategic objectives by Sector. The plan is not limited to addressing the problem of chronic malnutrition and measures for its prevention, but also considers the factors that limit the capacity of government institutions to implement it. It includes actions to

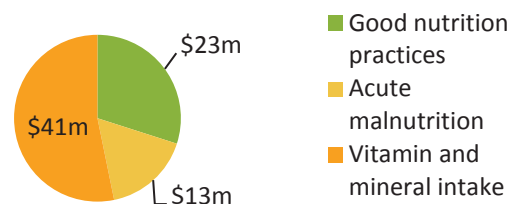
enhance inter-sectoral collaboration and coordination, strengthen multi-sectoral monitoring and evaluation mechanisms to track progress, financial and human resources as well as identifying gaps and future needs to ensure the commitment and capacity to implement it in a sustainable manner.

### Cost of Multi-Sectoral Nutrition Plan

The total cost of the Nepal MSNP over five years is approximately US\$193 million. This is equivalent to an annual cost of approximately US\$39 million per year or a per capita annual cost of just over US\$1.

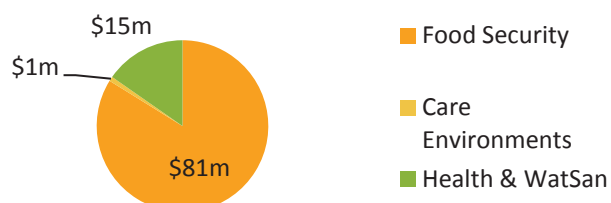
#### Costs of Nutrition-Specific Interventions Over 5 Years

Nutrition-specific interventions cost US\$78 million, representing 40 per cent of the total cost of the MSNP.



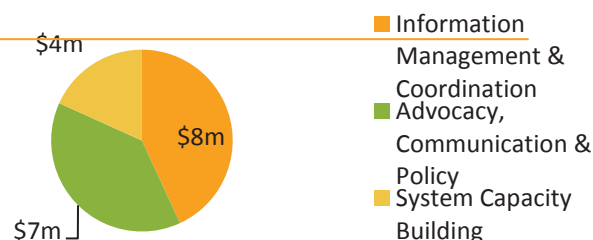
#### Costs for Nutrition-Sensitive Approaches Over 5 Years

Nutrition-sensitive approaches represent US\$97 million, or 50 per cent of the total MSNP costs, mainly dedicated to support for food security approaches.



#### Costs for Strengthening Governance Over 5 Years

Strengthening governance to implement nutrition-specific and nutrition-sensitive approaches accounts for US\$19 million, or approximately 10 per cent of the total cost of the MSNP.



### Priorities, Implementation & Accountability

The Government of Nepal is prioritising the implementation and the MSNP; development and implementation of a long-term National Food Security and Nutrition Action Plan of the Ministry of Agriculture Development; institutional strengthening and capacity building of key sectors for efficient implementation of the MSNP and National Food Security and Nutrition Plan; and strengthening of multi-sectoral nutrition information systems for effective monitoring and tracking progress of MSNP implementation, with links to existing food security early warning systems.

### Domestic & Donor Financing Commitments

There is a government budget line for nutrition-specific interventions that is channeled through the Ministry of Health and Population. Between 2011/2012 and 2012/2013 it has doubled and is 90 per cent secured. A basket fund for the MSNP is being established which will receive funding from the government and development partners. The NPC will be in charge of releasing funds to sectors and to districts, and responsible for monitoring of funding.

### Funding Gap

An in-depth examination of domestic and external funding streams to cover the costs of the MSNP will be carried out to estimate the funding gap.

### Demographic data (2010, WPP 2012)

Population:	15.9 million
Children under 5:	3.3 million
Population growth rate:	3.74 %

### Nutrition data (DHS 2012/2006)

Stunting:	43.9%
Wasting:	18.0%
Low Birth Weight:	20.5%
Overweight:	2.4%
Exclusive Breastfeeding:	23.3%

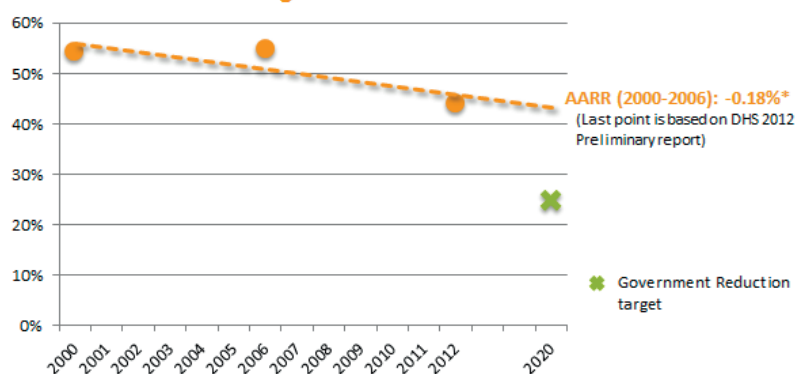
### Cost of Nutrition Plans

Total Cost (4 years)	\$96.5 million
Annual Cost:	\$24.1 million
Per Capita Annual Cost:	\$1.3

### Break-down:

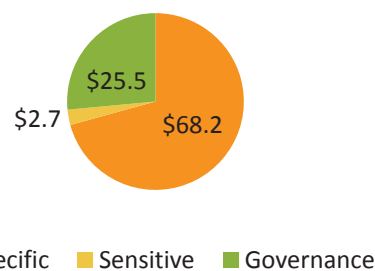
Nutrition-specific interventions:	70.7%
Nutrition-sensitive approaches:	2.8%
Strengthening Governance:	26.5%

### Stunting Reduction Trend



\* Annual Average Rate of Reduction, Data Source: WHO, DHS 2012

### Total Cost for 4 years (millions of USD)



### Coverage of Nutrition-Specific Interventions

Good nutrition practices	
Exclusive breastfeeding (0-6 months)	23.3% <sup>1</sup>
Complementary feeding with at least 4 groups per day (6-23 months)	No data
Vitamin and mineral intake	
Zinc treatment for diarrhoea	No data
Pregnant women attending 4 or more ANC visits (proxy for iron and folate supplementation)	No data
De-worming (12-59 months)	No data
Vitamin A supplementation (6-59 months)	95.0% <sup>2</sup>
Presence of iodised salt in the house	32.0% <sup>3</sup>

Comprehensive data on coverage of treatment for acute malnutrition, and micronutrient fortification are not available  
Source: <sup>1</sup>DHS 2012; <sup>2</sup>UNICEF 2013; <sup>3</sup>SOWC 2010

### Niger in the SUN Movement

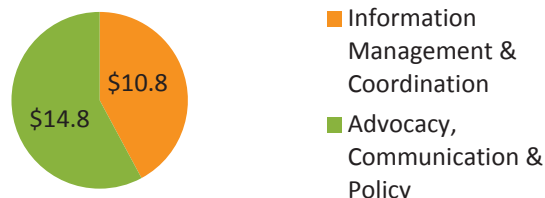
Niger joined the SUN Movement in February 2011. The Director of Nutrition in the Ministry of Health is the appointed Focal Point. Niger is implementing the '3N' strategy, *les Nigériens nourrissent les Nigériens* (Nigeriens Feed Nigeriens) which will run from 2012 to 2015. The '3N' is a multi-sectoral programme linking different initiatives under a common framework aiming to strengthen the agriculture sector while building resilience to food crisis and improving nutritional status. A road map to operationalise the '3N' programme is currently being developed. A multi-sectoral committee for the '3N' programme is chaired by the Minister of Public Health. The European Union acts as the SUN Donor Convener in Niger.

## Niger Plans for Nutrition

The '3N' Strategy was created with a focus on food security and chronic malnutrition. Nutrition-specific guidelines under the '3N' Strategy mainly target pregnant and lactating women, infants and young children. Many of these policies have been recently revised, or are currently being executed and elaborated. The costs of the nutrition strategic plan from 2013-2017 form the basis of the costs presented. These do not include full staff costs.

### Cost of Strengthening Governance Over 4 Years

Strengthening governance to implement nutrition-specific and nutrition-sensitive approaches accounts for US\$26 million, or 27 percent of the total cost of the plan. Almost of half of this is allocated to information management and coordination.

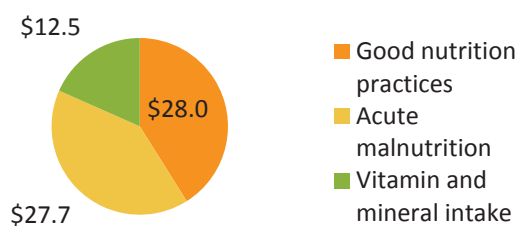


### Cost of Nutrition Plans

The total cost of the Nutrition Plans over four years is approximately US\$97 million. This is an average of US\$24 million per year, equivalent to a per capita annual cost of US\$1.3.

### Cost of Nutrition-Specific Interventions Over 4 Years

Nutrition-specific interventions cost US\$68 million, or 71 percent of the total plan cost. These costs are largely allocated to efforts to improve nutrition practices, treatment of acute malnutrition and a smaller amount allocated to vitamin and mineral intake.



### Cost of Nutrition-Sensitive Approaches Over 4 Years

Nutrition-sensitive approaches account for less than US\$3 million, or three percent of total costs. All of this is allocated to food security approaches.

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## Priorities, Implementation & Accountability

Niger is enhancing the visibility of the SUN Movement. An official launch at national level took place in June 2013. Strengthening advocacy to maintain and increase the financing for nutrition is a priority for Niger.

## Domestic & Donor Financing Commitments

The national budget line for nutrition has increased from FCFA 500 million to one billion in 2013. Additional funding support for nutrition is provided by external partners including the European Union.

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## Funding Gap

Although there is an agreed financial gap by all stakeholders, the estimation of this gap is not yet identified.

### Demographic data (2010, WPP 2012)

Population:	29.3 million
Children under 5:	2.9 million
Population growth rate:	1.08%

### Nutrition data (DHS 2012)

Stunting:	18.1%
Wasting:	0.6%
Low Birth Weight:	6.9%
Overweight:	9.8%
Exclusive Breastfeeding:	67.6%

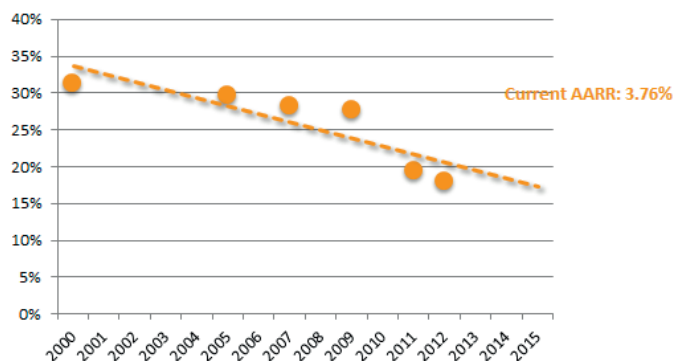
### Cost of Nutrition Plans

Total Cost (2 years)	\$4.3 billion
Annual Cost:	\$2.2 billion
Per Capita Annual Cost:	\$72.1

### Break-down:

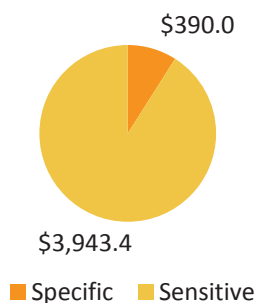
Nutrition-specific interventions:	9.0%
Nutrition-sensitive approaches:	91.0%
Strengthening Governance:	0.0%

### Stunting Reduction Trend



\* Annual Average Rate of Reduction, Data Source: WHO, DHS 2012

### Total Cost for 2 Years (millions of USD)



## Coverage of Nutrition-Specific Interventions

### Good nutrition practices

Exclusive breastfeeding (0-6 months)	67.6%*
Complementary feeding with at least 4 groups per day (6-23 months)	No data

### Vitamin and mineral intake

Zinc treatment for diarrhoea	No data
Pregnant women attending 4 or more ANC visits (proxy for iron and folate supplementation)	94.2%**
De-worming (12-59 months)	28.7%**
Vitamin A supplementation (6-59 months)	3.9%**
Presence of iodised salt in the house	No data

*Comprehensive data on coverage of treatment for acute malnutrition, and micronutrient fortification are not available*

*Source: \*DHS 2012,\*\*DHS 2011*

## Peru in the SUN Movement

Peru became part of the SUN Movement in November 2010 and appointed the Vice Minister of Policy and Social Evaluation as the SUN country Focal Point. The First Lady of Peru is a member of the SUN Lead Group. Peru has adopted the national 'Incluir para Crecer' ('Inclusion for Growth') strategy, led by the Ministry for Development and Social Inclusion (MIDIS). The strategy focuses on reducing social inequities and poverty as means of reducing malnutrition and promoting growth. The system, first established in 2007, geographically targets interventions and coordinates across programmes to fight malnutrition. In 2012, national guidelines to reduce child malnutrition were approved by the government. A number of Ministries have recently signed a 'National Agreement for Coordinated Action against Child Malnutrition' establishing (i) an inter-Ministerial strategy, (ii) effective interventions to reduce child malnutrition and districts that should be prioritised in the strategy and (iii) a multiannual budgetary commitment for nutrition. Regional Presidents of the National Assembly of Regional Governments have also endorsed a National Joint Commitment to Combat Child Malnutrition. The SUN donor convener is the World Bank.



## Peru Plans for Nutrition

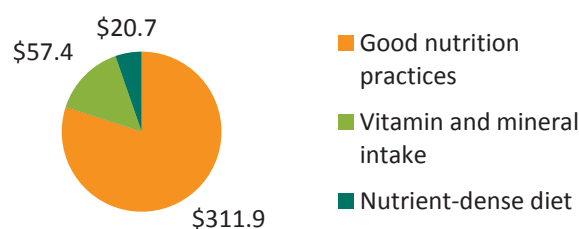
Nutrition interventions fall across a number of different Ministry plans in Peru. For the current costing exercise the MIDIS led a process to compile budgets for 2013-2014 for nutrition-related interventions across Ministries. These interventions included specific nutrition interventions, water and sanitation, education, agriculture and food security.

## Cost of Nutrition Plans

The total cost of nutrition plans over two years is approximately US\$4.3 billion. This is equivalent to an annual cost of US\$2.2 billion per year or a per capita annual cost of just over US\$72.

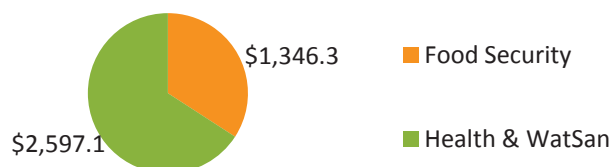
### Cost of Nutrition-Specific Interventions Over 2 Years

Nutrition-specific interventions cost US\$390 million, or 9 percent of the total cost. The majority of the costs are allocated to promotion of good nutrition practices.



### Cost of Nutrition-Sensitive Approaches Over 2 Years

Nutrition-sensitive approaches represent approximately US\$3.9 billion, or 91 percent of the total cost. Costs are allocated to health, water and sanitation programmes, and food security.



### Cost of Strengthening Governance Over 2 Years

Budgets for strengthening governance to implement nutrition-specific and nutrition-sensitive approaches have not been included in this costing exercise.

## Priorities, Implementation & Accountability

The 'Incluir para Crecer' strategy is being rolled out by the country's 25 regional governments in coordination with the central Government. They are defining specific development targets, estimating funding gaps, and strengthening collaboration with other sectors such as the implementation of health and sanitation interventions funded by the National Fund for Rural Infrastructure. Each programme has a monitoring and evaluation framework.

## Domestic & Donor Financing Commitments

An annual budget of US\$1.1 billion for nutrition has been allocated by the government. In addition, there is a multi-annual budgetary commitment to increase or at least maintain the financial resources associated to reducing and preventing children's chronic malnutrition.

## Funding Gap

The current costing exercise reflects approved government budgets and not full costings. It is therefore not possible to currently calculate the funding gap. Peru has made progress in developing a methodological guidance to estimate the unit costs of addressing malnutrition in different regions of the country. Further work is required, however, to refine the methods, track non-governmental expenditures and track the multi-year budgeting for nutrition-related programmes and interventions.

### Demographic data (2010, WPP 2012)

Population:	10.8 million
Children under 5:	1.8 million
Population growth rate:	2.78%

### Nutrition data (DHS 2010)

Stunting:	44.2%
Wasting:	2.8%
Low Birthweight:	6.2%
Overweight:	6.7%
Exclusive Breastfeeding:	84.9%

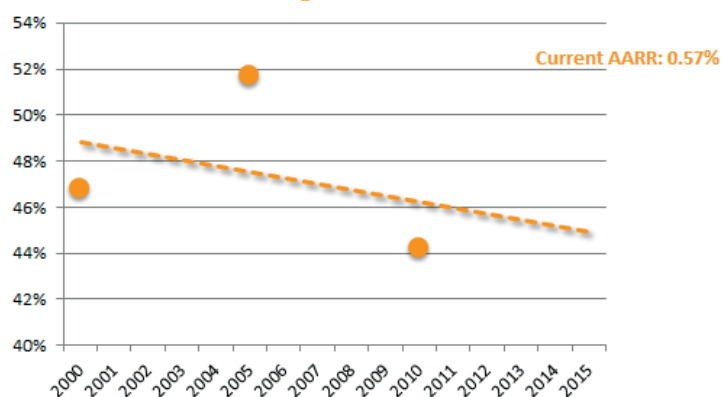
### National Multi-sectoral Strategy to Eliminate Malnutrition (2010-2013)

Total Cost (1 year)	US\$147.7 million
Annual Cost:	US\$147.7 million
Per Capita Annual Cost:	US\$13.1

#### Break-down:

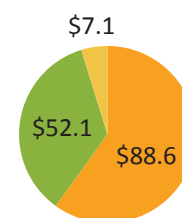
Nutrition-specific interventions:	60.0%
Nutrition-sensitive approaches:	35.2%
Strengthening Governance:	4.8%

### Stunting Reduction Trend



\* Annual Average Rate of Reduction, Data Source: WHO, DHS 2010

### Total Cost for 1 Year (millions of USD)



■ Specific ■ Sensitive ■ Governance

### Coverage of Nutrition-Specific Interventions

Good nutrition practices	
Exclusive breastfeeding (0-6 months)	84.9% <sup>1</sup>
Complementary feeding with at least 4 groups per day (6-23 months)	25.8% <sup>1</sup>
Vitamin and mineral intake	
Zinc treatment for diarrhoea	No data
Pregnant women attending 4 or more ANC visits (proxy for iron and folate supplementation)	35.4% <sup>1</sup>
De-worming (12-59 months)	86.1% <sup>1</sup>
Vitamin A supplementation (6-59 months)	76.0% <sup>2</sup>
Presence of iodised salt in the house	99.3% <sup>1</sup>

Comprehensive data on coverage of treatment for acute malnutrition and micronutrient fortification are not available

Source: <sup>1</sup>DHS 2010; <sup>2</sup>UNICEF 2013

### Rwanda in the SUN Movement

Rwanda joined the SUN Movement in December 2011 and appointed the Minister of Health as the SUN Focal Point. The Ministry of Health is mandated to provide overall coordination for implementing the efforts for scaling up nutrition. The SUN Donor Convener is USAID. Multi-sectoral nutrition committees are established at central and local levels bringing together mayors, district directors of health, nutritionists, agronomists and officers from social protection, veterinary, hygiene and sanitation sectors.

### National Strategy to Eliminate Malnutrition in Rwanda (2010-2013)

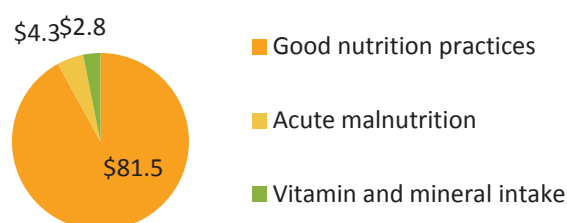
The National Strategy to Eliminate Malnutrition (NSEM) takes a multi-sectoral approach incorporating nutrition-specific interventions with nutrition-sensitive actions in six community-led sectors, including infant and young child feeding; home fortification; growth monitoring and promotion; screening and treatment of acute malnutrition; nutrition support for HIV/AIDS; and nutrition integration into agriculture and links with cooperatives. The plan is being decentralized throughout the country and has a monitoring and evaluation element.

## Cost of the National Multi-sectoral Strategy to Eliminate Malnutrition in Rwanda

The national action plan is being updated and will be costed in the beginning of 2014. For 2013, the total cost is approximately \$148 million, with a per capita annual cost of just over \$13. These costs are compiled from the total costs of the 30 individual district plans with central costs provided in the Joint Action Plan to Eliminate Malnutrition.

### Costs of Nutrition-Specific Interventions Over 1 Year

Nutrition-specific interventions cost US\$88.6 million, representing 60 percent of the total cost of the Joint Act Plan.



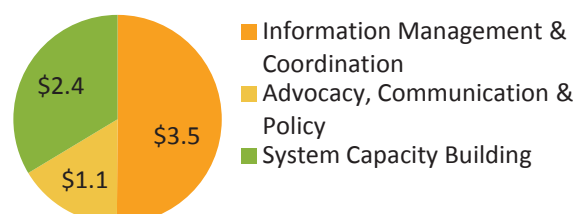
### Costs for Nutrition-Sensitive Approaches Over 1 Year

Nutrition-sensitive approaches represent \$52.1 million, or 35 percent of the total plan costs. The majority of costs is to support food security approaches.



### Costs for Strengthening Governance Over 1 Year

Strengthening governance to implement nutrition-specific and nutrition-sensitive approaches accounts for roughly US\$7.1 million, or 4.8 percent of the total cost of the Joint Action Plan. Funds to strengthen governance are being allocated to support information management and coordination and advocacy, communications and policy as well as system capacity building.



## Implementation & Accountability

The Government of Rwanda is in the process of approving the updated National Food and Nutrition Policy (NFNP), and Strategy, which will provide further direction to the implementation of efforts at national and district level. A nutrition action plan is also being finalised within the agriculture sector. The monitoring and evaluation framework will be adjusted to incorporate the changes.

## Domestic & Donor Financing Commitments

The Government of Rwanda has signed a Memorandum of Understanding with the European Union to provide US\$ 10 million for nutrition over the next three years. Various partners are also leveraging funds from donors both in country and outside. It is estimated that Rwanda may receive up to US\$12 million per year for nutrition over the next three years.

## Priorities for the SUN Focal Point

- To strengthen multi-sectoral coordination mechanisms at national and sub-national;
- To build capacity to support implementation at district level;
- To establish a system to track expenditures;
- To strengthen the monitoring system including the use of Rapid SMS throughout the Continuum of Care during the 1000 Days.

### Demographic data (2010, WPP 2012)

Population: 13.0 million  
 Children under 5: 2.2 million  
 Population growth rate: 2.78%

### Nutrition data (SMART 2012/DHS 2011)

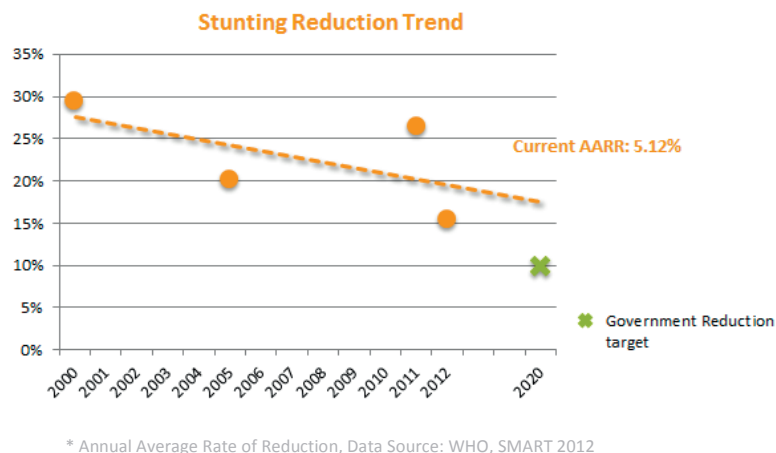
Stunting: 15.5%  
 Wasting: 8.8%  
 Low Birthweight: 15.9%  
 Overweight: 2.5%  
 Exclusive Breastfeeding: 39.0%

### Multi-sectoral Strategic Plan (2013-2017)

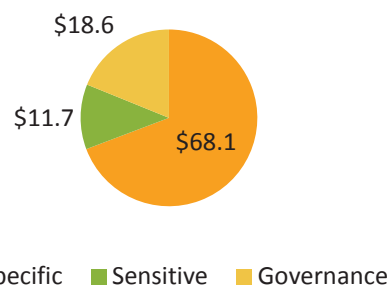
Total Cost (5 years) US\$98.4 million  
 Annual Cost: US\$19.8 million  
 Per Capita Annual Cost: US\$1.3

### Break-down:

Nutrition-specific interventions: 69.2%  
 Nutrition-sensitive approaches: 11.9%  
 Strengthening Governance: 18.9%



### Total Costs over 5 Years (millions of USD)



## Coverage of Nutrition-Specific Interventions

Good nutrition practices	
Exclusive breastfeeding (0-6 months)	39.0%
Complementary feeding with at least 4 groups per day (6-23 months)	No data
Vitamin and mineral intake	
Zinc treatment for diarrhoea	0.2%
Pregnant women attending 4 or more ANC visits (proxy for iron and folate supplementation)	50.0%
De-worming (12-59 months)	18.7%
Vitamin A supplementation (6-59 months)	78.4%
Presence of iodised salt in the house	41.5%

*Comprehensive data on coverage of treatment for acute malnutrition, and micronutrient fortification are not available  
 Source: DHS 2010-2011*

## Senegal in the SUN Movement

Senegal joined the SUN Movement in June 2011 and appointed the National Coordinator of the Fight Against Malnutrition Unit (CLM) as the SUN Focal Point. The CLM is located at the level of the Prime Minister and acts as the nutrition convening body, advising the Government and bringing together the CLM Secretariat and Ministry representatives. A SUN Donor Convener has not yet been identified.

## Senegal Multi-Sectoral Strategic Plan

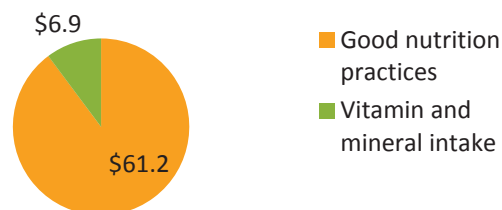
Senegal has developed a Nutrition Policy Brief and a Multi-Sectoral Strategic Plan 2013-2018 which is currently being revised. The CLM is implementing five programs which cover: community nutrition; social transfers; poverty and hunger reduction; micronutrient fortification; and salt iodization. Additionally, the National Agricultural Investment Program (2011-2015) focuses on poverty reduction by addressing hunger and malnutrition and also integrates impact indicators on food security and nutrition.

## Cost of Senegal Multi-Sectoral Strategic Plan

The total cost of the Senegal Multi-Sectoral Strategic Plan over five years is approximately US\$98.4 million. This is equivalent to an annual cost of US\$19.7 million per year or a per capita annual cost of just over US\$1.

### Costs of Nutrition-Specific Interventions Over 5 Years

Nutrition-specific interventions cost \$68 million, or 69 per cent of the total cost of the Senegal Multi-Sectoral Strategic Plan.

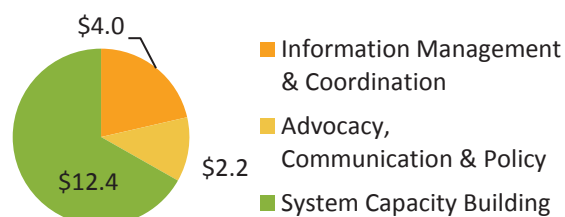


### Costs for Nutrition-Sensitive Approaches Over 5 Years

Nutrition-sensitive approaches represent US\$12 million, or 12 per cent of the total plan costs. This is dedicated to supporting efforts to improve food security.

### Costs for Strengthening Governance Over 5 Years

Strengthening governance to implement nutrition-specific and nutrition-sensitive approaches accounts for US\$18 million, or 19 per cent of the total cost of the plan.



## Priorities, Implementation & Accountability

The Government of Senegal is aiming to validate the 2013-2018 strategic plan shortly. It is prioritising increased participation of the agriculture sector in the development of nutrition-sensitive interventions, and gaining a better understanding of the nutrition situation at the departmental level across Senegal.

## Domestic & Donor Financing Commitments

There is a government budget line for nutrition. Adequate funding in 2013 for the community nutrition programme is available through government funding with support from the World Bank and UNICEF. Other nutrition-specific programs under the CLM are funded by external partners' allocated budget through government budgetary instruments.

## Funding Gap

Funding for nutrition is sufficient for 2013 but gaps need to be filled for the years beyond 2013. Efforts to mobilise additional funding from other partners to support nutrition programming are ongoing. An in-depth examination of domestic and external funding streams to cover the costs of the Senegal Multi-Sectoral Strategic Plan will be carried out to estimate the funding gap.

## Demographic data (2010, WPP 2012)

Population:	5.8 million
Children under 5:	0.9 million
Population growth rate:	2.33%

## Nutrition data (SMART 2010)

Stunting:	34.1%
Wasting:	6.9%
Low Birth Weight:	10.5%
Overweight:	9.6%
Exclusive Breastfeeding:	31.6%

## Cost of Nutrition Plans

Total Cost (5 years)	\$117.2 million
Annual Cost:	\$ 23.4 million
Per Capita Annual Cost:	\$ 3.4

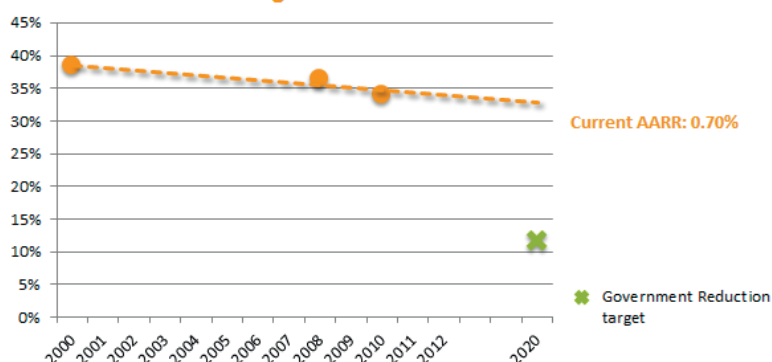
## Break-down:

Nutrition-specific interventions:	46.7%
Nutrition-sensitive approaches:	19.8%
Strengthening Governance:	33.5%

## Funding Gap

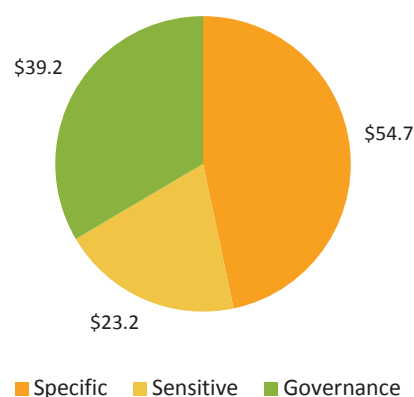
5 year funding gap:	\$81 million
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## Stunting Reduction Trend



\* Annual Average Rate of Reduction, Data Source: WHO, SMART 2010

## Total Programme Costs by Programme Type (millions of USD)



## Coverage of Nutrition-Specific Interventions

Good nutrition practices	
Exclusive breastfeeding (0-6 months)	31.6% <sup>1</sup>
Complementary feeding with at least 4 groups per day (6-23 months)	27.4% <sup>1</sup>
Vitamin and mineral intake	
Zinc treatment for diarrhoea	6.1% <sup>1</sup>
Pregnant women attending 4 or more ANC visits (proxy for iron and folate supplementation)	74.7% <sup>1</sup>
De-worming (12-59 months)	85.8% <sup>3</sup>
Vitamin A supplementation (6-59 months)	99.0% <sup>2</sup>
Presence of iodised salt in the house	62.6% <sup>1</sup>

Comprehensive data on coverage of treatment for acute malnutrition, and micronutrient fortification are not available

Source: <sup>1</sup>MICS 2010; <sup>2</sup>UNICEF 2013 <sup>3</sup>SMART 2010

## Sierra Leone in the SUN Movement

Sierra Leone joined the SUN Movement in January 2012 and appointed the Vice President of the Republic of Sierra Leone as the SUN Focal Point. There is a high-level government Food and Nutrition Steering Committee, comprised of relevant ministries, development partners and other stakeholders, in the Vice-President's office and a newly appointed SUN Coordinator managing the Secretariat. Irish Aid and USAID are the Donor Conveners in Sierra Leone. A Nutrition Working Group was set up in 2011, chaired by Irish Aid and USAID, and acts as a multi-sectoral platform for sharing information and updates in food and nutrition security, and providing support for stakeholder mapping.

## Sierra Leone Plans for Nutrition

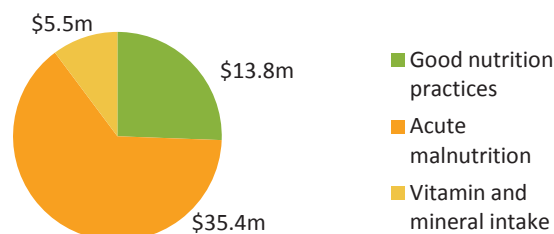
The Food and Nutrition Security Policy Implementation Plan (FNSPIP) was developed by all relevant sectors in conjunction with the Nutrition Working Group. The FNSPIP will be launched in October 2013. The FNSPIP has a strong multi-sectoral focus and is aligned with the agriculture sectoral plan (Smallholder Commercialisation Programme) and water initiatives (Water Policy).

### Cost of Nutrition Plans

The total cost of the FNSPIP over five years is approximately US\$117 million. This is an average of US\$23 million per year, with a per capita annual cost of just over US\$3.

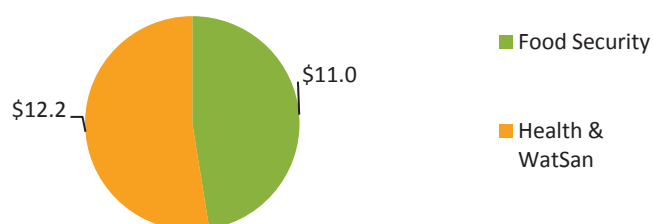
#### Costs of Nutrition-Specific Interventions Over 5 Years

Nutrition-specific interventions cost US\$55 million, representing 47 percent of the total cost of the FNSPIP.



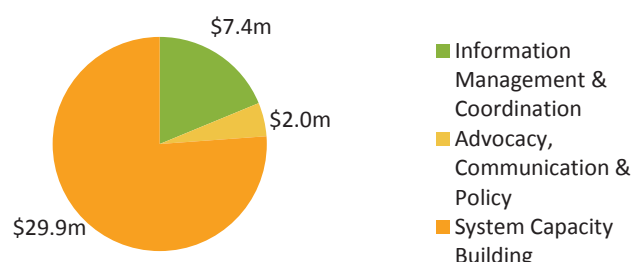
#### Costs for Nutrition-Sensitive Approaches Over 5 Years

Nutrition-sensitive approaches represent US\$23 million, or 20 percent of the total plan costs.



#### Costs for Strengthening Governance Over 5 Years

Strengthening governance to implement nutrition-specific and nutrition-sensitive approaches accounts for US\$39 million, or almost 34 percent of the total cost of the FNSPIP.



## Implementation & Accountability

Two major challenges remain for Sierra Leone: leveraging greater resources for nutrition and strengthening coordination for nutrition. These two areas are crucial to effective implementation of the plan and scaling up nutrition at district level.

### Domestic & Donor Financing Commitments

Government finances many of the system costs for nutrition. This include costs for training, staffing and operations—costs which are not fully reflected in the costs of the plan. The cost of scale up to full coverage has not been estimated.

At the launch of the SUN Movement in Sierra Leone in October 2<sup>nd</sup> 2012, the signing of the commitment to reducing hunger and malnutrition by Government was witnessed by the United Nations and donors (Irish Aid and USAID). USAID does not provide bilateral funds to Sierra Leone but channels funds (US\$4.2 million a year) through its Sustainable Nutrition and Agriculture Promotion (SNAP) programme, which is currently running until 2015. Food security and nutrition is at the core of Irish Aid's Sierra Leone strategy. There is no bilateral funding and their envelope of €5-6 million per year is channelled through civil society and United Nations organisations.

### Funding Gap

The current funding gap for scaling up nutrition in Sierra Leone has been estimated at around US\$81 million for 5 years. The overwhelming view is that the resource shortfall is substantial.

### Priorities for the SUN Focal Point

- To advocate for alignment and resource mobilization around the implementation plan;
- To build capacities of the staff to drive the process of scaling up nutrition at national and sub-nation levels.

### Demographic data (2010, WPP 2012)

Population:	44.9 million
Children under 5:	8.1 million
Population growth rate:	2.90%

### Nutrition data (DHS 2010)

Stunting:	42.0%
Wasting:	4.8%
Low Birth Weight:	6.9%
Overweight:	5.0%
Exclusive Breastfeeding:	49.8%

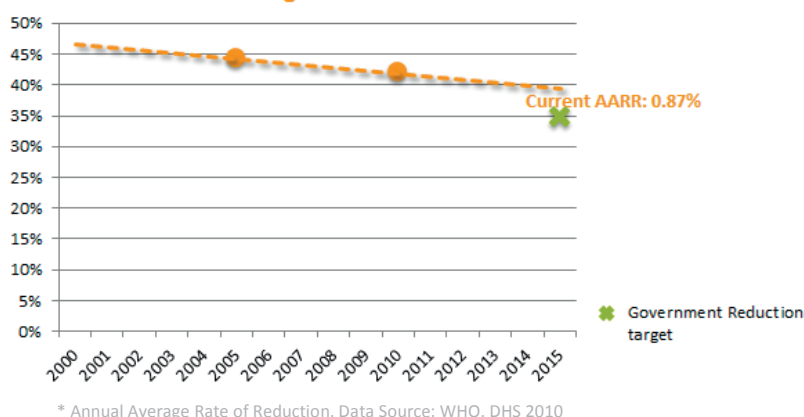
### Costed Nutrition Implementation Plan (2012-2016)

Total Cost (5 years)	\$527.9 million
Annual Cost:	\$105.6 million
Per Capita Annual Cost:	\$2.0

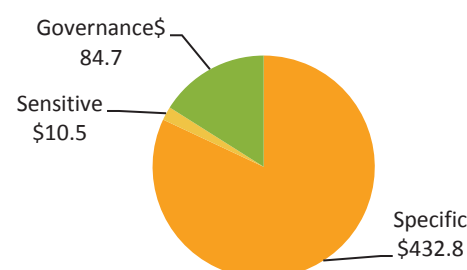
#### Break-down:

Nutrition-specific interventions:	82.0%
Nutrition-sensitive approaches:	2.0%
Strengthening Governance:	16.0%

### Stunting Reduction Trend



### Total Programme Costs by Programme Type (millions of USD)



### Coverage of Nutrition-Specific Interventions

Good nutrition practices	
Exclusive breastfeeding (0-6 months)	49.8% <sup>1</sup>
Complementary feeding with at least 4 groups per day (6-23 months)	56.4% <sup>1</sup>
Vitamin and mineral intake	
Zinc treatment for diarrhoea	4.7% <sup>1</sup>
Pregnant women attending 4 or more ANC visits (proxy for iron and folate supplementation)	42.7% <sup>1</sup>
De-worming (12-59 months)	49.6% <sup>1</sup>
Vitamin A supplementation (6-59 months)	97.0% <sup>2</sup>
Presence of iodised salt in the house	58.5% <sup>1</sup>

*Comprehensive data on coverage of treatment for acute malnutrition, and micronutrient fortification are not available*

*Source: <sup>1</sup>DHS 2010; <sup>2</sup>UNICEF 2013*

### Tanzania in the SUN Movement

Tanzania joined the SUN Movement in June 2011 and appointed the Director of the Department of Coordination of Government Business in the Office of the Prime Minister, as the SUN Focal Point. USAID and Irish Aid are the SUN Donor Conveners. The country has also established a High-Level Steering Committee for Nutrition, which is convened by the Prime Minister's office and involves representatives from key ministries, development partners, UN agencies, civil society, faith-based organizations, academia and business.



## Tanzania Nutrition Implementation Plan

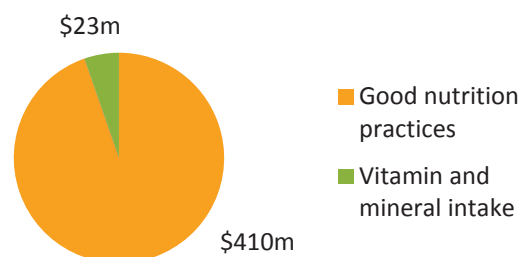
The Government of Tanzania finalised the National Nutrition Strategy, 2009-2015 and has drafted a corresponding costed implementation plan for 2012-2016. The costed plan covers strategies to deliver nutrition-specific interventions, mainstream nutrition into national and sectoral policies and programmes, build technical capacity and mobilise advocacy and resources for nutrition.

## Cost of the Nutrition Implementation Plan

The total cost of the Nutrition Implementation Plan over five years is 823 billion Tanzanian shillings (roughly US\$528 million). This is an average of US\$106 million per year, with a per capita annual cost of US\$2.

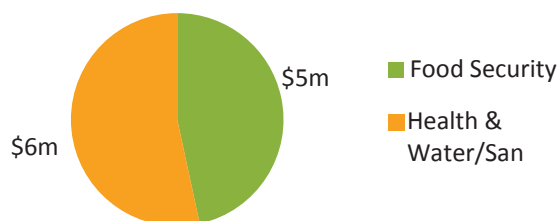
### Costs of Nutrition-Specific Interventions over 5 Years

Nutrition-specific interventions cost US\$433 million, or 82 percent of the total plan cost. The cost of providing a nutrient dense diet and treatment of acute malnutrition is not included.



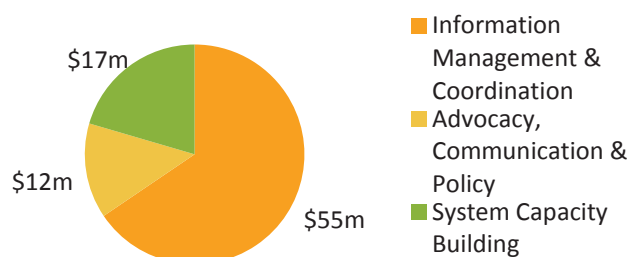
### Costs for Nutrition-Sensitive Approaches over 5 Years

Nutrition-sensitive approaches represent US\$10.5 million, or two percent of the total plan cost.



### Costs for Strengthening Governance over 5 Years

Strengthening governance to implement nutrition-specific and nutrition-sensitive approaches accounts for the remaining US\$85 million, or 16 percent of the total cost of the plan.



## Implementation & Accountability

Tanzania is placing strong emphasis on decentralization to ensure that nutrition is on the agenda with those working closest to affected communities. Advocacy on nutrition issues with Regional Commissioners has been undertaken to ensure they are informed and engaged.

## Domestic & Donor Financing Commitments

The government has introduced a budget line for nutrition and has developed guidelines to help ministries and local government authorities improve budgeting for nutrition. The Ministry of Finance, with support from UNICEF and other partners, is conducting a review of public expenditure on nutrition. The Tanzania PER on nutrition covers budgeted and actual expenditure on nutrition interventions at the national and sub-national levels for two fiscal years (2010/11 and 2011/12). Results are due in the beginning of 2014.

## Priorities for the SUN Focal Point

- To ensure the roll out of efforts for scaling up nutrition at district level through increased coordination;
- To strengthen monitoring and evaluation capacity at all levels;
- To advocate for alignment and resource mobilization in support of the national plan.

### Demographic data (2010, WPP 2012)

Population:	34.0 million
Children under 5:	6.6 million
Population growth rate:	3.36%

### Nutrition data (DHS 2011)

Stunting:	33.4%
Wasting:	4.7%
Low Birthweight:	10.2%
Overweight:	3.4%
Exclusive Breastfeeding:	63.20%

### Uganda Nutrition Action Plan (2011-2016)

Total Cost (5 years)	US\$66.3 million
Annual Cost:	US\$13.3 million
Per Capita Annual Cost:	US\$0.3

### Break-down:

Nutrition-specific interventions:	23.1%
Nutrition-sensitive approaches:	38.6%
Strengthening Governance:	38.3%

### Coverage of Nutrition-Specific Interventions

Good nutrition practices	
Exclusive breastfeeding (0-6 months)	62.0% <sup>1</sup>
Complementary feeding with at least 4 groups per day (6-23 months)	12.8% <sup>1</sup>
Vitamin and mineral intake	
Zinc treatment for diarrhoea	61.9% <sup>1</sup>
Pregnant women attending 4 or more ANC visits (proxy for iron and folate supplementation)	47.6% <sup>1</sup>
De-worming (12-59 months)	50.2% <sup>1</sup>
Vitamin A supplementation (6-59 months)	60.0% <sup>2</sup>
Presence of iodised salt in the house	99.0% <sup>1</sup>

*Comprehensive data on coverage of treatment for acute malnutrition, and micronutrient fortification are not available*

*Source: <sup>1</sup>DHS 2011; <sup>2</sup>UNICEF 2013*

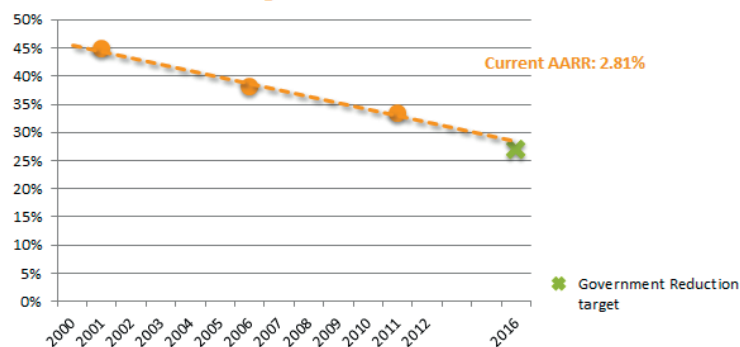
### Uganda in the SUN Movement

Uganda joined the SUN Movement in March 2011 and the government appointed the Permanent Secretary in the Office of the Prime Minister as SUN Focal Point. The SUN Donor Convener is the USAID.

### Uganda Nutrition Action Plan

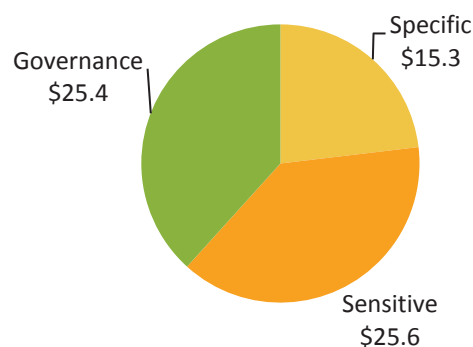
Uganda is taking a comprehensive approach to scaling up nutrition, with a focus on five cross-sectoral objectives set out in the Uganda Nutrition Action Plan Framework: improving maternal, infant and young child feeding; enhancing diet diversity; protecting households from the impact of shocks; strengthening the policy, legal and institutional frameworks; and increasing national awareness of nutrition. In August 2012, an implementation matrix for the Uganda Nutrition Action Plan (UNAP) was developed which outlines specific interventions by sector against the five objectives. Costing of the Uganda Nutrition Action Plan (UNAP) has been developed based on the five strategic objectives of the plan.

### Stunting Reduction Trend



\* Annual Average Rate of Reduction, Data Source: WHO, DHS 2011

### Total Programme Costs by Programme Type (millions of USD)

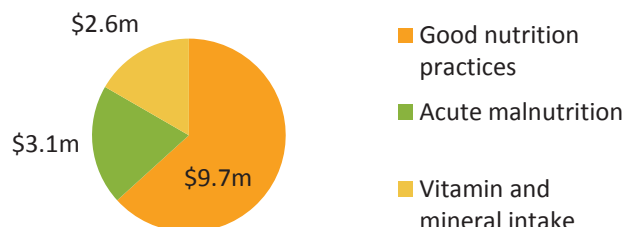


## Cost of Uganda Nutrition Action Plan

The total cost of the UNAP over five years is approximately US\$66 million. This is an average of US\$13 million per year equivalent to a per capita annual cost of about US\$0.3.

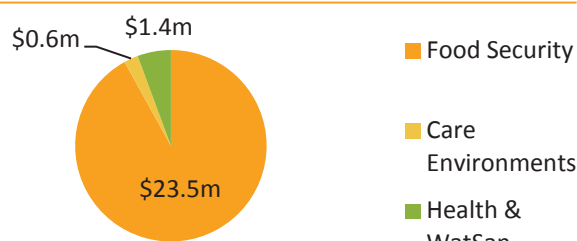
### Costs of Nutrition-Specific Interventions Over 5 Years

Nutrition-specific interventions cost US\$15 million or roughly 23 per cent of the UNAP total cost.



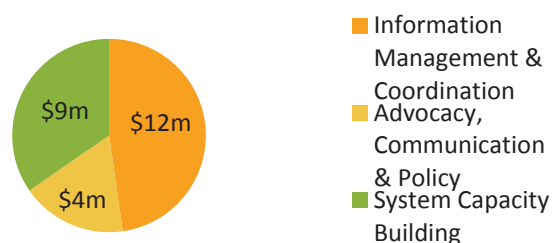
### Costs for Nutrition-Sensitive Approaches Over 5 Years

Nutrition-sensitive approaches represent US\$26 million or 39 per cent of the total costs of the UNAP.



### Costs for Strengthening Governance Over 5 Years

Strengthening governance to implement nutrition-specific and nutrition-sensitive approaches accounts for US\$25 million or 38 per cent of the total cost of the UNAP.



## Priorities, Implementation & Accountability

A gap analysis for scaling up public nutrition actions in Uganda was developed through stakeholder consultations. This exercise involved comparing recent performance in Uganda in addressing young child and maternal malnutrition with potential and desired performance. The areas identified as opportunities for improvement were: nutrition advocacy at all levels; infrastructure to support quality programming at all levels, including equipment and skilled human resources; coordination and implementation of policy guidelines; information management and research; involvement of communities in nutrition; and coverage of nutrition services, particularly in the private sector.

## Domestic & Donor Financing Commitments

In addition to the UNAP, Uganda is using other sectoral strategic investment plans to establish costing so as to ensure that priorities are covered across sectors. Prior to the development of the UNAP, ministries such as Agriculture, Gender Labor and Social Development, Trade & Industry, Health and Education received funds through their own sector budgets to cover nutrition-sensitive interventions within their mandates. The government has decided to work through the Ministry of Finance to review the budgeting process, both at central and local government level, to include nutrition. The UNAP secretariat will, in the future, track and monitor these contributions using a multi-sectoral nutrition tracking mechanism. The UNAP secretariat is already working with stakeholders to develop tools that will enable districts to plan and budget for nutrition appropriately and has already developed an output budgeting tool for key sectors.

## Funding Gap

An in-depth examination of domestic and external funding streams to cover the costs of the UNAP will be carried out to estimate the funding gap.

### Demographic data (2010, WPP 2012)

Population:	22.8 million
Children under 5:	3.3 million
Population growth rate:	2.45%

### Nutrition data (FHS 2003/MICS 2006)

Stunting:	57.7%
Wasting:	15.2%
Low Birthweight:	27.0%
Overweight:	5.0%
Exclusive Breastfeeding:	11.5%

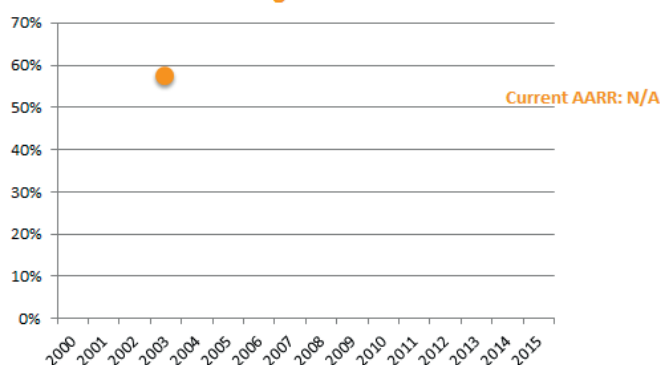
### Cost of Nutrition Plans

Total Cost (5 years)	US\$1.2 billion
Annual Cost:	US\$244.0 million
Per Capita Annual Cost:	US\$8.5

### Break-down:

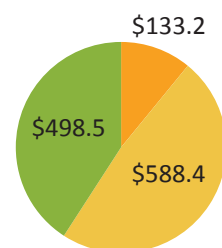
Nutrition-specific interventions:	10.9%
Nutrition-sensitive approaches:	48.2%
Strengthening Governance:	40.9%

### Stunting Reduction Trend



\* Annual Average Rate of Reduction, Data Source: WHO

### Total Cost of 5 year plan (millions of USD)



■ Specific ■ Sensitive ■ Governance

### Coverage of Nutrition-Specific Interventions

Good nutrition practices	
Exclusive breastfeeding (0-6 months)	11.5% <sup>1</sup>
Complementary feeding with at least 4 groups per day (6-23 months)	No data
Vitamin and mineral intake	
Zinc treatment for diarrhoea	No data
Pregnant women attending 4 or more ANC visits (proxy for iron and folate supplementation)	No data
De-worming (12-59 months)	No data
Vitamin A supplementation (6-59 months)	9% <sup>2</sup>
Presence of iodised salt in the house	30% <sup>3</sup>

*Comprehensive data on coverage of treatment for acute malnutrition, and micronutrient fortification are not available*

*Sources: <sup>1</sup>Yemen Family Health Survey 2003; <sup>2</sup>UNICEF 2013; <sup>3</sup>SOWC 2003*

### Yemen in the SUN Movement

Yemen joined the SUN Movement in November 2012 and appointed the Minister of Planning and International Cooperation as the SUN Focal Point. A multi-stakeholder committee for nutrition will be established. The UK Department for International Development (DFID) will act as the SUN Donor Convener, coordinating donor agencies in country.

## Yemen Plans for Nutrition

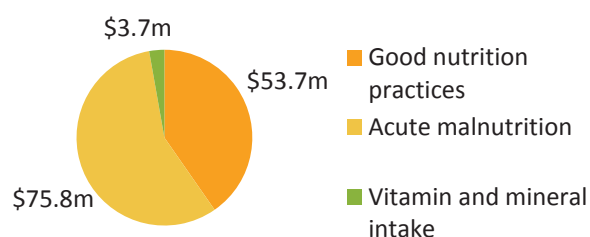
The nutrition costs in Yemen are compiled from three plans: the National Nutrition Strategy (NNS) (one year plan for 2013-2014); the National Agriculture Sector Strategy (NSS) (five year plan for 2012-2016); and the National Fisheries Strategy (NFS) (four year plan for 2012-2015). The National Nutrition Strategy (NNS) encompasses nine large-scale interventions relating to: child undernutrition, low birthweight, maternal under-nutrition, rickets, anaemia, vitamin A, iodine and zinc deficiency, school nutrition and nutrition for emergency situations. The plan incorporates costings for humanitarian and emergency needs, basic services to citizens, and to develop specific programs to address malnutrition. While the plans overlap, only a one year period (2013-2014) includes costs from all plans.

## Cost of Nutrition Plans

The total cost from the three overlapping plans is approximately US\$177 million. This is equivalent to a per capita annual cost of over US\$6. A large percentage of the costs are for management of acute malnutrition. The costs are estimated at 10–20 per cent below the actual requirement, and represent priority interventions in 71 target districts in accordance with the cooperation plan with the Ministry of Health for the transitional period (2013 - 2014). The associated costs assume that human resources for implementation are available on the ground.

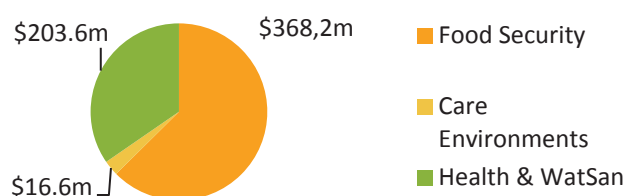
### Costs of Nutrition-Specific Interventions Over 5 Years

Nutrition-specific interventions cost US\$588 million, or 11 per cent of the total cost of the plan. Over half is allocated to the treatment of acute malnutrition.



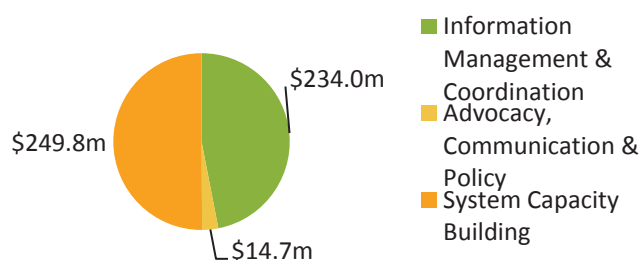
### Costs for Nutrition-Sensitive Approaches Over 5 Years

Nutrition-sensitive approaches represent US\$589 million, or 48 per cent of the total costs of the plan. The majority is allocated to nutrition-sensitive approaches.



### Costs for Strengthening Governance Over 5 Years

Strengthening governance to implement nutrition-specific and nutrition-sensitive approaches accounts for the remaining US\$499 million, or 41 per cent of the total cost of the plan. Efforts are targeted at information management and coordination and system capacity building.



## Priorities, Implementation & Accountability

Yemen's approach to scaling up nutrition will focus on large-scale investment in all sectors that can contribute to improving nutrition – including improving access to food, drinking water, sanitation, hygiene, education, social protection, livelihoods and quality health services. The Government of Yemen will scale up implementation of its Nutrition and Food Security Strategy.

## Domestic & Donor Financing Commitments

No information available.

## Funding Gap

An in-depth examination of domestic and external funding streams to cover the costs of the National Nutrition Strategy will be carried out to estimate the funding gap.

## Annex 1

### Total and per capita programme costs by type for each country (USD)

Country (years)	unit	SPECIFIC	SENSITIVE	GOVERNANCE
Bangladesh (FY2011-16)	Total (millions)	329.50	8,515.38	334.81
	Total Per Capita	2.10	54.22	2.13
	Average Annual (millions)	65.90	1,703.08	66.96
	Average Annual Per Capita	0.42	10.84	0.43
	Minimum Annual (millions)	64.59	1,669.34	65.64
	Minimum Annual Per Capita	0.41	10.63	0.42
	Maximum Annual (millions)	71.12	1,838.04	72.27
	Maximum Annual Per Capita	0.45	11.70	0.46
	Median Annual (millions)	64.59	1,669.34	65.64
	Median Annual Per Capita	0.41	10.63	0.42
Benin (2012-15)	Total (millions)	118.04	1.35	15.87
	Total Per Capita	11.62	0.13	1.56
	Average Annual (millions)	29.51	0.34	3.97
	Average Annual Per Capita	2.90	0.03	0.39
	Minimum Annual (millions)	13.76	0.28	2.77
	Minimum Annual Per Capita	1.35	0.03	0.27
	Maximum Annual (millions)	53.16	0.48	5.57
	Maximum Annual Per Capita	5.23	0.05	0.55
	Median Annual (millions)	25.56	0.30	3.77
	Median Annual Per Capita	2.52	0.03	0.37
Burkina Faso (2010-15)	Total (millions)	46.86	0.75	23.15
	Total Per Capita	2.45	0.04	1.21
	Average Annual (millions)	7.81	0.13	3.86
	Average Annual Per Capita	0.41	0.01	0.20
	Minimum Annual (millions)	7.51	0.12	3.71
	Minimum Annual Per Capita	0.39	0.01	0.19
	Maximum Annual (millions)	8.74	0.14	4.32
	Maximum Annual Per Capita	0.46	0.01	0.23
	Median Annual (millions)	7.65	0.12	3.78
	Median Annual Per Capita	0.40	0.01	0.20
Guatemala (FY2013-14)	Total (millions)	82.53	1,582.33	13.99
	Total Per Capita	5.20	99.63	0.88
	Average Annual (millions)	41.27	791.16	7.00
	Average Annual Per Capita	2.60	49.81	0.44
	Minimum Annual (millions)	21.48	630.51	0.03
	Minimum Annual Per Capita	1.35	39.70	0.00
	Maximum Annual (millions)	61.05	951.82	13.96
	Maximum Annual Per Capita	3.84	59.93	0.88
	Median Annual (millions)	41.27	791.16	7.00
	Median Annual Per Capita	2.60	49.81	0.44

## Annex 1

### Total and per capita programme costs by type for each country (USD)

Country (years)	unit	SPECIFIC	SENSITIVE	GOVERNANCE
Haiti (FY2013-17)	Total (millions)	24.73	6.51	19.70
	Total Per Capita	2.26	0.60	1.80
	Average Annual (millions)	4.95	1.30	3.94
	Average Annual Per Capita	0.45	0.12	0.36
	Minimum Annual (millions)	4.95	1.30	3.93
	Minimum Annual Per Capita	0.45	0.12	0.36
	Maximum Annual (millions)	4.95	1.30	3.94
	Maximum Annual Per Capita	0.45	0.12	0.36
	Median Annual (millions)	4.95	1.30	3.94
	Median Annual Per Capita	0.45	0.12	0.36
Indonesia (2011-17)	Total (millions)	702.73	14,633.92	971.79
	Total Per Capita	2.73	56.90	3.78
	Average Annual (millions)	100.39	2,090.56	138.83
	Average Annual Per Capita	0.39	8.13	0.54
	Minimum Annual (millions)	63.32	12.57	0.05
	Minimum Annual Per Capita	0.25	0.05	0.00
	Maximum Annual (millions)	154.31	3,733.24	307.59
	Maximum Annual Per Capita	0.60	14.52	1.20
	Median Annual (millions)	91.64	3,116.65	167.83
	Median Annual Per Capita	0.36	12.12	0.65
Kenya (2013-17)	Total (millions)	716.46	29.66	79.44
	Total Per Capita	14.68	0.61	1.63
	Average Annual (millions)	143.29	5.93	15.89
	Average Annual Per Capita	2.94	0.12	0.33
	Minimum Annual (millions)	123.04	4.78	12.94
	Minimum Annual Per Capita	2.52	0.10	0.27
	Maximum Annual (millions)	151.81	6.91	20.59
	Maximum Annual Per Capita	3.11	0.14	0.42
	Median Annual (millions)	146.53	6.29	15.69
	Median Annual Per Capita	3.00	0.13	0.32
Madagascar (2012-15)	Total (millions)	71.85	39.29	27.05
	Total Per Capita	3.01	1.64	1.13
	Average Annual (millions)	17.96	9.82	6.76
	Average Annual Per Capita	0.75	0.41	0.28
	Minimum Annual (millions)	14.10	5.64	5.95
	Minimum Annual Per Capita	0.59	0.24	0.25
	Maximum Annual (millions)	24.89	13.33	8.75
	Maximum Annual Per Capita	1.04	0.56	0.37
	Median Annual (millions)	16.43	10.16	6.18
	Median Annual Per Capita	0.69	0.43	0.26

## Annex 1

### Total and per capita programme costs by type for each country (USD)

Country (years)	unit	SPECIFIC	SENSITIVE	GOVERNANCE
Malawi (2009-11)	Total (millions)	243.58	254.62	63.04
	Total Per Capita	14.03	14.67	3.63
	Average Annual (millions)	34.80	36.37	9.01
	Average Annual Per Capita	2.00	2.10	0.52
	Minimum Annual (millions)	18.02	25.15	1.42
	Minimum Annual Per Capita	1.04	1.45	0.08
	Maximum Annual (millions)	83.51	47.73	21.83
	Maximum Annual Per Capita	4.81	2.75	1.26
	Median Annual (millions)	21.37	40.82	9.39
	Median Annual Per Capita	1.23	2.35	0.54
Mozambique (2011-15)	Total (millions)	332.09	68.09	8.87
	Total Per Capita	12.67	2.60	0.34
	Average Annual (millions)	66.42	13.62	1.77
	Average Annual Per Capita	2.53	0.52	0.07
	Minimum Annual (millions)	53.62	11.05	1.39
	Minimum Annual Per Capita	2.05	0.42	0.05
	Maximum Annual (millions)	81.15	16.68	2.09
	Maximum Annual Per Capita	3.10	0.64	0.08
	Median Annual (millions)	65.32	13.56	1.97
	Median Annual Per Capita	2.49	0.52	0.08
Nepal (2013-17)	Total (millions)	77.50	96.63	19.21
	Total Per Capita	2.28	2.85	0.57
	Average Annual (millions)	15.50	19.33	3.84
	Average Annual Per Capita	0.46	0.57	0.11
	Minimum Annual (millions)	10.34	10.74	2.96
	Minimum Annual Per Capita	0.30	0.32	0.09
	Maximum Annual (millions)	20.22	29.74	4.62
	Maximum Annual Per Capita	0.60	0.88	0.14
	Median Annual (millions)	16.13	17.87	3.69
	Median Annual Per Capita	0.48	0.53	0.11
Niger (FY2012-15)	Total (millions)	68.25	2.71	25.55
	Total Per Capita	3.70	0.15	1.39
	Average Annual (millions)	17.06	0.68	6.39
	Average Annual Per Capita	0.93	0.04	0.35
	Minimum Annual (millions)	14.44	0.10	4.69
	Minimum Annual Per Capita	0.78	0.01	0.25
	Maximum Annual (millions)	18.64	0.95	7.45
	Maximum Annual Per Capita	1.01	0.05	0.40
	Median Annual (millions)	17.58	0.83	6.70
	Median Annual Per Capita	0.95	0.05	0.36



## Annex 1

### Total and per capita programme costs by type for each country (USD)

Country (years)	unit	SPECIFIC	SENSITIVE	GOVERNANCE
Peru (FY2012-13)	Total (millions)	389.99	3,943.37	-
	Total Per Capita	12.98	131.24	-
	Average Annual (millions)	194.99	1,971.68	-
	Average Annual Per Capita	6.49	65.62	-
	Minimum Annual (millions)	191.31	1,525.29	-
	Minimum Annual Per Capita	6.37	50.76	-
	Maximum Annual (millions)	198.68	2,418.08	-
	Maximum Annual Per Capita	6.61	80.48	-
	Median Annual (millions)	194.99	1,971.68	-
	Median Annual Per Capita	6.49	65.62	-
Rwanda (2012)	Total (millions)	88.57	52.06	7.07
	Total Per Capita	7.86	4.62	0.63
	Average Annual (millions)	88.57	52.06	7.07
	Average Annual Per Capita	7.86	4.62	0.63
	Minimum Annual (millions)	88.57	52.06	7.07
	Minimum Annual Per Capita	7.86	4.62	0.63
	Maximum Annual (millions)	88.57	52.06	7.07
	Maximum Annual Per Capita	7.86	4.62	0.63
	Median Annual (millions)	88.57	52.06	7.07
	Median Annual Per Capita	7.86	4.62	0.63
Senegal (2013-17)	Total (millions)	68.15	11.71	18.56
	Total Per Capita	4.55	0.78	1.24
	Average Annual (millions)	13.63	2.34	3.71
	Average Annual Per Capita	0.91	0.16	0.25
	Minimum Annual (millions)	12.96	1.54	3.50
	Minimum Annual Per Capita	0.87	0.10	0.23
	Maximum Annual (millions)	14.59	2.58	4.04
	Maximum Annual Per Capita	0.97	0.17	0.27
	Median Annual (millions)	13.28	2.53	3.60
	Median Annual Per Capita	0.89	0.17	0.24
Sierra Leone (2013-17)	Total (millions)	54.69	23.24	39.23
	Total Per Capita	8.00	3.40	5.74
	Average Annual (millions)	10.94	4.65	7.85
	Average Annual Per Capita	1.60	0.68	1.15
	Minimum Annual (millions)	5.74	2.61	7.40
	Minimum Annual Per Capita	0.84	0.38	1.08
	Maximum Annual (millions)	13.98	6.42	8.25
	Maximum Annual Per Capita	2.05	0.94	1.21
	Median Annual (millions)	11.29	4.56	7.83
	Median Annual Per Capita	1.65	0.67	1.15

## Annex 1

### Total and per capita programme costs by type for each country (USD)

Country (years)	unit	SPECIFIC	SENSITIVE	GOVERNANCE
Tanzania (FY2012-16)	Total (millions)	432.77	10.46	84.65
	Total Per Capita	8.08	0.20	1.58
	Average Annual (millions)	86.55	2.09	16.93
	Average Annual Per Capita	1.62	0.04	0.32
	Minimim Annual (millions)	64.90	1.08	11.39
	Minimum Annual Per Capita	1.21	0.02	0.21
	Maximum Annual (millions)	109.40	2.64	19.08
	Maximum Annual Per Capita	2.04	0.05	0.36
	Median Annual (millions)	86.85	2.41	18.07
	Median Annual Per Capita	1.62	0.05	0.34
The Gambia (2011-15)	Total (millions)	13.89	4.44	7.97
	Total Per Capita	7.04	2.25	4.03
	Average Annual (millions)	2.78	0.89	1.59
	Average Annual Per Capita	1.41	0.45	0.81
	Minimim Annual (millions)	2.25	0.78	1.41
	Minimum Annual Per Capita	1.14	0.40	0.71
	Maximum Annual (millions)	4.08	1.02	1.81
	Maximum Annual Per Capita	2.07	0.51	0.92
	Median Annual (millions)	2.51	0.88	1.58
	Median Annual Per Capita	1.27	0.44	0.80
Uganda (2012-16)	Total (millions)	15.32	25.57	25.37
	Total Per Capita	0.38	0.63	0.63
	Average Annual (millions)	3.06	5.11	5.07
	Average Annual Per Capita	0.08	0.13	0.13
	Minimim Annual (millions)	1.91	0.90	2.39
	Minimum Annual Per Capita	0.05	0.02	0.06
	Maximum Annual (millions)	3.97	8.41	6.90
	Maximum Annual Per Capita	0.10	0.21	0.17
	Median Annual (millions)	3.33	5.41	5.49
	Median Annual Per Capita	0.08	0.13	0.14
Yemen (FY2012-16)	Total (millions)	133.19	588.40	498.53
	Total Per Capita	4.61	20.37	17.26
	Average Annual (millions)	133.19	117.68	99.71
	Average Annual Per Capita	4.61	4.07	3.45
	Minimim Annual (millions)	133.19	98.59	51.60
	Minimum Annual Per Capita	4.61	3.41	1.79
	Maximum Annual (millions)	133.19	132.05	135.11
	Maximum Annual Per Capita	4.61	4.57	4.68
	Median Annual (millions)	133.19	119.25	103.94
	Median Annual Per Capita	4.61	4.13	3.60

## Annex 2

### Total and per capita programme costs by category for each country (USD)

Country	unit	SPECIFIC						SENSITIVE				GOVERNANCE		
		Good Nutrition Practices	Acute Malnutrition	Vitamin & Mineral Intake	Nutrient-dense Diet	Food Security	Care Environments	Health & WatSan	Coordination and Information Management	Policy Development, Advocacy, Communication	System Capacity Building			
Bangladesh	Total (millions)	260.09	10.69	58.72	-	8,459.87	-	163.83	3.76	167.23				
	Total Per Capita	1.66	0.07	0.37	-	53.87	-	1.04	0.02	1.06				
	Average Annual (millions)	52.02	2.14	11.74	-	1,691.98	-	32.77	0.75	33.45				
	Average Annual Per Capita	0.33	0.01	0.07	-	10.77	-	0.21	0.00	0.21				
	Minimum Annual (millions)	50.99	2.09	11.51	-	1,658.45	-	32.12	0.74	32.78				
	Minimum Annual Per Capita	0.32	0.01	0.07	-	10.56	-	0.20	0.00	0.21				
	Maximum Annual (millions)	56.14	2.31	12.68	-	1,826.06	-	35.36	0.81	36.10				
	Maximum Annual Per Capita	0.36	0.01	0.08	-	11.63	-	0.23	0.01	0.23				
	Median Annual (millions)	50.99	2.09	11.51	-	1,658.45	-	32.12	0.74	32.78				
	Median Annual Per Capita	0.32	0.01	0.07	-	10.56	-	0.20	0.00	0.21				
Benin	Total (millions)	113.97	4.07	-	-	1.35	-	12.84	3.02	-				
	Total Per Capita	11.22	0.40	-	-	0.13	-	1.26	0.30	-				
	Average Annual (millions)	28.49	1.02	-	-	0.34	-	3.21	0.76	-				
	Average Annual Per Capita	2.80	0.10	-	-	0.03	-	0.32	0.07	-				
	Minimum Annual (millions)	13.16	0.60	-	-	0.28	-	2.05	0.72	-				
	Minimum Annual Per Capita	1.30	0.06	-	-	0.03	-	0.20	0.07	-				
	Maximum Annual (millions)	51.57	1.59	-	-	0.48	-	4.80	0.79	-				
	Maximum Annual Per Capita	5.08	0.16	-	-	0.05	-	0.47	0.08	-				
	Median Annual (millions)	24.62	0.94	-	-	0.30	-	3.00	0.75	-				
	Median Annual Per Capita	2.42	0.09	-	-	0.03	-	0.30	0.07	-				
Burkina Faso	Total (millions)	4.66	32.38	9.83	-	-	-	2.80	0.42	19.94				
	Total Per Capita	0.24	1.70	0.51	-	-	-	0.15	0.02	1.04				
	Average Annual (millions)	0.78	5.40	1.64	-	-	-	0.47	0.07	3.32				
	Average Annual Per Capita	0.04	0.28	0.09	-	-	-	0.02	0.00	0.17				
	Minimum Annual (millions)	0.75	5.19	1.58	-	-	-	0.45	0.07	3.20				
	Minimum Annual Per Capita	0.04	0.27	0.08	-	-	-	0.02	0.00	0.17				
	Maximum Annual (millions)	0.87	6.04	1.83	-	-	-	0.52	0.08	3.72				
	Maximum Annual Per Capita	0.05	0.32	0.10	-	-	-	0.03	0.00	0.19				
	Median Annual (millions)	0.76	5.29	1.60	-	-	-	0.46	0.07	3.26				
	Median Annual Per Capita	0.04	0.28	0.08	-	-	-	0.02	0.00	0.17				

## Annex 2

### Total and per capita programme costs by category for each country (USD)

Country	unit	SPECIFIC				SENSITIVE			GOVERNANCE		
		Good Nutrition Practices	Acute Malnutrition	Vitamin & Mineral Intake	Nutrient-dense Diet	Food Security	Care Environments	Health & WaSan	Coordination and Information Management	Policy Development, Advocacy, Communication	System Capacity Building
Guatemala	Total (millions)	41.64	1.95	38.94	-	1,121.89	107.56	352.88	13.99	-	-
	Total Per Capita	2.62	0.12	2.45	-	70.64	6.77	22.22	0.88	-	-
	Average Annual (millions)	20.82	0.98	19.47	-	560.95	53.78	176.44	7.00	-	-
	Average Annual Per Capita	1.31	0.06	1.23	-	35.32	3.39	11.11	0.44	-	-
	Minimum Annual (millions)	3.77	0.86	16.62	-	364.53	36.21	158.24	0.03	-	-
	Minimum Annual Per Capita	0.24	0.05	1.05	-	22.95	2.28	9.96	0.00	-	-
	Maximum Annual (millions)	37.87	1.09	22.32	-	757.36	71.34	194.64	13.96	-	-
	Maximum Annual Per Capita	2.38	0.07	1.41	-	47.68	4.49	12.25	0.88	-	-
Haiti	Total (millions)	20.82	0.98	19.47	-	560.95	53.78	176.44	7.00	-	-
	Total Per Capita	1.31	0.06	1.23	-	35.32	3.39	11.11	0.44	-	-
	Average Annual (millions)	8.66	1.88	14.19	-	1.93	-	4.58	4.07	14.67	0.96
	Average Annual Per Capita	0.79	0.17	1.30	-	0.18	-	0.42	0.37	1.34	0.09
	Minimum Annual (millions)	1.73	0.38	2.84	-	0.39	-	0.92	0.81	2.93	0.19
	Minimum Annual Per Capita	0.16	0.03	0.26	-	0.04	-	0.08	0.07	0.27	0.02
	Maximum Annual (millions)	1.73	0.38	2.84	-	0.39	-	0.92	0.80	2.93	0.19
	Maximum Annual Per Capita	0.16	0.03	0.26	-	0.04	-	0.08	0.07	0.27	0.02
Indonesia	Total (millions)	1.74	0.38	2.84	-	0.39	-	0.92	0.82	2.93	0.19
	Total Per Capita	0.16	0.03	0.26	-	0.04	-	0.08	0.07	0.27	0.02
	Average Annual (millions)	1.73	0.38	2.84	-	0.39	-	0.92	0.82	2.93	0.19
	Average Annual Per Capita	0.16	0.03	0.26	-	0.04	-	0.08	0.07	0.27	0.02
	Minimum Annual (millions)	0.16	0.03	0.26	-	0.04	-	0.08	0.07	0.27	0.02
	Minimum Annual Per Capita	0.16	0.03	0.26	-	0.04	-	0.08	0.07	0.27	0.02
	Maximum Annual (millions)	1.73	0.38	2.84	-	0.39	-	0.92	0.82	2.93	0.19
	Maximum Annual Per Capita	0.16	0.03	0.26	-	0.04	-	0.08	0.07	0.27	0.02
Indonesia	Total (millions)	702.33	-	0.41	-	8,621.02	-	6,012.90	13.90	14.07	943.83
	Total Per Capita	2.73	-	0.00	-	33.52	-	23.38	0.05	0.05	3.67
	Average Annual (millions)	100.33	-	0.20	-	1,436.84	-	858.99	2.78	2.81	157.30
	Average Annual Per Capita	0.39	-	0.00	-	5.59	-	3.34	0.01	0.01	0.61
	Minimum Annual (millions)	63.32	-	0.05	-	394.98	-	12.57	2.78	1.64	0.05
	Minimum Annual Per Capita	0.25	-	0.00	-	1.54	-	0.05	0.01	0.01	0.00
	Maximum Annual (millions)	154.31	-	0.35	-	2,461.26	-	1,866.56	2.78	4.07	302.38
	Maximum Annual Per Capita	0.60	-	0.00	-	9.57	-	7.26	0.01	0.02	1.18
Indonesia	Median Annual (millions)	91.64	-	0.20	-	1,466.77	-	1,103.68	2.78	2.43	169.44
	Median Annual Per Capita	0.36	-	0.00	-	5.70	-	4.29	0.01	0.01	0.66

## Annex 2

### Total and per capita programme costs by category for each country (USD)

Country	unit	SPECIFIC				SENSITIVE			GOVERNANCE		
		Good Nutrition Practices	Acute Malnutrition	Vitamin & Mineral Intake	Nutrient-dense Diet	Food Security	Care Environments	Health & WatSan	Coordination and Information Management	Policy Development, Advocacy, Communication	System Capacity Building
Kenya	Total (millions)	115.27	364.02	237.18	-	0.31	-	29.35	46.33	24.81	8.30
	Total Per Capita	2.36	7.46	4.86	-	0.01	-	0.60	0.95	0.51	0.17
	Average Annual (millions)	23.05	72.80	47.44	-	0.06	-	5.87	9.27	4.96	1.66
	Average Annual Per Capita	0.47	1.49	0.97	-	0.00	-	0.12	0.19	0.10	0.03
	Minimum Annual (millions)	19.81	58.65	37.62	-	0.04	-	4.74	7.65	4.61	0.59
	Minimum Annual Per Capita	0.41	1.20	0.77	-	0.00	-	0.10	0.16	0.09	0.01
	Maximum Annual (millions)	27.49	77.99	55.01	-	0.09	-	6.82	12.04	5.59	2.97
	Maximum Annual Per Capita	0.56	1.60	1.13	-	0.00	-	0.14	0.25	0.11	0.06
	Median Annual (millions)	21.40	75.55	49.59	-	0.06	-	6.23	8.95	4.96	1.78
	Median Annual Per Capita	0.44	1.55	1.02	-	0.00	-	0.13	0.18	0.10	0.04
Madagascar	Total (millions)	35.39	23.14	10.91	2.42	35.48	-	3.81	2.91	1.68	22.47
	Total Per Capita	1.48	0.97	0.46	0.10	1.48	-	0.16	0.12	0.07	0.94
	Average Annual (millions)	8.85	5.78	2.73	0.61	8.87	-	0.95	0.73	0.42	5.62
	Average Annual Per Capita	0.37	0.24	0.11	0.03	0.37	-	0.04	0.03	0.02	0.24
	Minimum Annual (millions)	6.77	3.87	2.68	0.60	4.82	-	0.25	0.65	0.12	4.55
	Minimum Annual Per Capita	0.28	0.16	0.11	0.03	0.20	-	0.01	0.03	0.01	0.19
	Maximum Annual (millions)	11.68	9.93	2.84	0.63	13.09	-	2.21	0.78	0.70	7.84
	Maximum Annual Per Capita	0.49	0.42	0.12	0.03	0.55	-	0.09	0.03	0.03	0.33
	Median Annual (millions)	8.47	4.67	2.69	0.60	8.79	-	0.68	0.74	0.43	5.04
	Median Annual Per Capita	0.35	0.20	0.11	0.03	0.37	-	0.03	0.03	0.02	0.21
Malawi	Total (millions)	128.37	52.20	63.00	-	238.02	-	16.60	30.02	20.71	12.31
	Total Per Capita	7.40	3.01	3.63	-	13.71	-	0.96	1.73	1.19	0.71
	Average Annual (millions)	18.34	7.46	9.00	-	34.00	-	2.37	4.29	2.96	1.76
	Average Annual Per Capita	1.06	0.43	0.52	-	1.96	-	0.14	0.25	0.17	0.10
	Minimum Annual (millions)	1.36	0.93	7.38	-	19.75	-	-	0.14	1.25	0.01
	Minimum Annual Per Capita	0.08	0.05	0.43	-	1.14	-	-	0.01	0.07	0.00
	Maximum Annual (millions)	60.44	12.98	10.57	-	47.73	-	5.81	10.33	6.48	5.01
	Maximum Annual Per Capita	3.48	0.75	0.61	-	2.75	-	0.33	0.60	0.37	0.29
	Median Annual (millions)	1.59	9.27	9.82	-	40.82	-	-	2.72	1.64	0.65
	Median Annual Per Capita	0.09	0.53	0.57	-	2.35	-	-	0.16	0.09	0.04

## Annex 2

### Total and per capita programme costs by category for each country (USD)

Country	unit	SPECIFIC				SENSITIVE			GOVERNANCE		
		Good Nutrition Practices	Acute Malnutrition	Vitamin & Mineral Intake	Nutrient-dense Diet	Food Security	Care Environments	Health & WatSan	Coordination and Information Management	Policy Development, Advocacy, Communication	System Capacity Building
Mozambique	Total (millions)	15.27	-	142.11	174.71	4.18	-	63.91	1.24	0.42	7.21
	Total Per Capita	0.58	-	5.42	6.67	0.16	-	2.44	0.05	0.02	0.27
	Average Annual (millions)	3.05	-	28.42	34.94	0.84	-	12.78	0.25	0.08	1.44
	Average Annual Per Capita	0.12	-	1.08	1.33	0.03	-	0.49	0.01	0.00	0.05
	Minimum Annual (millions)	2.47	-	23.29	27.87	0.65	-	10.29	0.21	0.08	1.08
	Minimum Annual Per Capita	0.09	-	0.89	1.06	0.02	-	0.39	0.01	0.00	0.04
	Maximum Annual (millions)	3.79	-	34.31	43.05	1.08	-	15.60	0.28	0.09	1.73
	Maximum Annual Per Capita	0.14	-	1.31	1.64	0.04	-	0.60	0.01	0.00	0.07
Median Annual (millions)	3.03	-	27.91	34.37	0.79	-	12.66	0.25	0.08	1.64	
Median Annual Per Capita	0.12	-	1.07	1.31	0.03	-	0.48	0.01	0.00	0.06	
Nepal	Total (millions)	23.20	13.06	41.24	-	81.01	0.83	14.79	8.28	7.42	3.50
	Total Per Capita	0.68	0.38	1.21	-	2.39	0.02	0.44	0.24	0.22	0.10
	Average Annual (millions)	4.64	2.61	8.25	-	16.20	0.17	2.96	1.66	1.48	0.70
	Average Annual Per Capita	0.14	0.08	0.24	-	0.48	0.00	0.09	0.05	0.04	0.02
	Minimum Annual (millions)	2.76	1.19	4.54	-	7.48	0.05	2.96	1.36	1.02	0.57
	Minimum Annual Per Capita	0.08	0.03	0.13	-	0.22	0.00	0.09	0.04	0.03	0.02
	Maximum Annual (millions)	5.94	4.16	12.18	-	26.61	0.30	2.96	2.21	1.96	0.88
	Maximum Annual Per Capita	0.18	0.12	0.36	-	0.78	0.01	0.09	0.07	0.06	0.03
Median Annual (millions)	5.17	2.69	7.50	-	14.86	0.17	2.96	1.43	1.53	0.70	
Median Annual Per Capita	0.15	0.08	0.22	-	0.44	0.00	0.09	0.04	0.04	0.02	
Niger	Total (millions)	28.03	27.68	12.53	-	2.71	-	-	10.77	14.78	-
	Total Per Capita	1.52	1.50	0.68	-	0.15	-	-	0.58	0.80	-
	Average Annual (millions)	7.01	6.92	3.13	-	0.68	-	-	2.69	3.69	-
	Average Annual Per Capita	0.38	0.38	0.17	-	0.04	-	-	0.15	0.20	-
	Minimum Annual (millions)	6.30	5.21	2.09	-	0.10	-	-	2.40	1.72	-
	Minimum Annual Per Capita	0.34	0.28	0.11	-	0.01	-	-	0.13	0.09	-
	Maximum Annual (millions)	7.57	7.87	3.78	-	0.95	-	-	2.96	4.73	-
	Maximum Annual Per Capita	0.41	0.43	0.21	-	0.05	-	-	0.16	0.26	-
Median Annual (millions)	7.08	7.30	3.33	-	0.83	-	-	2.70	4.16	-	
Median Annual Per Capita	0.38	0.40	0.18	-	0.05	-	-	0.15	0.23	-	

## Annex 2

### Total and per capita programme costs by category for each country (USD)

Country	unit	SPECIFIC				SENSITIVE			GOVERNANCE		
		Good Nutrition Practices	Acute Malnutrition	Vitamin & Mineral Intake	Nutrient-dense Diet	Food Security	Care Environments	Health & WaSan	Coordination and Information Management	Policy Development, Advocacy, Communication	System Capacity Building
Peru	Total (millions)	311.87	-	57.37	20.75	1,346.30	-	2,597.07	-	-	-
	Total Per Capita	10.38	-	1.91	0.69	44.81	-	86.43	-	-	-
	Average Annual (millions)	155.93	-	28.68	10.37	673.15	-	1,298.53	-	-	-
	Average Annual Per Capita	5.19	-	0.95	0.35	22.40	-	43.22	-	-	-
	Minimum Annual (millions)	149.58	-	28.34	-	662.36	-	862.93	-	-	-
	Minimum Annual Per Capita	4.98	-	0.94	-	22.04	-	28.72	-	-	-
	Maximum Annual (millions)	162.28	-	29.03	20.75	683.94	-	1,734.14	-	-	-
	Maximum Annual Per Capita	5.40	-	0.97	0.69	22.76	-	57.71	-	-	-
	Median Annual (millions)	155.93	-	28.68	10.37	673.15	-	1,298.53	-	-	-
	Median Annual Per Capita	5.19	-	0.95	0.35	22.40	-	43.22	-	-	-
Rwanda	Total Per Capita	81.49	4.27	2.80	-	49.07	0.03	2.96	3.54	1.15	2.38
	Total (millions)	7.23	0.38	0.25	-	4.35	0.00	0.26	0.31	0.10	0.21
	Total Per Capita	81.49	4.27	2.80	-	49.07	0.03	2.96	3.54	1.15	2.38
	Average Annual (millions)	7.23	0.38	0.25	-	4.35	0.00	0.26	0.31	0.10	0.21
	Average Annual Per Capita	81.49	4.27	2.80	-	49.07	0.03	2.96	3.54	1.15	2.38
	Minimum Annual (millions)	7.23	0.38	0.25	-	4.35	0.00	0.26	0.31	0.10	0.21
	Minimum Annual Per Capita	81.49	4.27	2.80	-	49.07	0.03	2.96	3.54	1.15	2.38
	Maximum Annual (millions)	7.23	0.38	0.25	-	4.35	0.00	0.26	0.31	0.10	0.21
	Maximum Annual Per Capita	81.49	4.27	2.80	-	49.07	0.03	2.96	3.54	1.15	2.38
	Median Annual (millions)	7.23	0.38	0.25	-	4.35	0.00	0.26	0.31	0.10	0.21
Senegal	Total (millions)	61.20	-	6.94	-	11.71	-	-	3.97	2.19	12.40
	Total Per Capita	4.08	-	0.46	-	0.78	-	-	0.27	0.15	0.83
	Average Annual (millions)	12.24	-	1.39	-	2.34	-	-	0.79	0.44	2.48
	Average Annual Per Capita	0.82	-	0.09	-	0.16	-	-	0.05	0.03	0.17
	Minimum Annual (millions)	11.67	-	1.29	-	1.54	-	-	0.53	0.34	2.24
	Minimum Annual Per Capita	0.78	-	0.09	-	0.10	-	-	0.04	0.02	0.15
	Maximum Annual (millions)	13.16	-	1.45	-	2.58	-	-	1.09	0.56	2.87
	Maximum Annual Per Capita	0.88	-	0.10	-	0.17	-	-	0.07	0.04	0.19
	Median Annual (millions)	11.83	-	1.43	-	2.53	-	-	0.91	0.43	2.40
	Median Annual Per Capita	0.79	-	0.10	-	0.17	-	-	0.06	0.03	0.16

## Annex 2

### Total and per capita programme costs by category for each country (USD)

Country	unit	SPECIFIC				SENSITIVE			GOVERNANCE		
		Good Nutrition Practices	Acute Malnutrition	Vitamin & Mineral Intake	Nutrient-dense Diet	Food Security	Care Environments	Health & WatsSan	Coordination and Information Management	Policy Development, Advocacy, Communication	System Capacity Building
Sierra Leone	Total (millions)	13.81	35.36	5.52	-	11.03	-	12.21	7.36	1.99	29.88
	Total Per Capita	2.02	5.17	0.81	-	1.61	-	1.79	1.08	0.29	4.37
	Average Annual (millions)	2.76	7.07	1.10	-	2.21	-	2.44	1.47	0.40	5.98
	Average Annual Per Capita	0.40	1.03	0.16	-	0.32	-	0.36	0.22	0.06	0.87
	Minimum Annual (millions)	0.76	3.92	0.90	-	1.15	-	1.47	0.75	0.24	5.63
	Minimum Annual Per Capita	0.11	0.57	0.13	-	0.17	-	0.21	0.11	0.03	0.82
	Maximum Annual (millions)	5.06	8.61	1.32	-	3.07	-	3.34	2.13	0.56	6.42
	Maximum Annual Per Capita	0.74	1.26	0.19	-	0.45	-	0.49	0.31	0.08	0.94
Median Annual (millions)	1.67	7.70	1.06	-	2.37	-	2.32	1.46	0.36	5.89	
Median Annual Per Capita	0.24	1.13	0.15	-	0.35	-	0.34	0.21	0.05	0.86	
Tanzania	Total (millions)	409.69	-	23.08	-	4.88	-	5.59	55.46	11.87	17.32
	Total Per Capita	7.65	-	0.43	-	0.09	-	0.10	1.04	0.22	0.32
	Average Annual (millions)	81.94	-	4.62	-	0.98	-	1.12	11.09	2.37	3.46
	Average Annual Per Capita	1.53	-	0.09	-	0.02	-	0.02	0.21	0.04	0.06
	Minimum Annual (millions)	60.78	-	4.12	-	0.09	-	0.99	6.32	2.03	3.05
	Minimum Annual Per Capita	1.14	-	0.08	-	0.00	-	0.02	0.12	0.04	0.06
	Maximum Annual (millions)	104.25	-	5.15	-	1.39	-	1.25	13.23	2.58	3.84
	Maximum Annual Per Capita	1.95	-	0.10	-	0.03	-	0.02	0.25	0.05	0.07
	Median Annual (millions)	82.25	-	4.60	-	1.30	-	1.11	12.01	2.43	3.39
	Median Annual Per Capita	1.54	-	0.09	-	0.02	-	0.02	0.22	0.05	0.06
	Total (millions)	10.09	1.21	2.59	-	2.38	0.14	1.93	1.71	0.86	5.39
Total Per Capita	5.11	0.61	1.31	-	1.20	0.07	0.98	0.87	0.44	2.73	
Average Annual (millions)	2.02	0.24	0.52	-	0.48	0.03	0.39	0.34	0.17	1.08	
Average Annual Per Capita	1.02	0.12	0.26	-	0.24	0.01	0.20	0.17	0.09	0.55	
Minimum Annual (millions)	1.58	0.22	0.45	-	0.43	0.02	0.33	0.26	0.14	0.98	
Minimum Annual Per Capita	0.80	0.11	0.23	-	0.22	0.01	0.17	0.13	0.07	0.49	
Maximum Annual (millions)	3.25	0.27	0.62	-	0.52	0.03	0.47	0.59	0.24	1.20	
Maximum Annual Per Capita	1.64	0.14	0.31	-	0.26	0.02	0.24	0.30	0.12	0.61	
Median Annual (millions)	1.75	0.24	0.51	-	0.48	0.03	0.37	0.29	0.16	1.07	
Median Annual Per Capita	0.89	0.12	0.26	-	0.24	0.01	0.19	0.15	0.08	0.54	



## Annex 2

### Total and per capita programme costs by category for each country (USD)

Country	unit	SPECIFIC				SENSITIVE			GOVERNANCE		
		Good Nutrition Practices	Acute Malnutrition	Vitamin & Mineral Intake	Nutrient-dense Diet	Food Security	Care Environments	Health & WatSan	Coordination and Information Management	Policy Development, Advocacy, Communication	System Capacity Building
Uganda	Total (millions)	9.69	3.07	2.55	-	23.51	0.62	1.44	12.11	4.48	8.78
	Total Per Capita	0.24	0.08	0.06	-	0.58	0.02	0.04	0.30	0.11	0.22
	Average Annual (millions)	1.94	0.61	0.51	-	4.70	0.12	0.29	2.42	0.90	1.76
	Average Annual Per Capita	0.05	0.02	0.01	-	0.12	0.00	0.01	0.06	0.02	0.04
	Minimum Annual (millions)	1.36	0.44	0.10	-	0.62	0.08	0.21	1.31	0.77	0.31
	Minimum Annual Per Capita	0.03	0.01	0.00	-	0.02	0.00	0.01	0.03	0.02	0.01
	Maximum Annual (millions)	2.49	0.82	0.77	-	7.88	0.16	0.37	2.93	0.99	3.02
	Maximum Annual Per Capita	0.06	0.02	0.02	-	0.20	0.00	0.01	0.07	0.02	0.07
Median Annual (millions)	2.05	0.60	0.57	-	5.00	0.12	0.29	2.82	0.91	1.82	
Median Annual Per Capita	0.05	0.01	0.01	-	0.12	0.00	0.01	0.07	0.02	0.05	
Yemen	Total (millions)	53.70	75.77	3.71	-	368.20	16.60	203.60	234.03	14.70	249.80
	Total Per Capita	1.86	2.62	0.13	-	12.75	0.57	7.05	8.10	0.51	8.65
	Average Annual (millions)	53.70	75.77	3.71	-	73.64	4.15	40.72	46.81	2.94	49.96
	Average Annual Per Capita	1.86	2.62	0.13	-	2.55	0.14	1.41	1.62	0.10	1.73
	Minimum Annual (millions)	53.70	75.77	3.71	-	59.07	4.15	39.52	40.57	0.60	10.43
	Minimum Annual Per Capita	1.86	2.62	0.13	-	2.04	0.14	1.37	1.40	0.02	0.36
	Maximum Annual (millions)	53.70	75.77	3.71	-	82.38	4.15	45.52	71.75	3.53	59.84
	Maximum Annual Per Capita	1.86	2.62	0.13	-	2.85	0.14	1.58	2.48	0.12	2.07
Median Annual (millions)	53.70	75.77	3.71	-	75.58	4.15	39.52	40.57	3.53	59.84	
Median Annual Per Capita	1.86	2.62	0.13	-	2.62	0.14	1.37	1.40	0.12	2.07	

### Annex 3

#### Total and per capita programme costs for specific interventions for each country (USD)

Country	unit	SPECIFIC													
		Good Nutrition Practices				Acute Malnutrition				Vitamin & Mineral Intake				Nutrient-dense Diet	
		general	healthy diet	maternal and ICFE	general	acute management	SAM management	MAM management	general	supplementation	fortification				
Bangladesh	Total (millions)	43.64	39.22	177.23	-	10.69	-	-	-	45.59	13.13	-	-	-	
	Total Per Capita	0.28	0.25	1.13	-	0.07	-	-	-	0.29	0.08	-	-	-	
	Average Annual (millions)	8.73	7.84	35.45	-	2.14	-	-	-	9.12	2.63	-	-	-	
	Average Annual Per Capita	0.06	0.05	0.23	-	0.01	-	-	-	0.06	0.02	-	-	-	
	Minimum Annual (millions)	8.56	7.69	34.74	-	2.09	-	-	-	8.94	2.57	-	-	-	
	Minimum Annual Per Capita	0.05	0.05	0.22	-	0.01	-	-	-	0.06	0.02	-	-	-	
	Maximum Annual (millions)	9.42	8.46	38.26	-	2.31	-	-	-	9.84	2.83	-	-	-	
	Maximum Annual Per Capita	0.06	0.05	0.24	-	0.01	-	-	-	0.06	0.02	-	-	-	
	Median Annual (millions)	8.56	7.69	34.74	-	2.09	-	-	-	8.94	2.57	-	-	-	
	Median Annual Per Capita	0.05	0.05	0.22	-	0.01	-	-	-	0.06	0.02	-	-	-	
Benin	Total (millions)	-	57.58	56.39	-	4.07	-	-	-	-	-	-	-	-	
	Total Per Capita	-	5.67	5.55	-	0.40	-	-	-	-	-	-	-	-	
	Average Annual (millions)	-	14.39	14.10	-	1.02	-	-	-	-	-	-	-	-	
	Average Annual Per Capita	-	1.42	1.39	-	0.10	-	-	-	-	-	-	-	-	
	Minimum Annual (millions)	-	3.51	9.65	-	0.60	-	-	-	-	-	-	-	-	
	Minimum Annual Per Capita	-	0.35	0.95	-	0.06	-	-	-	-	-	-	-	-	
	Maximum Annual (millions)	-	31.51	20.05	-	1.59	-	-	-	-	-	-	-	-	
	Maximum Annual Per Capita	-	3.10	1.97	-	0.16	-	-	-	-	-	-	-	-	
	Median Annual (millions)	-	11.28	13.34	-	0.94	-	-	-	-	-	-	-	-	
	Median Annual Per Capita	-	1.11	1.31	-	0.09	-	-	-	-	-	-	-	-	
Burkina Faso	Total (millions)	0.94	0.49	3.23	-	32.38	-	-	-	1.27	7.86	0.70	-	-	
	Total Per Capita	0.05	0.03	0.17	-	1.70	-	-	-	0.07	0.41	0.04	-	-	
	Average Annual (millions)	0.16	0.08	0.54	-	5.40	-	-	-	0.21	1.31	0.12	-	-	
	Average Annual Per Capita	0.01	0.00	0.03	-	0.28	-	-	-	0.01	0.07	0.01	-	-	
	Minimum Annual (millions)	0.15	0.08	0.52	-	5.19	-	-	-	0.20	1.26	0.11	-	-	
	Minimum Annual Per Capita	0.01	0.00	0.03	-	0.27	-	-	-	0.01	0.07	0.01	-	-	
	Maximum Annual (millions)	0.17	0.09	0.60	-	6.04	-	-	-	0.24	1.47	0.13	-	-	
	Maximum Annual Per Capita	0.01	0.00	0.03	-	0.32	-	-	-	0.01	0.08	0.01	-	-	
	Median Annual (millions)	0.15	0.08	0.53	-	5.29	-	-	-	0.21	1.28	0.11	-	-	
	Median Annual Per Capita	0.01	0.00	0.03	-	0.28	-	-	-	0.01	0.07	0.01	-	-	

### Annex 3

#### Total and per capita programme costs for specific interventions for each country (USD)

Country	unit	SPECIFIC													
		Good Nutrition Practices				Acute Malnutrition				Vitamin & Mineral Intake				Nutrient-dense Diet	
		general	healthy diet	maternal and ICFV	general	acute management	SAM management	MAM management	general	supplementation	fortification				
Guatemala	Total (millions)	-	1.53	40.12	-	1.95	-	-	-	-	-	37.01	1.93	-	
	Total Per Capita	-	0.10	2.53	-	0.12	-	-	-	-	-	2.33	0.12	-	
	Average Annual (millions)	-	1.53	20.06	-	0.98	-	-	-	-	-	18.51	1.93	-	
	Average Annual Per Capita	-	0.10	1.26	-	0.06	-	-	-	-	-	1.17	0.12	-	
	Minimum Annual (millions)	-	1.53	3.77	-	0.86	-	-	-	-	-	16.62	1.93	-	
	Minimum Annual Per Capita	-	0.10	0.24	-	0.05	-	-	-	-	-	1.05	0.12	-	
	Maximum Annual (millions)	-	1.53	36.35	-	1.09	-	-	-	-	-	20.39	1.93	-	
	Maximum Annual Per Capita	-	0.10	2.29	-	0.07	-	-	-	-	-	1.28	0.12	-	
	Median Annual (millions)	-	1.53	20.06	-	0.98	-	-	-	-	-	18.51	1.93	-	
	Median Annual Per Capita	-	0.10	1.26	-	0.06	-	-	-	-	-	1.17	0.12	-	
Haiti	Total (millions)	0.12	0.19	8.36	-	1.88	-	-	-	-	0.18	14.01	-	-	
	Total Per Capita	0.01	0.02	0.76	-	0.17	-	-	-	-	0.02	1.28	-	-	
	Average Annual (millions)	0.02	0.04	1.67	-	0.38	-	-	-	-	0.04	2.80	-	-	
	Average Annual Per Capita	0.00	0.00	0.15	-	0.03	-	-	-	-	0.00	0.26	-	-	
	Minimum Annual (millions)	0.02	0.04	1.67	-	0.38	-	-	-	-	0.04	2.80	-	-	
	Minimum Annual Per Capita	0.00	0.00	0.15	-	0.03	-	-	-	-	0.00	0.26	-	-	
	Maximum Annual (millions)	0.02	0.04	1.67	-	0.38	-	-	-	-	0.04	2.80	-	-	
	Maximum Annual Per Capita	0.00	0.00	0.15	-	0.03	-	-	-	-	0.00	0.26	-	-	
	Median Annual (millions)	0.02	0.04	1.67	-	0.38	-	-	-	-	0.04	2.80	-	-	
	Median Annual Per Capita	0.00	0.00	0.15	-	0.03	-	-	-	-	0.00	0.26	-	-	
Indonesia	Total (millions)	553.09	37.30	111.94	-	-	-	-	-	-	-	-	0.41	-	
	Total Per Capita	2.15	0.15	0.44	-	-	-	-	-	-	-	-	0.00	-	
	Average Annual (millions)	79.01	9.33	15.99	-	-	-	-	-	-	-	-	0.20	-	
	Average Annual Per Capita	0.31	0.04	0.06	-	-	-	-	-	-	-	-	0.00	-	
	Minimum Annual (millions)	23.52	-	-	-	-	-	-	-	-	-	-	0.05	-	
	Minimum Annual Per Capita	0.09	-	-	-	-	-	-	-	-	-	-	0.00	-	
	Maximum Annual (millions)	153.32	19.54	39.80	-	-	-	-	-	-	-	-	0.35	-	
	Maximum Annual Per Capita	0.60	0.08	0.15	-	-	-	-	-	-	-	-	0.00	-	
	Median Annual (millions)	90.95	8.88	0.99	-	-	-	-	-	-	-	-	0.20	-	
	Median Annual Per Capita	0.35	0.03	0.00	-	-	-	-	-	-	-	-	0.00	-	

### Annex 3

#### Total and per capita programme costs for specific interventions for each country (USD)

Country	unit	SPECIFIC													
		Good Nutrition Practices				Acute Malnutrition				Vitamin & Mineral Intake				Nutrient-dense Diet	
		general	healthy diet	maternal and ICFE	general	acute management	SAM management	MAM management	general	supplementation	fortification				
Kenya	Total (millions)	-	39.97	75.30	176.33	72.76	-	114.92	12.63	200.29	24.25	-	-	-	
	Total Per Capita	-	0.82	1.54	3.61	1.49	-	2.35	0.26	4.10	0.50	-	-	-	
	Average Annual (millions)	-	7.99	15.06	35.27	14.55	-	22.98	2.53	40.06	4.85	-	-	-	
	Average Annual Per Capita	-	0.16	0.31	0.72	0.30	-	0.47	0.05	0.82	0.10	-	-	-	
	Minimum Annual (millions)	-	6.43	13.38	29.69	11.41	-	17.55	1.25	33.03	2.04	-	-	-	
	Minimum Annual Per Capita	-	0.13	0.27	0.61	0.23	-	0.36	0.03	0.68	0.04	-	-	-	
	Maximum Annual (millions)	-	10.58	16.91	40.15	16.66	-	25.14	4.63	45.34	8.42	-	-	-	
	Maximum Annual Per Capita	-	0.22	0.35	0.82	0.34	-	0.52	0.09	0.93	0.17	-	-	-	
	Median Annual (millions)	-	6.67	14.73	34.93	15.48	-	24.31	2.49	40.38	4.58	-	-	-	
	Median Annual Per Capita	-	0.14	0.30	0.72	0.32	-	0.50	0.05	0.83	0.09	-	-	-	
Madagascar	Total (millions)	-	15.85	19.53	-	-	21.11	2.02	-	10.05	0.86	-	-	2.42	
	Total Per Capita	-	0.66	0.82	-	-	0.88	0.08	-	0.42	0.04	-	-	0.10	
	Average Annual (millions)	-	3.96	4.88	-	-	5.28	0.51	-	2.51	0.21	-	-	0.61	
	Average Annual Per Capita	-	0.17	0.20	-	-	0.22	0.02	-	0.11	0.01	-	-	0.03	
	Minimum Annual (millions)	-	3.84	2.93	-	-	3.52	0.35	-	2.46	0.16	-	-	0.60	
	Minimum Annual Per Capita	-	0.16	0.12	-	-	0.15	0.01	-	0.10	0.01	-	-	0.03	
	Maximum Annual (millions)	-	4.08	7.60	-	-	9.27	0.66	-	2.57	0.27	-	-	0.63	
	Maximum Annual Per Capita	-	0.17	0.32	-	-	0.39	0.03	-	0.11	0.01	-	-	0.03	
	Median Annual (millions)	-	3.97	4.50	-	-	4.16	0.51	-	2.51	0.22	-	-	0.60	
	Median Annual Per Capita	-	0.17	0.19	-	-	0.17	0.02	-	0.10	0.01	-	-	0.03	
Malawi	Total (millions)	1.22	60.98	66.17	-	5.82	34.38	12.00	-	56.88	6.13	-	-	-	
	Total Per Capita	0.07	3.51	3.81	-	0.34	1.98	0.69	-	3.28	0.35	-	-	-	
	Average Annual (millions)	0.17	8.71	9.45	-	0.83	6.88	3.00	-	8.13	0.88	-	-	-	
	Average Annual Per Capita	0.01	0.50	0.54	-	0.05	0.40	0.17	-	0.47	0.05	-	-	-	
	Minimum Annual (millions)	-	0.09	1.05	-	0.39	5.88	3.00	-	6.18	-	-	-	-	
	Minimum Annual Per Capita	-	0.01	0.06	-	0.02	0.34	0.17	-	0.36	-	-	-	-	
	Maximum Annual (millions)	0.56	21.16	40.45	-	2.21	10.77	3.00	-	10.17	4.32	-	-	-	
	Maximum Annual Per Capita	0.03	1.22	2.33	-	0.13	0.62	0.17	-	0.59	0.25	-	-	-	
	Median Annual (millions)	0.01	0.12	1.33	-	0.39	5.88	3.00	-	7.18	0.20	-	-	-	
	Median Annual Per Capita	0.00	0.01	0.08	-	0.02	0.34	0.17	-	0.41	0.01	-	-	-	

### Annex 3

#### Total and per capita programme costs for specific interventions for each country (USD)

Country	unit	SPECIFIC													
		Good Nutrition Practices				Acute Malnutrition				Vitamin & Mineral Intake				Nutrient-dense Diet	
		general	healthy diet	maternal and ICFV	general	acute management	SAM management	MAM management	general	supplementation	fortification				
Mozambique	Total (millions)	-	1.47	13.80	-	-	-	-	-	-	-	-	133.80	3.17	174.71
	Total Per Capita	-	0.06	0.53	-	-	-	-	-	-	-	-	5.15	0.20	6.67
	Average Annual (millions)	-	0.29	2.76	-	-	-	-	-	-	-	-	1.03	0.63	34.94
	Average Annual Per Capita	-	0.01	0.11	-	-	-	-	-	-	-	-	0.04	0.02	1.33
	Minimum Annual (millions)	-	0.23	2.21	-	-	-	-	-	-	-	-	1.00	0.24	27.87
	Minimum Annual Per Capita	-	0.01	0.08	-	-	-	-	-	-	-	-	0.04	0.01	1.06
	Maximum Annual (millions)	-	0.39	3.40	-	-	-	-	-	-	-	-	1.08	1.03	43.05
	Maximum Annual Per Capita	-	0.01	0.13	-	-	-	-	-	-	-	-	0.04	0.04	1.64
	Median Annual (millions)	-	0.28	2.71	-	-	-	-	-	-	-	-	1.02	0.57	34.37
	Median Annual Per Capita	-	0.01	0.10	-	-	-	-	-	-	-	-	0.04	0.02	1.31
Nepal	Total (millions)	-	12.17	11.04	-	-	-	-	13.06	-	-	-	31.32	-	9.91
	Total Per Capita	-	0.36	0.33	-	-	-	-	0.38	-	-	-	0.92	-	0.29
	Average Annual (millions)	-	2.43	2.21	-	-	-	-	2.61	-	-	-	6.26	-	1.98
	Average Annual Per Capita	-	0.07	0.07	-	-	-	-	0.08	-	-	-	0.18	-	0.06
	Minimum Annual (millions)	-	1.38	0.73	-	-	-	-	1.19	-	-	-	3.03	-	0.76
	Minimum Annual Per Capita	-	0.04	0.02	-	-	-	-	0.03	-	-	-	0.09	-	0.02
	Maximum Annual (millions)	-	3.15	4.05	-	-	-	-	4.16	-	-	-	11.42	-	3.74
	Maximum Annual Per Capita	-	0.09	0.12	-	-	-	-	0.12	-	-	-	0.34	-	0.11
	Median Annual (millions)	-	2.69	2.02	-	-	-	-	2.69	-	-	-	5.61	-	1.89
	Median Annual Per Capita	-	0.08	0.06	-	-	-	-	0.08	-	-	-	0.17	-	0.06
Niger	Total (millions)	11.11	-	16.92	-	5.54	-	-	8.30	13.84	-	-	12.53	-	-
	Total Per Capita	0.60	-	0.92	-	0.30	-	-	0.45	0.75	-	-	0.68	-	-
	Average Annual (millions)	2.78	-	4.23	-	1.38	-	-	2.08	3.46	-	-	3.13	-	-
	Average Annual Per Capita	0.15	-	0.23	-	0.08	-	-	0.11	0.19	-	-	0.17	-	-
	Minimum Annual (millions)	2.36	-	3.86	-	1.04	-	-	1.56	2.61	-	-	2.09	-	-
	Minimum Annual Per Capita	0.13	-	0.21	-	0.06	-	-	0.08	0.14	-	-	0.11	-	-
	Maximum Annual (millions)	3.28	-	4.73	-	1.57	-	-	2.36	3.94	-	-	3.78	-	-
	Maximum Annual Per Capita	0.18	-	0.26	-	0.09	-	-	0.13	0.21	-	-	0.21	-	-
	Median Annual (millions)	2.74	-	4.16	-	1.46	-	-	2.19	3.65	-	-	3.33	-	-
	Median Annual Per Capita	0.15	-	0.23	-	0.08	-	-	0.12	0.20	-	-	0.18	-	-

### Annex 3

#### Total and per capita programme costs for specific interventions for each country (USD)

Country	unit	SPECIFIC													
		Good Nutrition Practices				Acute Malnutrition				Vitamin & Mineral Intake				Nutrient-dense Diet	
		general	healthy diet	maternal and ICYF	general	acute management	SAM management	MAM management	general	supplementation	fortification				
Peru	Total (millions)	-	137.15	174.72	-	-	-	-	-	-	-	-	57.37	-	20.75
	Total Per Capita	-	4.56	5.81	-	-	-	-	-	-	-	-	1.91	-	0.69
	Average Annual (millions)	-	68.58	87.36	-	-	-	-	-	-	-	-	28.68	-	10.37
	Average Annual Per Capita	-	2.28	2.91	-	-	-	-	-	-	-	-	0.95	-	0.35
	Minimum Annual (millions)	-	66.74	79.18	-	-	-	-	-	-	-	-	28.34	-	-
	Minimum Annual Per Capita	-	2.22	2.64	-	-	-	-	-	-	-	-	0.94	-	-
	Maximum Annual (millions)	-	70.41	95.54	-	-	-	-	-	-	-	-	29.03	-	20.75
	Maximum Annual Per Capita	-	2.34	3.18	-	-	-	-	-	-	-	-	0.97	-	0.69
	Median Annual (millions)	-	68.58	87.36	-	-	-	-	-	-	-	-	28.68	-	10.37
	Median Annual Per Capita	-	2.28	2.91	-	-	-	-	-	-	-	-	0.95	-	0.35
Rwanda	Total Per Capita	76.33	4.43	0.73	-	3.99	0.01	0.27	1.40	1.06	0.34	-	0.34	-	-
	Total (millions)	6.77	0.39	0.07	-	0.35	0.00	0.02	0.12	0.09	0.03	-	0.03	-	-
	Total Per Capita	76.33	4.43	0.73	-	3.99	0.01	0.27	1.40	1.06	0.34	-	0.34	-	-
	Average Annual (millions)	6.77	0.39	0.07	-	0.35	0.00	0.02	0.12	0.09	0.03	-	0.03	-	-
	Average Annual Per Capita	76.33	4.43	0.73	-	3.99	0.01	0.27	1.40	1.06	0.34	-	0.34	-	-
	Minimum Annual (millions)	6.77	0.39	0.07	-	0.35	0.00	0.02	0.12	0.09	0.03	-	0.03	-	-
	Minimum Annual Per Capita	76.33	4.43	0.73	-	3.99	0.01	0.27	1.40	1.06	0.34	-	0.34	-	-
	Maximum Annual (millions)	6.77	0.39	0.07	-	0.35	0.00	0.02	0.12	0.09	0.03	-	0.03	-	-
	Maximum Annual Per Capita	76.33	4.43	0.73	-	3.99	0.01	0.27	1.40	1.06	0.34	-	0.34	-	-
	Median Annual (millions)	6.77	0.39	0.07	-	0.35	0.00	0.02	0.12	0.09	0.03	-	0.03	-	-
Senegal	Total (millions)	61.20	-	-	-	-	-	-	-	-	-	-	4.25	2.70	-
	Total Per Capita	4.08	-	-	-	-	-	-	-	-	-	-	0.28	0.18	-
	Average Annual (millions)	12.24	-	-	-	-	-	-	-	-	-	-	0.85	0.54	-
	Average Annual Per Capita	0.82	-	-	-	-	-	-	-	-	-	-	0.06	0.04	-
	Minimum Annual (millions)	11.67	-	-	-	-	-	-	-	-	-	-	0.76	0.53	-
	Minimum Annual Per Capita	0.78	-	-	-	-	-	-	-	-	-	-	0.05	0.04	-
	Maximum Annual (millions)	13.16	-	-	-	-	-	-	-	-	-	-	0.91	0.55	-
	Maximum Annual Per Capita	0.88	-	-	-	-	-	-	-	-	-	-	0.06	0.04	-
	Median Annual (millions)	11.83	-	-	-	-	-	-	-	-	-	-	0.89	0.55	-
	Median Annual Per Capita	0.79	-	-	-	-	-	-	-	-	-	-	0.06	0.04	-

### Annex 3

#### Total and per capita programme costs for specific interventions for each country (USD)

Country	unit	SPECIFIC													
		Good Nutrition Practices				Acute Malnutrition				Vitamin & Mineral Intake				Nutrient-dense Diet	
		general	healthy diet	maternal and ICFV	general	acute management	SAM management	MAM management	general	supplementation	fortification				
Sierra Leone	Total (millions)	-	3.37	10.44	-	35.36	-	-	-	0.68	4.20	0.64	-	-	
	Total Per Capita	-	0.49	1.53	-	5.17	-	-	-	0.10	0.61	0.09	-	-	
	Average Annual (millions)	-	0.67	2.09	-	7.07	-	-	-	0.14	0.84	0.13	-	-	
	Average Annual Per Capita	-	0.10	0.31	-	1.03	-	-	-	0.02	0.12	0.02	-	-	
	Minimum Annual (millions)	-	0.17	0.59	-	3.92	-	-	-	0.08	0.68	0.03	-	-	
	Minimum Annual Per Capita	-	0.03	0.09	-	0.57	-	-	-	0.01	0.10	0.00	-	-	
	Maximum Annual (millions)	-	1.23	3.82	-	8.61	-	-	-	0.18	0.97	0.25	-	-	
	Maximum Annual Per Capita	-	0.18	0.56	-	1.26	-	-	-	0.03	0.14	0.04	-	-	
	Median Annual (millions)	-	0.52	1.22	-	7.70	-	-	-	0.13	0.82	0.11	-	-	
	Median Annual Per Capita	-	0.08	0.18	-	1.13	-	-	-	0.02	0.12	0.02	-	-	
Tanzania	Total (millions)	3.63	338.65	67.41	-	-	-	-	-	-	-	23.08	-	-	
	Total Per Capita	0.07	6.32	1.26	-	-	-	-	-	-	-	0.43	-	-	
	Average Annual (millions)	0.73	67.73	13.48	-	-	-	-	-	-	-	4.62	-	-	
	Average Annual Per Capita	0.01	1.26	0.25	-	-	-	-	-	-	-	0.09	-	-	
	Minimum Annual (millions)	0.54	48.27	11.97	-	-	-	-	-	-	-	4.12	-	-	
	Minimum Annual Per Capita	0.01	0.90	0.22	-	-	-	-	-	-	-	0.08	-	-	
	Maximum Annual (millions)	0.96	88.57	15.06	-	-	-	-	-	-	-	5.15	-	-	
	Maximum Annual Per Capita	0.02	1.65	0.28	-	-	-	-	-	-	-	0.10	-	-	
	Median Annual (millions)	0.63	67.85	13.45	-	-	-	-	-	-	-	4.60	-	-	
	Median Annual Per Capita	0.01	1.27	0.25	-	-	-	-	-	-	-	0.09	-	-	
The Gambia	Total (millions)	-	1.16	8.94	-	0.27	-	-	-	1.86	0.14	0.60	-	-	
	Total Per Capita	-	0.59	4.53	-	0.14	-	-	-	0.94	0.07	0.30	-	-	
	Average Annual (millions)	-	0.23	1.79	-	0.05	-	-	-	0.37	0.03	0.12	-	-	
	Average Annual Per Capita	-	0.12	0.91	-	0.03	-	-	-	0.19	0.01	0.06	-	-	
	Minimum Annual (millions)	-	0.07	1.32	-	0.05	-	-	-	0.32	0.02	0.11	-	-	
	Minimum Annual Per Capita	-	0.04	0.67	-	0.03	-	-	-	0.16	0.01	0.05	-	-	
	Maximum Annual (millions)	-	0.29	3.18	-	0.06	-	-	-	0.45	0.03	0.14	-	-	
	Maximum Annual Per Capita	-	0.15	1.61	-	0.03	-	-	-	0.23	0.02	0.07	-	-	
	Median Annual (millions)	-	0.26	1.48	-	0.05	-	-	-	0.36	0.03	0.12	-	-	
	Median Annual Per Capita	-	0.13	0.75	-	0.03	-	-	-	0.18	0.01	0.06	-	-	

### Annex 3

#### Total and per capita programme costs for specific interventions for each country (USD)

Country	unit	SPECIFIC													
		Good Nutrition Practices				Acute Malnutrition				Vitamin & Mineral Intake				Nutrient-dense Diet	
		general	healthy diet	maternal and ICFV	general	acute management	SAM management	MAM management	general	supplementation	fortification				
Uganda	Total (millions)	-	1.61	8.08	0.27	2.80	-	-	-	0.18	-	-	2.37	-	
	Total Per Capita	-	0.04	0.20	0.01	0.07	-	-	0.00	-	-	-	0.06	-	
	Average Annual (millions)	-	0.32	1.62	0.05	0.56	-	-	0.04	-	-	-	0.47	-	
	Average Annual Per Capita	-	0.01	0.04	0.00	0.01	-	-	0.00	-	-	-	0.01	-	
	Minimum Annual (millions)	-	0.23	1.06	0.05	0.40	-	-	0.01	-	-	-	0.09	-	
	Minimum Annual Per Capita	-	0.01	0.03	0.00	0.01	-	-	0.00	-	-	-	0.00	-	
	Maximum Annual (millions)	-	0.37	2.12	0.08	0.77	-	-	0.06	-	-	-	0.74	-	
	Maximum Annual Per Capita	-	0.01	0.05	0.00	0.02	-	-	0.00	-	-	-	0.02	-	
	Median Annual (millions)	-	0.35	1.80	0.05	0.55	-	-	0.04	-	-	-	0.51	-	
	Median Annual Per Capita	-	0.01	0.04	0.00	0.01	-	-	0.00	-	-	-	0.01	-	
Yemen	Total (millions)	-	-	53.70	-	-	38.27	-	-	37.50	-	-	3.36	0.35	
	Total Per Capita	-	-	1.86	-	-	1.32	-	-	1.30	-	-	0.12	0.01	
	Average Annual (millions)	-	-	53.70	-	-	38.27	-	-	37.50	-	-	3.36	0.35	
	Average Annual Per Capita	-	-	1.86	-	-	1.32	-	-	1.30	-	-	0.12	0.01	
	Minimum Annual (millions)	-	-	53.70	-	-	38.27	-	-	37.50	-	-	3.36	0.35	
	Minimum Annual Per Capita	-	-	1.86	-	-	1.32	-	-	1.30	-	-	0.12	0.01	
	Maximum Annual (millions)	-	-	53.70	-	-	38.27	-	-	37.50	-	-	3.36	0.35	
	Maximum Annual Per Capita	-	-	1.86	-	-	1.32	-	-	1.30	-	-	0.12	0.01	
	Median Annual (millions)	-	-	53.70	-	-	38.27	-	-	37.50	-	-	3.36	0.35	
	Median Annual Per Capita	-	-	1.86	-	-	1.32	-	-	1.30	-	-	0.12	0.01	



## Annex 4

### Total and per capita programme costs for nutrition-sensitive interventions for each country (USD)

Country	unit	SENSITIVE											
		Food Security				supplementary feeding (resilience)	Environments	Health & WatSan					
		general	availability	accessibility	general			health	reproductive health	sanitation	water		
Bangladesh	Total (millions)	14.80	5,191.05	3,085.51	168.51	-	-	-	-	55.50	-	-	-
	Total Per Capita	0.09	33.05	19.65	1.07	-	-	-	-	0.35	-	-	-
	Average Annual (millions)	2.96	1,038.21	617.10	33.70	-	-	-	-	11.10	-	-	-
	Average Annual Per Capita	0.02	6.61	3.93	0.21	-	-	-	-	0.07	-	-	-
	Minimum Annual (millions)	2.90	1,017.64	604.88	33.04	-	-	-	-	10.88	-	-	-
	Minimum Annual Per Capita	0.02	6.48	3.85	0.21	-	-	-	-	0.07	-	-	-
	Maximum Annual (millions)	3.20	1,120.48	666.00	36.37	-	-	-	-	11.98	-	-	-
	Maximum Annual Per Capita	0.02	7.13	4.24	0.23	-	-	-	-	0.08	-	-	-
	Median Annual (millions)	2.90	1,017.64	604.88	33.04	-	-	-	-	10.88	-	-	-
	Median Annual Per Capita	0.02	6.48	3.85	0.21	-	-	-	-	0.07	-	-	-
Benin	Total (millions)	-	-	1.35	-	-	-	-	-	-	-	-	-
	Total Per Capita	-	-	0.13	-	-	-	-	-	-	-	-	-
	Average Annual (millions)	-	-	0.34	-	-	-	-	-	-	-	-	-
	Average Annual Per Capita	-	-	0.03	-	-	-	-	-	-	-	-	-
	Minimum Annual (millions)	-	-	0.28	-	-	-	-	-	-	-	-	-
	Minimum Annual Per Capita	-	-	0.03	-	-	-	-	-	-	-	-	-
	Maximum Annual (millions)	-	-	0.48	-	-	-	-	-	-	-	-	-
	Maximum Annual Per Capita	-	-	0.05	-	-	-	-	-	-	-	-	-
	Median Annual (millions)	-	-	0.30	-	-	-	-	-	-	-	-	-
	Median Annual Per Capita	-	-	0.03	-	-	-	-	-	-	-	-	-
Burkina Faso	Total (millions)	-	-	-	-	-	-	-	-	0.75	-	-	-
	Total Per Capita	-	-	-	-	-	-	-	-	0.04	-	-	-
	Average Annual (millions)	-	-	-	-	-	-	-	-	0.13	-	-	-
	Average Annual Per Capita	-	-	-	-	-	-	-	-	0.01	-	-	-
	Minimum Annual (millions)	-	-	-	-	-	-	-	-	0.12	-	-	-
	Minimum Annual Per Capita	-	-	-	-	-	-	-	-	0.01	-	-	-
	Maximum Annual (millions)	-	-	-	-	-	-	-	-	0.14	-	-	-
	Maximum Annual Per Capita	-	-	-	-	-	-	-	-	0.01	-	-	-
	Median Annual (millions)	-	-	-	-	-	-	-	-	0.12	-	-	-
	Median Annual Per Capita	-	-	-	-	-	-	-	-	0.01	-	-	-

## Annex 4

### Total and per capita programme costs for nutrition-sensitive interventions for each country (USD)

Country	unit	SENSITIVE										
		Food Security				Care Environments	Health & WatSan			water		
		general	availability	accessibility	supplementary feeding (resilience)		general	health	reproductive health		sanitation	
Guatemala	Total (millions)	-	218.47	651.81	251.61	107.56	0.04	197.12	77.24	-	78.48	
	Total Per Capita	-	13.76	41.04	15.84	6.77	0.00	12.41	4.86	-	4.94	
	Average Annual (millions)	-	109.23	325.91	125.81	53.78	0.02	98.56	38.62	-	39.24	
	Average Annual Per Capita	-	6.88	20.52	7.92	3.39	0.00	6.21	2.43	-	2.47	
	Minimum Annual (millions)	-	103.44	146.47	114.63	36.21	0.01	79.97	12.16	-	28.92	
	Minimum Annual Per Capita	-	6.51	9.22	7.22	2.28	0.00	5.03	0.77	-	1.82	
	Maximum Annual (millions)	-	115.03	505.34	136.99	71.34	0.03	117.15	65.09	-	49.55	
	Maximum Annual Per Capita	-	7.24	31.82	8.63	4.49	0.00	7.38	4.10	-	3.12	
	Median Annual (millions)	-	109.23	325.91	125.81	53.78	0.02	98.56	38.62	-	39.24	
	Median Annual Per Capita	-	6.88	20.52	7.92	3.39	0.00	6.21	2.43	-	2.47	
Haiti	Total (millions)	-	0.74	1.20	-	-	-	4.55	-	0.04	-	
	Total Per Capita	-	0.07	0.11	-	-	-	0.42	-	0.00	-	
	Average Annual (millions)	-	0.15	0.24	-	-	-	0.91	-	0.01	-	
	Average Annual Per Capita	-	0.01	0.02	-	-	-	0.08	-	0.00	-	
	Minimum Annual (millions)	-	0.15	0.24	-	-	-	0.91	-	0.01	-	
	Minimum Annual Per Capita	-	0.01	0.02	-	-	-	0.08	-	0.00	-	
	Maximum Annual (millions)	-	0.15	0.24	-	-	-	0.91	-	0.01	-	
	Maximum Annual Per Capita	-	0.01	0.02	-	-	-	0.08	-	0.00	-	
	Median Annual (millions)	-	0.15	0.24	-	-	-	0.91	-	0.01	-	
	Median Annual Per Capita	-	0.01	0.02	-	-	-	0.08	-	0.00	-	
Indonesia	Total (millions)	133.33	3,032.74	5,454.96	-	-	64.27	682.09	1,340.65	1,345.84	2,580.05	
	Total Per Capita	0.52	11.79	21.21	-	-	0.25	2.65	5.21	5.23	10.03	
	Average Annual (millions)	33.33	505.46	909.16	-	-	16.07	170.52	191.52	336.46	368.58	
	Average Annual Per Capita	0.13	1.97	3.54	-	-	0.06	0.66	0.74	1.31	1.43	
	Minimum Annual (millions)	23.55	298.55	15.89	-	-	11.34	-	-	323.11	7.07	
	Minimum Annual Per Capita	0.09	1.16	0.06	-	-	0.04	-	-	1.26	0.03	
	Maximum Annual (millions)	44.66	771.21	1,645.39	-	-	20.23	341.64	374.28	367.10	771.06	
	Maximum Annual Per Capita	0.17	3.00	6.40	-	-	0.08	1.33	1.46	1.43	3.00	
	Median Annual (millions)	32.56	471.46	1,123.45	-	-	16.35	170.23	264.96	327.81	485.99	
	Median Annual Per Capita	0.13	1.83	4.37	-	-	0.06	0.66	1.03	1.27	1.89	

## Annex 4

### Total and per capita programme costs for nutrition-sensitive interventions for each country (USD)

Country	unit	SENSITIVE										
		Food Security				Care Environments		Health & WatSan				
		general	availability	accessibility	supplementary feeding (resilience)	Environments	general	health	reproductive health	sanitation	water	
Kenya	Total (millions)	-	-	-	0.31	-	-	29.35	-	-	-	-
	Total Per Capita	-	-	-	0.01	-	-	0.60	-	-	-	-
	Average Annual (millions)	-	-	-	0.06	-	-	5.87	-	-	-	-
	Average Annual Per Capita	-	-	-	0.00	-	-	0.12	-	-	-	-
	Minimum Annual (millions)	-	-	-	0.04	-	-	4.74	-	-	-	-
	Minimum Annual Per Capita	-	-	-	0.00	-	-	0.10	-	-	-	-
	Maximum Annual (millions)	-	-	-	0.09	-	-	6.82	-	-	-	-
	Maximum Annual Per Capita	-	-	-	0.00	-	-	0.14	-	-	-	-
	Median Annual (millions)	-	-	-	0.06	-	-	6.23	-	-	-	-
	Median Annual Per Capita	-	-	-	0.00	-	-	0.13	-	-	-	-
Madagascar	Total (millions)	-	11.26	14.70	9.52	-	-	-	-	-	0.95	2.86
	Total Per Capita	-	0.47	0.62	0.40	-	-	-	-	-	0.04	0.12
	Average Annual (millions)	-	2.82	3.67	2.38	-	-	-	-	-	0.24	0.71
	Average Annual Per Capita	-	0.12	0.15	0.10	-	-	-	-	-	0.01	0.03
	Minimum Annual (millions)	-	1.08	1.66	2.08	-	-	-	-	-	0.14	0.11
	Minimum Annual Per Capita	-	0.04	0.07	0.09	-	-	-	-	-	0.01	0.00
	Maximum Annual (millions)	-	4.69	5.69	2.70	-	-	-	-	-	0.29	1.92
	Maximum Annual Per Capita	-	0.20	0.24	0.11	-	-	-	-	-	0.01	0.08
	Median Annual (millions)	-	2.75	3.67	2.37	-	-	-	-	-	0.26	0.41
	Median Annual Per Capita	-	0.11	0.15	0.10	-	-	-	-	-	0.01	0.02
Malawi	Total (millions)	-	159.74	1.09	77.20	-	-	9.50	-	-	-	7.10
	Total Per Capita	-	9.20	0.06	4.45	-	-	0.55	-	-	-	0.41
	Average Annual (millions)	-	22.82	0.16	11.03	-	-	1.36	-	-	-	2.37
	Average Annual Per Capita	-	1.31	0.01	0.64	-	-	0.08	-	-	-	0.14
	Minimum Annual (millions)	-	0.89	-	5.48	-	-	-	-	-	-	2.30
	Minimum Annual Per Capita	-	0.05	-	0.32	-	-	-	-	-	-	0.13
	Maximum Annual (millions)	-	42.25	0.66	18.59	-	-	3.33	-	-	-	2.47
	Maximum Annual Per Capita	-	2.43	0.04	1.07	-	-	0.19	-	-	-	0.14
	Median Annual (millions)	-	35.34	-	5.48	-	-	-	-	-	-	2.33
	Median Annual Per Capita	-	2.04	-	0.32	-	-	-	-	-	-	0.13

## Annex 4

### Total and per capita programme costs for nutrition-sensitive interventions for each country (USD)

Country	unit	SENSITIVE										
		Food Security				Care		Health & WatSan				
		general	availability	accessibility	supplementary feeding (resilience)	Environments	general	health	reproductive health	sanitation	water	
Mozambique	Total (millions)	-	0.32	1.30	2.56	-	-	44.56	17.58	1.77	-	-
	Total Per Capita	-	0.01	0.05	0.10	-	-	1.70	0.67	0.07	-	-
	Average Annual (millions)	-	0.06	0.26	0.51	-	-	8.91	3.52	0.35	-	-
	Average Annual Per Capita	-	0.00	0.01	0.02	-	-	0.34	0.13	0.01	-	-
	Minimum Annual (millions)	-	0.04	0.15	0.41	-	-	7.10	2.80	0.27	-	-
	Minimum Annual Per Capita	-	0.00	0.01	0.02	-	-	0.27	0.11	0.01	-	-
	Maximum Annual (millions)	-	0.09	0.37	0.63	-	-	10.98	4.33	0.43	-	-
	Maximum Annual Per Capita	-	0.00	0.01	0.02	-	-	0.42	0.17	0.02	-	-
	Median Annual (millions)	-	0.07	0.29	0.50	-	-	8.77	3.46	0.38	-	-
	Median Annual Per Capita	-	0.00	0.01	0.02	-	-	0.33	0.13	0.01	-	-
Nepal	Total (millions)	65.01	14.82	1.17	-	0.83	-	-	-	9.16	5.64	
	Total Per Capita	1.92	0.44	0.03	-	0.02	-	-	-	0.27	0.17	
	Average Annual (millions)	13.00	2.96	0.23	-	0.17	-	-	-	1.83	1.13	
	Average Annual Per Capita	0.38	0.09	0.01	-	0.00	-	-	-	0.05	0.03	
	Minimum Annual (millions)	3.83	2.14	0.04	-	0.05	-	-	-	1.83	1.13	
	Minimum Annual Per Capita	0.11	0.06	0.00	-	0.00	-	-	-	0.05	0.03	
	Maximum Annual (millions)	22.18	4.22	0.49	-	0.30	-	-	-	1.83	1.13	
	Maximum Annual Per Capita	0.65	0.12	0.01	-	0.01	-	-	-	0.05	0.03	
	Median Annual (millions)	12.69	2.72	0.21	-	0.17	-	-	-	1.83	1.13	
	Median Annual Per Capita	0.37	0.08	0.01	-	0.00	-	-	-	0.05	0.03	
Niger	Total (millions)	-	2.71	-	-	-	-	-	-	-	-	
	Total Per Capita	-	0.15	-	-	-	-	-	-	-	-	
	Average Annual (millions)	-	0.68	-	-	-	-	-	-	-	-	
	Average Annual Per Capita	-	0.04	-	-	-	-	-	-	-	-	
	Minimum Annual (millions)	-	0.10	-	-	-	-	-	-	-	-	
	Minimum Annual Per Capita	-	0.01	-	-	-	-	-	-	-	-	
	Maximum Annual (millions)	-	0.95	-	-	-	-	-	-	-	-	
	Maximum Annual Per Capita	-	0.05	-	-	-	-	-	-	-	-	
	Median Annual (millions)	-	0.83	-	-	-	-	-	-	-	-	
	Median Annual Per Capita	-	0.05	-	-	-	-	-	-	-	-	

## Annex 4

### Total and per capita programme costs for nutrition-sensitive interventions for each country (USD)

Country	unit	SENSITIVE												
		Food Security				Care Environments	Health & WatSan							
		general	availability	accessibility	supplementary feeding (resilience)		general	health	reproductive health	sanitation	water			
Peru	Total (millions)	-	1,205.22	141.08	-	-	-	-	-	-	-	-	0.10	2,596.97
	Total Per Capita	-	40.11	4.70	-	-	-	-	-	-	-	-	0.00	86.43
	Average Annual (millions)	-	602.61	70.54	-	-	-	-	-	-	-	-	0.05	1,298.48
	Average Annual Per Capita	-	20.06	2.35	-	-	-	-	-	-	-	-	0.00	43.22
	Minimum Annual (millions)	-	594.11	68.25	-	-	-	-	-	-	-	-	0.01	862.83
	Minimum Annual Per Capita	-	19.77	2.27	-	-	-	-	-	-	-	-	0.00	28.72
	Maximum Annual (millions)	-	611.11	72.83	-	-	-	-	-	-	-	-	0.09	1,734.13
	Maximum Annual Per Capita	-	20.34	2.42	-	-	-	-	-	-	-	-	0.00	57.71
	Median Annual (millions)	-	602.61	70.54	-	-	-	-	-	-	-	-	0.05	1,298.48
	Median Annual Per Capita	-	20.06	2.35	-	-	-	-	-	-	-	-	0.00	43.22
Rwanda	Total Per Capita	0.09	1.68	10.14	37.16	0.03	1.04	0.19	0.34	1.40	0.12	0.12	0.34	1.40
	Total (millions)	0.01	0.15	0.90	3.30	0.00	0.09	0.02	0.03	0.12	0.03	0.03	0.03	0.12
	Total Per Capita	0.09	1.68	10.14	37.16	0.03	1.04	0.19	0.34	1.40	0.12	0.12	0.34	1.40
	Average Annual (millions)	0.01	0.15	0.90	3.30	0.00	0.09	0.02	0.03	0.12	0.03	0.03	0.03	0.12
	Average Annual Per Capita	0.09	1.68	10.14	37.16	0.03	1.04	0.19	0.34	1.40	0.12	0.12	0.34	1.40
	Minimum Annual (millions)	0.01	0.15	0.90	3.30	0.00	0.09	0.02	0.03	0.12	0.03	0.03	0.03	0.12
	Minimum Annual Per Capita	0.09	1.68	10.14	37.16	0.03	1.04	0.19	0.34	1.40	0.12	0.12	0.34	1.40
	Maximum Annual (millions)	0.01	0.15	0.90	3.30	0.00	0.09	0.02	0.03	0.12	0.03	0.03	0.03	0.12
	Maximum Annual Per Capita	0.09	1.68	10.14	37.16	0.03	1.04	0.19	0.34	1.40	0.12	0.12	0.34	1.40
	Median Annual (millions)	0.01	0.15	0.90	3.30	0.00	0.09	0.02	0.03	0.12	0.03	0.03	0.03	0.12
Senegal	Total (millions)	-	6.34	5.37	-	-	-	-	-	-	-	-	-	-
	Total Per Capita	-	0.42	0.36	-	-	-	-	-	-	-	-	-	-
	Average Annual (millions)	-	1.27	1.07	-	-	-	-	-	-	-	-	-	-
	Average Annual Per Capita	-	0.08	0.07	-	-	-	-	-	-	-	-	-	-
	Minimum Annual (millions)	-	0.47	1.07	-	-	-	-	-	-	-	-	-	-
	Minimum Annual Per Capita	-	0.03	0.07	-	-	-	-	-	-	-	-	-	-
	Maximum Annual (millions)	-	1.51	1.07	-	-	-	-	-	-	-	-	-	-
	Maximum Annual Per Capita	-	0.10	0.07	-	-	-	-	-	-	-	-	-	-
	Median Annual (millions)	-	1.46	1.07	-	-	-	-	-	-	-	-	-	-
	Median Annual Per Capita	-	0.10	0.07	-	-	-	-	-	-	-	-	-	-

## Annex 4

### Total and per capita programme costs for nutrition-sensitive interventions for each country (USD)

Country	unit	SENSITIVE										
		Food Security				Care		Health & WatSan				
		general	availability	accessibility	supplementary feeding (resilience)	Environments	general	health	reproductive health	sanitation	water	
Sierra Leone	Total (millions)	-	10.64	0.39	-	-	-	3.85	2.22	3.24	2.90	
	Total Per Capita	-	1.56	0.06	-	-	-	0.56	0.33	0.47	0.42	
	Average Annual (millions)	-	2.13	0.08	-	-	-	0.77	0.44	0.65	0.58	
	Average Annual Per Capita	-	0.31	0.01	-	-	-	0.11	0.07	0.09	0.08	
	Minimum Annual (millions)	-	1.15	-	-	-	-	0.37	0.14	0.50	0.45	
	Minimum Annual Per Capita	-	0.17	-	-	-	-	0.05	0.02	0.07	0.07	
	Maximum Annual (millions)	-	2.96	0.12	-	-	-	1.00	0.85	0.99	0.65	
	Maximum Annual Per Capita	-	0.43	0.02	-	-	-	0.15	0.12	0.14	0.10	
	Median Annual (millions)	-	2.27	0.12	-	-	-	0.85	0.25	0.50	0.60	
	Median Annual Per Capita	-	0.33	0.02	-	-	-	0.12	0.04	0.07	0.09	
Tanzania	Total (millions)	-	4.88	-	-	-	-	5.59	-	-	-	
	Total Per Capita	-	0.09	-	-	-	-	0.10	-	-	-	
	Average Annual (millions)	-	0.98	-	-	-	-	1.12	-	-	-	
	Average Annual Per Capita	-	0.02	-	-	-	-	0.02	-	-	-	
	Minimum Annual (millions)	-	0.09	-	-	-	-	0.99	-	-	-	
	Minimum Annual Per Capita	-	0.00	-	-	-	-	0.02	-	-	-	
	Maximum Annual (millions)	-	1.39	-	-	-	-	1.25	-	-	-	
	Maximum Annual Per Capita	-	0.03	-	-	-	-	0.02	-	-	-	
	Median Annual (millions)	-	1.30	-	-	-	-	1.11	-	-	-	
	Median Annual Per Capita	-	0.02	-	-	-	-	0.02	-	-	-	
The Gambia	Total (millions)	-	2.15	0.23	-	0.14	-	1.08	-	0.84	-	
	Total Per Capita	-	1.09	0.11	-	0.07	-	0.55	-	0.43	-	
	Average Annual (millions)	-	0.43	0.05	-	0.03	-	0.22	-	0.17	-	
	Average Annual Per Capita	-	0.22	0.02	-	0.01	-	0.11	-	0.09	-	
	Minimum Annual (millions)	-	0.38	0.04	-	0.02	-	0.18	-	0.15	-	
	Minimum Annual Per Capita	-	0.19	0.02	-	0.01	-	0.09	-	0.08	-	
	Maximum Annual (millions)	-	0.48	0.05	-	0.03	-	0.31	-	0.18	-	
	Maximum Annual Per Capita	-	0.24	0.03	-	0.02	-	0.15	-	0.09	-	
	Median Annual (millions)	-	0.43	0.04	-	0.03	-	0.20	-	0.17	-	
	Median Annual Per Capita	-	0.22	0.02	-	0.01	-	0.10	-	0.09	-	

## Annex 4

### Total and per capita programme costs for nutrition-sensitive interventions for each country (USD)

Country	unit	SENSITIVE										
		Food Security				Care Environments			Health & WatSan			
		general	availability	accessibility	supplementary feeding (resilience)	Environments	general	health	reproductive health	sanitation	water	
Uganda	Total (millions)	-	5.09	18.43	-	0.62	-	-	1.23	0.21	-	-
	Total Per Capita	-	0.13	0.46	-	0.02	-	-	0.03	0.01	-	-
	Average Annual (millions)	-	1.02	3.69	-	0.12	-	-	0.25	0.04	-	-
	Average Annual Per Capita	-	0.03	0.09	-	0.00	-	-	0.01	0.00	-	-
	Minimum Annual (millions)	-	0.36	0.25	-	0.08	-	-	0.16	0.04	-	-
	Minimum Annual Per Capita	-	0.01	0.01	-	0.00	-	-	0.00	0.00	-	-
	Maximum Annual (millions)	-	1.52	6.36	-	0.16	-	-	0.33	0.05	-	-
	Maximum Annual Per Capita	-	0.04	0.16	-	0.00	-	-	0.01	0.00	-	-
	Median Annual (millions)	-	1.07	3.93	-	0.12	-	-	0.25	0.04	-	-
	Median Annual Per Capita	-	0.03	0.10	-	0.00	-	-	0.01	0.00	-	-
Yemen	Total (millions)	2.45	185.70	180.05	-	16.60	-	-	-	6.00	-	197.60
	Total Per Capita	0.08	6.43	6.23	-	0.57	-	-	-	0.21	-	6.84
	Average Annual (millions)	0.49	37.14	36.01	-	4.15	-	-	-	6.00	-	39.52
	Average Annual Per Capita	0.02	1.29	1.25	-	0.14	-	-	-	0.21	-	1.37
	Minimum Annual (millions)	0.49	35.78	22.80	-	4.15	-	-	-	6.00	-	39.52
	Minimum Annual Per Capita	0.02	1.24	0.79	-	0.14	-	-	-	0.21	-	1.37
	Maximum Annual (millions)	0.49	42.58	39.31	-	4.15	-	-	-	6.00	-	39.52
	Maximum Annual Per Capita	0.02	1.47	1.36	-	0.14	-	-	-	0.21	-	1.37
	Median Annual (millions)	0.49	35.78	39.31	-	4.15	-	-	-	6.00	-	39.52
	Median Annual Per Capita	0.02	1.24	1.36	-	0.14	-	-	-	0.21	-	1.37

## Annex 5

### Total and per capita programme costs for governance for each country (USD)

Country	unit	GOVERNANCE						System Capacity Building
		Coordination and Information Management			Policy		System Capacity Building	
		general	monitoring & evaluation	surveillance	research	Development, Advocacy, Communication		
Bangladesh	Total (millions)	8.29	39.50	81.24	3.76	167.23	-	
	Total Per Capita	0.05	0.25	0.52	0.02	1.06	-	
	Average Annual (millions)	1.66	7.90	16.25	0.75	33.45	-	
	Average Annual Per Capita	0.01	0.05	0.10	0.00	0.21	-	
	Minimum Annual (millions)	1.63	7.74	15.93	0.74	32.78	-	
	Minimum Annual Per Capita	0.01	0.05	0.10	0.00	0.21	-	
	Maximum Annual (millions)	1.79	8.53	17.54	0.81	36.10	-	
	Maximum Annual Per Capita	0.01	0.05	0.11	0.01	0.23	-	
	Median Annual (millions)	1.63	7.74	15.93	0.74	32.78	-	
	Median Annual Per Capita	0.01	0.05	0.10	0.00	0.21	-	
Benin	Total (millions)	-	-	-	3.02	-	-	
	Total Per Capita	-	-	-	0.30	-	-	
	Average Annual (millions)	-	-	-	0.76	-	-	
	Average Annual Per Capita	-	-	-	0.07	-	-	
	Minimum Annual (millions)	-	-	-	0.72	-	-	
	Minimum Annual Per Capita	-	-	-	0.07	-	-	
	Maximum Annual (millions)	-	-	-	0.79	-	-	
	Maximum Annual Per Capita	-	-	-	0.08	-	-	
	Median Annual (millions)	-	-	-	0.75	-	-	
	Median Annual Per Capita	-	-	-	0.07	-	-	
Burkina Faso	Total (millions)	1.12	0.56	-	0.42	19.94	-	
	Total Per Capita	0.06	0.03	-	0.02	1.04	-	
	Average Annual (millions)	0.19	0.09	-	0.07	3.32	-	
	Average Annual Per Capita	0.01	0.00	-	0.00	0.17	-	
	Minimum Annual (millions)	0.18	0.09	-	0.07	3.20	-	
	Minimum Annual Per Capita	0.01	0.00	-	0.00	0.17	-	
	Maximum Annual (millions)	0.21	0.10	-	0.08	3.72	-	
	Maximum Annual Per Capita	0.01	0.01	-	0.00	0.19	-	
	Median Annual (millions)	0.18	0.09	-	0.07	3.26	-	
	Median Annual Per Capita	0.01	0.00	-	0.00	0.17	-	



## Annex 5

### Total and per capita programme costs for governance for each country (USD)

Country	unit	GOVERNANCE					
		Coordination and Information Management			Policy		System Capacity Building
		general	monitoring & evaluation	surveillance	research	Development, Advocacy, Communication	
Guatemala	Total (millions)	-	1.57	-	-	-	-
	Total Per Capita	-	0.10	-	-	-	-
	Average Annual (millions)	-	1.57	-	-	-	-
	Average Annual Per Capita	-	0.10	-	-	-	-
	Minimum Annual (millions)	-	1.57	-	-	-	-
	Minimum Annual Per Capita	-	0.10	-	-	-	-
	Maximum Annual (millions)	-	1.57	-	-	-	-
	Maximum Annual Per Capita	-	0.10	-	-	-	-
	Median Annual (millions)	-	1.57	-	-	-	-
	Median Annual Per Capita	-	0.10	-	-	-	-
Haiti	Total (millions)	0.23	2.91	0.65	14.67	0.96	-
	Total Per Capita	0.02	0.27	0.06	1.34	0.09	-
	Average Annual (millions)	0.05	0.58	0.13	2.93	0.19	-
	Average Annual Per Capita	0.00	0.05	0.01	0.27	0.02	-
	Minimum Annual (millions)	0.03	0.58	0.13	2.93	0.19	-
	Minimum Annual Per Capita	0.00	0.05	0.01	0.27	0.02	-
	Maximum Annual (millions)	0.05	0.58	0.13	2.93	0.19	-
	Maximum Annual Per Capita	0.00	0.05	0.01	0.27	0.02	-
	Median Annual (millions)	0.05	0.58	0.13	2.93	0.19	-
	Median Annual Per Capita	0.00	0.05	0.01	0.27	0.02	-
Indonesia	Total (millions)	13.90	-	-	14.07	943.83	-
	Total Per Capita	0.05	-	-	0.05	3.67	-
	Average Annual (millions)	2.78	-	-	2.81	157.30	-
	Average Annual Per Capita	0.01	-	-	0.01	0.61	-
	Minimum Annual (millions)	2.78	-	-	1.64	0.05	-
	Minimum Annual Per Capita	0.01	-	-	0.01	0.00	-
	Maximum Annual (millions)	2.78	-	-	4.07	302.38	-
	Maximum Annual Per Capita	0.01	-	-	0.02	1.18	-

## Annex 5

### Total and per capita programme costs for governance for each country (USD)

Country	unit	GOVERNANCE					
		Coordination and Information Management			Policy Development, Advocacy, Communication		System Capacity Building
		general	monitoring & evaluation	surveillance	research		
Median Annual (millions)		2.78	-	-	2.43	169.44	-
Median Annual Per Capita		0.01	-	-	0.01	0.66	-
<b>Kenya</b>							
Total (millions)		19.47	6.17	12.67	24.81	8.30	-
Total Per Capita		0.40	0.13	0.26	0.51	0.17	-
Average Annual (millions)		3.89	1.23	2.53	4.96	1.66	-
Average Annual Per Capita		0.08	0.03	0.05	0.10	0.03	-
Minimum Annual (millions)		2.97	1.19	1.96	4.61	0.59	-
Minimum Annual Per Capita		0.06	0.02	0.04	0.09	0.01	-
Maximum Annual (millions)		5.73	1.36	3.18	5.59	2.97	-
Maximum Annual Per Capita		0.12	0.03	0.07	0.11	0.06	-
Median Annual (millions)		3.64	1.19	2.70	4.96	1.78	-
Median Annual Per Capita		0.07	0.02	0.06	0.10	0.04	-
<b>Madagascar</b>							
Total (millions)		0.94	0.64	0.37	1.68	22.47	-
Total Per Capita		0.04	0.03	0.02	0.07	0.94	-
Average Annual (millions)		0.24	0.16	0.09	0.42	5.62	-
Average Annual Per Capita		0.01	0.01	0.00	0.02	0.24	-
Minimum Annual (millions)		0.22	0.11	0.04	0.12	4.55	-
Minimum Annual Per Capita		0.01	0.00	0.00	0.01	0.19	-
Maximum Annual (millions)		0.25	0.22	0.14	0.70	7.84	-
Maximum Annual Per Capita		0.01	0.01	0.01	0.03	0.33	-
Median Annual (millions)		0.23	0.16	0.09	0.43	5.04	-
Median Annual Per Capita		0.01	0.01	0.00	0.02	0.21	-
<b>Malawi</b>							
Total (millions)		5.64	20.85	1.20	20.71	12.31	-
Total Per Capita		0.33	1.20	0.07	1.19	0.71	-
Average Annual (millions)		0.81	2.98	0.40	2.96	1.76	-
Average Annual Per Capita		0.05	0.17	0.02	0.17	0.10	-
Minimum Annual (millions)		0.03	-	0.35	1.25	0.01	-
Minimum Annual Per Capita		0.00	-	0.02	0.07	0.00	-

## Annex 5

### Total and per capita programme costs for governance for each country (USD)

Country	unit	GOVERNANCE						
		Coordination and Information Management				Policy Development, Advocacy, Communication	System Capacity Building	
		general	monitoring & evaluation	surveillance	research			
Maximum Annual (millions)		2.29	7.10	0.43	6.48	5.01	-	
Maximum Annual Per Capita		0.13	0.41	0.03	0.37	0.29	-	
Median Annual (millions)		0.14	0.33	0.41	1.64	0.65	-	
Median Annual Per Capita		0.01	0.02	0.02	0.09	0.04	-	
Total (millions)		0.76	0.04	0.40	0.42	7.21	-	
Total Per Capita		0.03	0.00	0.02	0.02	0.27	-	
Average Annual (millions)		0.15	0.01	0.08	0.08	1.44	-	
Average Annual Per Capita		0.01	0.00	0.00	0.00	0.05	-	
Minimum Annual (millions)		0.13	0.01	0.06	0.08	1.08	-	
Minimum Annual Per Capita		0.01	0.00	0.00	0.00	0.04	-	
Maximum Annual (millions)		0.17	0.01	0.10	0.09	1.73	-	
Maximum Annual Per Capita		0.01	0.00	0.00	0.00	0.07	-	
Median Annual (millions)		0.15	0.01	0.09	0.08	1.64	-	
Median Annual Per Capita		0.01	0.00	0.00	0.00	0.06	-	
Total (millions)		2.03	-	-	7.42	3.50	-	
Total Per Capita		0.06	-	-	0.22	0.10	-	
Average Annual (millions)		0.41	-	-	1.48	0.70	-	
Average Annual Per Capita		0.01	-	-	0.04	0.02	-	
Minimum Annual (millions)		0.23	-	-	1.02	0.57	-	
Minimum Annual Per Capita		0.01	-	-	0.03	0.02	-	
Maximum Annual (millions)		0.63	-	-	1.96	0.88	-	
Maximum Annual Per Capita		0.02	-	-	0.06	0.03	-	
Median Annual (millions)		0.40	-	-	1.53	0.70	-	
Median Annual Per Capita		0.01	-	-	0.04	0.02	-	
Total (millions)		1.66	-	0.68	14.78	-	-	
Total Per Capita		0.09	-	0.04	0.80	-	-	
Average Annual (millions)		0.41	-	0.17	3.69	-	-	
Average Annual Per Capita		0.02	-	0.01	0.20	-	-	

## Annex 5

### Total and per capita programme costs for governance for each country (USD)

Country	unit	GOVERNANCE					
		Coordination and Information Management			Policy Development, Advocacy, Communication		System Capacity Building
		general	monitoring & evaluation	surveillance	research		
Minimum Annual (millions)		0.35	-	0.15	1.72	-	-
Minimum Annual Per Capita		0.02	-	0.01	0.09	-	-
Maximum Annual (millions)		0.50	-	0.18	4.73	-	-
Maximum Annual Per Capita		0.03	-	0.01	0.26	-	-
Median Annual (millions)		0.41	-	0.17	4.16	-	-
Median Annual Per Capita		0.02	-	0.01	0.23	-	-
Total (millions)		-	-	-	-	-	-
Total Per Capita		-	-	-	-	-	-
Average Annual (millions)		-	-	-	-	-	-
Average Annual Per Capita		-	-	-	-	-	-
Minimum Annual (millions)		-	-	-	-	-	-
Minimum Annual Per Capita		-	-	-	-	-	-
Maximum Annual (millions)		-	-	-	-	-	-
Maximum Annual Per Capita		-	-	-	-	-	-
Median Annual (millions)		-	-	-	-	-	-
Median Annual Per Capita		-	-	-	-	-	-
Total Per Capita		2.23	0.16	0.08	1.15	2.38	-
Total (millions)		0.20	0.01	0.01	0.10	0.21	-
Total Per Capita		2.23	0.16	0.08	1.15	2.38	-
Average Annual (millions)		0.20	0.01	0.01	0.10	0.21	-
Average Annual Per Capita		2.23	0.16	0.08	1.15	2.38	-
Minimum Annual (millions)		0.20	0.01	0.01	0.10	0.21	-
Minimum Annual Per Capita		2.23	0.16	0.08	1.15	2.38	-
Maximum Annual (millions)		0.20	0.01	0.01	0.10	0.21	-
Maximum Annual Per Capita		2.23	0.16	0.08	1.15	2.38	-
Median Annual (millions)		0.20	0.01	0.01	0.10	0.21	-
Total (millions)		0.32	2.61	0.49	2.19	12.40	-
Total Per Capita		0.02	0.17	0.03	0.15	0.83	-

## Annex 5

### Total and per capita programme costs for governance for each country (USD)

Country	unit	GOVERNANCE					
		Coordination and Information Management			Policy Development, Advocacy, Communication		System Capacity Building
		general	monitoring & evaluation	surveillance	research		
Average Annual (millions)		0.06	0.52	0.10	0.44	2.48	-
Average Annual Per Capita		0.00	0.03	0.01	0.03	0.17	-
Minimum Annual (millions)		0.05	0.29	0.10	0.34	2.24	-
Minimum Annual Per Capita		0.00	0.02	0.01	0.02	0.15	-
Maximum Annual (millions)		0.13	0.68	0.10	0.56	2.87	-
Maximum Annual Per Capita		0.01	0.05	0.01	0.04	0.19	-
Median Annual (millions)		0.05	0.68	0.10	0.43	2.40	-
Median Annual Per Capita		0.00	0.05	0.01	0.03	0.16	-
<b>Sierra Leone</b>							
Total (millions)		0.83	2.85	2.88	1.99	29.88	-
Total Per Capita		0.12	0.42	0.42	0.29	4.37	-
Average Annual (millions)		0.17	0.57	0.58	0.40	5.98	-
Average Annual Per Capita		0.02	0.08	0.08	0.06	0.87	-
Minimum Annual (millions)		0.03	0.27	0.13	0.24	5.63	-
Minimum Annual Per Capita		0.00	0.04	0.02	0.03	0.82	-
Maximum Annual (millions)		0.23	1.12	1.16	0.56	6.42	-
Maximum Annual Per Capita		0.03	0.16	0.17	0.08	0.94	-
Median Annual (millions)		0.21	0.57	0.58	0.36	5.89	-
Median Annual Per Capita		0.03	0.08	0.08	0.05	0.86	-
<b>Tanzania</b>							
Total (millions)		7.12	6.33	11.17	11.87	17.32	-
Total Per Capita		0.13	0.12	0.21	0.22	0.32	-
Average Annual (millions)		1.42	1.27	2.23	2.37	3.46	-
Average Annual Per Capita		0.03	0.02	0.04	0.04	0.06	-
Minimum Annual (millions)		1.23	0.49	0.41	2.03	3.05	-
Minimum Annual Per Capita		0.02	0.01	0.01	0.04	0.06	-
Maximum Annual (millions)		1.61	1.99	3.86	2.58	3.84	-
Maximum Annual Per Capita		0.03	0.04	0.07	0.05	0.07	-
Median Annual (millions)		1.48	1.29	2.41	2.43	3.39	-
Median Annual Per Capita		0.03	0.02	0.04	0.05	0.06	-

## Annex 5

### Total and per capita programme costs for governance for each country (USD)

Country	unit	GOVERNANCE					
		Coordination and Information Management			Policy Development, Advocacy, Communication		System Capacity Building
		general	monitoring & evaluation	surveillance	research		
The Gambia	Total (millions)	0.01	0.82	0.29	0.86	5.39	-
	Total Per Capita	0.00	0.42	0.15	0.44	2.73	-
	Average Annual (millions)	0.01	0.16	0.06	0.17	1.08	-
	Average Annual Per Capita	0.00	0.08	0.03	0.09	0.55	-
	Minimum Annual (millions)	0.01	0.14	0.01	0.14	0.98	-
	Minimum Annual Per Capita	0.00	0.07	0.00	0.07	0.49	-
	Maximum Annual (millions)	0.01	0.21	0.27	0.24	1.20	-
	Maximum Annual Per Capita	0.00	0.11	0.13	0.12	0.61	-
	Median Annual (millions)	0.01	0.16	0.01	0.16	1.07	-
	Median Annual Per Capita	0.00	0.08	0.00	0.08	0.54	-
Uganda	Total (millions)	3.94	3.51	3.98	4.48	8.78	-
	Total Per Capita	0.10	0.09	0.10	0.11	0.22	-
	Average Annual (millions)	0.79	0.70	0.80	0.90	1.76	-
	Average Annual Per Capita	0.02	0.02	0.02	0.02	0.04	-
	Minimum Annual (millions)	0.41	0.47	0.38	0.77	0.31	-
	Minimum Annual Per Capita	0.01	0.01	0.01	0.02	0.01	-
	Maximum Annual (millions)	1.07	0.90	1.07	0.99	3.02	-
	Maximum Annual Per Capita	0.03	0.02	0.03	0.02	0.07	-
	Median Annual (millions)	0.82	0.72	0.83	0.91	1.82	-
	Median Annual Per Capita	0.02	0.02	0.02	0.02	0.05	-
Yemen	Total (millions)	2.85	160.00	41.50	14.70	249.80	-
	Total Per Capita	0.10	5.54	1.44	0.51	8.65	-
	Average Annual (millions)	0.57	32.00	8.30	2.94	49.96	-
	Average Annual Per Capita	0.02	1.11	0.29	0.10	1.73	-
	Minimum Annual (millions)	0.57	31.80	8.20	0.60	10.43	-
	Minimum Annual Per Capita	0.02	1.10	0.28	0.02	0.36	-
	Maximum Annual (millions)	0.57	32.80	8.70	3.53	59.84	-
	Maximum Annual Per Capita	0.02	1.14	0.30	0.12	2.07	-
	Median Annual (millions)	0.57	31.80	8.20	3.53	59.84	-
	Median Annual Per Capita	0.02	1.10	0.28	0.12	2.07	-

## Annex 6 Annual costs (20 plans with cost estimations)

### Explanation

The **Total Annual** is the sum of the annual average in all countries. This shows the total amount of money budgeted each year, on average, in **all** countries.

The **Average Annual** is the Total Average Annual divided by the number of countries with non-zero allocations (in the relevant category), or the total amount budgeted each year, on average, in **each** country (with a cost allocation in that category).

**NOTE:** The distribution is quite wide and not evenly distributed. The minimum, median, and maximum values across countries are indicated to illustrate the distribution.

### Summary

#### All Countries

NON-ZERO:		20 countries
TOTAL ANNUAL:	\$	8.2 billion
TOTAL ANNUAL PER CAPITA:	\$	196.86
MINIMUM:	\$	5.3 million
MEDIAN:	\$	59.4 million
MAXIMUM:	\$	2,329.8 million

#### Each Country

ANNUAL AVERAGE:	\$	410.5 million
AVERAGE ANNUAL PER CAPITA:	\$	9.84

#### Specific nutrition interventions

	Total annual US\$ millions	Average annual per country US\$ millions	Total annual range US\$ millions	Total annual US\$ per capita	Average annual per country US\$ per capita
Good nutrition practices 61%	661.1	33.1	non-zero 20 Minimum 0.8 Median 15.3 Maximum 155.9	25.67	1.28
Acute malnutrition 18%	193.5	12.9	non-zero 15 Minimum 0.2 Median 4.3 Maximum 75.8	7.28	0.49
Vitamin and mineral intake 17%	178.2	9.4	non-zero 19 Minimum 0.2 Median 3.1 Maximum 47.4	6.70	0.35
Nutrient-dense diet 4%	45.9	15.3	non-zero 3 Minimum 0.6 Median 10.4 Maximum 34.9	1.70	0.57

**Note:** Totals are calculated after excluding zero values.

## Annex 6

### Annual costs (20 plans with cost estimations)

<u>Nutrition-sensitive interventions</u>	Total annual US\$ millions	Average annual per country US\$ millions	Total annual range	Total annual US\$ per capita	Average annual per country US\$ per capita
Food Security	4557.7	239.9	non-zero 19 Minimum 0.1 Median 4.7 Maximum 1692.0	84.79	4.46
Care Environments	58.3	9.7	non-zero 6 Minimum 0.0 Median 0.1 Maximum 53.8	3.55	0.59
Health & WatSan	2419.0	142.3	non-zero 17 Minimum 0.1 Median 3.0 Maximum 1298.5	60.95	3.59

**Note:** Totals are calculated after excluding zero values.

<u>Governance</u>	Total annual US\$ millions	Average annual per country US\$ millions	Total annual range	Total annual US\$ per capita	Average annual per country US\$ per capita
Information Management & Coordination	132.4	7.0	non-zero 19 Minimum 0.2 Median 2.7 Maximum 46.8	4.39	0.23
Advocacy, Communication & Policy	29.3	1.6	non-zero 18 Minimum 0.1 Median 1.0 Maximum 5.0	1.34	0.07
System Capacity Building	272.5	17.0	non-zero 16 Minimum 0.2 Median 2.4 Maximum 157.3	5.10	0.32

**Note:** Totals are calculated after excluding zero values.



## Annex 7 Summary of costing assumptions and methodologies

	Bangladesh	Benin	Burkina Faso	Gambia	Guatemala
<b>Cost Estimation</b>					
<b>Comprehensiveness</b>					
a. Which stakeholders were involved in the creation of the content (objectives, activities, interventions) of the nutrition plan?	Ministry of Agriculture; Ministry of Chittagong Hill Tracts Affairs; Ministry of Environment and Forests; Ministry of Finance; Ministry of Fisheries and Livestock; Ministry of Food and Disaster Management (Food Division and DMR Division); Ministry of Health and Family Welfare; Ministry of Industries; Ministry of Local Government, Rural Development and Cooperatives; Ministry of Land; Ministry of Social Welfare; Ministry of Water Resources; Ministry of Women and Children Affairs	National Government*	Ministry of Health	National Nutrition Agency	National Government*
b. Which stakeholders were involved in the costing of the nutrition plan?	National Government*	National Government*	Ministry of Health	No information available	Ministry of Health and Social Welfare, Ministry of Social Development (MIDES), Ministry of Education, Ministry of Agriculture, Livestock and Supply, Ministry of Communications, Infrastructure and Housing, Executive Coordinating Secretariat of the Presidency
c. Does the costed plan incorporate nutrition-related activities currently being performed by non-governmental groups?	No	No information available	No	No information available	No
d. Does the plan include all of the following types of activities: nutrition-specific, nutrition-sensitive, governance?	Yes	Yes	Yes	Yes	Yes
e. Plan years?	2011-2015	2012-2015	2010-2015	2011-2015	2012-2015
f. Does the plan include a monitoring & evaluation framework that matches individual activities to specific measurable outcomes?	Somewhat - there is an M&E framework for the plan but specific outcomes are not shown by year	No	No	Somewhat - some but not all activities are mapped to outputs but no measurable targets are specified	No
<b>Cost Calculations</b>					
a. At what level of government are costs calculated (e.g., national, regional, local)?	National	National	National	National	National
b. At what level of detail are activities estimated?	By programme component	By programme component	By programme component	By programme component	By programme component
c. If costs are calculated by input, which input costs are considered?	No information available	Limited information available - inputs are not explained but physical contingencies and inflation for the overall plan are presented.	No information available	No information available	No information available
d. Are the costs of each activity estimated by one stakeholder, or do multiple stakeholders contribute to the cost estimation and cost efficiencies?	Multiple stakeholders, and integrated by national government agricultural division	Unknown - funding sources listed are PTF, Government, and Local communities	One stakeholder - estimates were developed by Ministry of Health	No information available	No information available
<b>Scale Up</b>					
a. Are activities in the plan matched to specific objectives or outcomes? Are the outcomes scaled up by plan year or are the outcomes specific to the overall plan?	Objectives are mapped to the overall plan and are not assigned for specific activities or sub-programmes.	Activities are mapped to objectives	No information available	Activities are mapped to objectives	No information available
b. In calculating costs per plan year, how were the costs mapped to the annual/overall goals?	Total costs for the plan period are presented.	Cost per plan year are presented. The plan indicates that costs are distributed by municipalities targeted that year, but specific municipalities are not defined.	Total costs for the plan period are presented.	Cost per plan year are presented, but the distribution of costs by year are not explained.	No information available
c. In calculating scale up costs, were regional cost differences considered?	No information available	No information available	No information available	No information available	No information available
d. In calculating costs of scale up, were efficiencies of scale considered? Were start-up and maintenance costs considered?	No information available	No information available	No information available	No information available	No information available
e. In calculating the costs of scale up, were the costs of sustainment considered?	No information available	No information available	No information available	No information available	No information available

\* Specific agencies unknown

## Annex 7 Summary of costing assumptions and methodologies

	Haiti	Indonesia	Kenya	Madagascar	Malawi
<b>Cost Estimation</b>					
<b>Comprehensiveness</b>	National Government*	Ministries of Health, Agriculture, Home Affairs, Religious Affairs, Social Welfare, and Food and Drug Control	Ministry of Public Health and Sanitation in collaboration with "a broad breadth of actors" - multi-sectoral plan involves 11 ministries	ONN, Ministry of Health, Ministry of Education, Ministry of Agriculture, Ministry of Finance, UNICEF, WFP, World Bank, WHO, CSOs, other stakeholders	National government - Dept of Nutrition, HIV and Aids (DNHA)
<b>a. Which stakeholders were involved in the creation of the content (objectives, activities, interventions) of the nutrition plan?</b>					
<b>b. Which stakeholders were involved in the costing of the nutrition plan?</b>	Ministry of Public Health and Population	Ministries of Health, Agriculture, Home Affairs, Religious Affairs, Social Welfare, and Food and Drug Control	Ministry of Public Health and Sanitation and UNICEF	A small team, led by the Directeur Administratif and Financier (DAF) in the Office National de Nutrition (ONN), developed the costings and the budget for PNAN II.	National government - Dept of Nutrition, HIV and Aids (DNHA)
<b>c. Does the costing plan incorporate nutrition-related activities currently being performed by non-governmental groups?</b>	No	No	No	Yes	No
<b>d. Does the plan include all of the following types of activities: nutrition-specific, nutrition-sensitive, governance?</b>	Yes	Yes	Yes	Yes	No
<b>e. Plan years?</b>	2012-2017	2011-2015	2012-2017	2012-2015	2011-2016
<b>f. Does the plan include a monitoring &amp; evaluation framework that matches individual activities to specific measurable outcomes?</b>	Somewhat - some but not all activities are mapped to outputs but no measurable targets are specified	Yes	Yes	Yes	Yes
<b>Cost Calculations</b>					
<b>a. At what level of government are costs calculated (e.g., national, regional, local)?</b>	National	National	National	National	The nutrition network budget does not meet the plan developed by DNHA
<b>b. At what level of detail are activities estimated?</b>	By programme component	Although the plan costs are provided only at an aggregated level, the budget allocations and forecasts are delineated by specific activities and locations.	By programme component	By programme component	No information available
<b>c. If costs are calculated by input, which input costs are considered?</b>	No information available	Limited information available - costs are calculated based on the activity	No information available	Personnel, supplies, materials (food, supplements), travel, and equipment cost are considered. Government fixed costs were excluded.	No information available
<b>d. Are the costs of each activity estimated by one stakeholder, or do multiple stakeholders contribute to the cost estimation and cost efficiencies?</b>	No information available	Unknown - financial allocations are noted for several ministries. The plans are submitted to the Ministry of Finance, which provides the final budget allocation.	Multiple stakeholders contributed to cost estimation but no other information is available.	Multiple stakeholders - Office for National Nutrition costed the plan with the assistance from UNICEF	No information available
<b>Scale Up</b>					
<b>a. Are activities in the plan matched to specific objectives or outcomes? Are the outcomes scaled up by plan year or are the outcomes specific to the overall plan?</b>	No information available	Objectives are mapped to the overall plan.	Activities are mapped to objectives and include annual targets for each year.	Activities are mapped to objectives	Activities are mapped to objectives
<b>b. In calculating costs per plan year, how were the costs mapped to the annual/overall goals?</b>	No information available	Cost per plan year are presented, but the distribution of costs by year are not explained.	Cost per plan year are presented, but the distribution of costs by year are not explained.	Cost per plan year are presented, but the distribution of costs by year are not explained.	No information available
<b>c. In calculating scale up costs, were regional cost differences considered?</b>	No information available	Yes	No information available	No	No information available
<b>d. In calculating costs of scale up, were efficiencies of scale considered? Were start-up and maintenance costs considered?</b>	No information available	No information available	No information available	No	No
<b>e. In calculating the costs of scale up, were the costs of sustainment considered?</b>	No information available	No information available	No information available	No	No

\* Specific agencies unknown

## Annex 7 Summary of costing assumptions and methodologies

	Mozambique	Nepal	Niger	Peru	Rwanda
<b>Cost Estimation</b>					
<b>Comprehensiveness</b>					
a. Which stakeholders were involved in the creation of the content (objectives, activities, interventions) of the nutrition plan?	Ministry of Education, Ministry of Finance, Ministry of Health, Ministry of Industry and Commerce, Ministry of Planning and Development, Ministry of Public Works and Housing, Ministry of Women and Social Action, Ministry of Youth and Sports, CDC, FAO, SETSAN, UNFPA, UNICEF, USAID, WHO, WFP	National Government*	Ministry of Health	National and Regional Governments*	National Government*
b. Which stakeholders were involved in the costing of the nutrition plan?	National Government*	The Ministry of Health and Population (MoPH), Ministry of Agriculture, Ministry of Education, Ministry of Urban Development and the Ministry of Federal Affairs and Local Development	Ministry of Health	Ministry of Health, Ministry of Housing, Construction and Sanitation, Ministry of Development and Social Inclusion, Ministry of Education, Ministry of agriculture, and regional governments	National Government*
c. Does the costed plan incorporate nutrition-related activities currently being performed by non-governmental groups?	No	Yes; the Nepal Nutrition Group includes NGOs	No	No	No
d. Does the plan include all of the following types of activities: nutrition-specific, nutrition-sensitive, governance?	Yes	Yes	No	Yes	No; Governance activities only
e. Plan years?	2011-2015	2013-2017	2013-2017	2012 and 2013	2012 is the only year in the costing sheet
f. Does the plan include a monitoring & evaluation framework that matches individual activities to specific measurable outcomes?	Yes	Somewhat - the Nepal Food Security Monitoring System is referred to but it is not described in detail.	No	No	Yes
<b>Cost Calculations</b>					
a. At what level of government are costs calculated (e.g., national, regional, local)?	National government	National	National	National	National and some district information
b. At what level of detail are activities estimated?	By activity	By programme component	By activity	By objective	By objective
c. If costs are calculated by input, which input costs are considered?	No information available	Limited information available - existing personnel and facilities are excluded. Average costs per district were calculated.	No information available	No information available	No information available
d. Are the costs of each activity estimated by one stakeholder, or do multiple stakeholders contribute to the cost estimation and cost efficiencies?	No information available	Multiple stakeholders	No information available	No information available	No information available
<b>Scale Up</b>					
a. Are activities in the plan matched to specific objectives or outcomes? Are the outcomes scaled up by plan year or are the outcomes specific to the overall plan?	Activities are mapped to objectives	Activities are mapped to objectives	No information available	No information available	Operational Plan was devised to address eight strategies
b. In calculating costs per plan year, how were the costs mapped to the annual/overall goals?	Cost per plan year are presented, but the distribution of costs by year are not explained.	Cost per plan year are presented, but the distribution of costs by year are not explained.	No information available	No information available	No information available
c. In calculating scale up costs, were regional cost differences considered?	No information available	Yes	No information available	No information available	Rwanda has district plans, but information on regional difference was not available
d. In calculating costs of scale up, were efficiencies of scale considered? Were start-up and maintenance costs considered?	No information available	Yes	No information available	No information available	No information available
e. In calculating the costs of scale up, were the costs of sustainment considered?	No information available	No information available	No information available	No information available	No information available

\* Specific agencies unknown

## Annex 7 Summary of costing assumptions and methodologies

	Senegal	Sierra Leone	Tanzania	Uganda	Yemen
<b>Cost Estimation</b>					
<b>Comprehensiveness</b>	National Government*	National Government*, WFP, UNICEF and WHO and coordinated by REACH	National Government*	National Government*	National Government*
a. Which stakeholders were involved in the creation of the content (objectives, activities, interventions) of the nutrition plan?					
b. Which stakeholders were involved in the costing of the nutrition plan?	National Government*	National Government (MoHS and MAFFS) and development partners	National Government*	No information available	The nutrition plan was created by the Ministry of Health and Sanitation and the Family Health Directorate, Primary Health Care Sector; the agricultural plan was developed by the Ministry of Agriculture and Irrigation; and the fisheries plan was created by the Ministry of Fish Wealth
c. Does the costing plan incorporate nutrition-related activities currently being performed by non-governmental groups?	No information available	Yes	No information available	No	No
d. Does the plan include all of the following types of activities: nutrition-specific, nutrition-sensitive, governance?	Yes	Yes	Yes	Yes	Yes
e. Plan years?	2013-2017	2013-2017	2011-2016	2011-2016	The nutrition plan covers 2013; The agricultural plan covers years 2012 to 2016. The fisheries plan provides short-term goals for years 2012-2015.
f. Does the plan include a monitoring & evaluation framework that matches individual activities to specific measurable outcomes?	Yes	Somewhat - indicators and specific targets are described for programme areas, not individual programme components.	Somewhat	Yes	No
<b>Cost Calculations</b>					
a. At what level of government are costs calculated (e.g., national, regional, local)?	National	National	National, regional, ward, district and community	National	National
b. At what level of detail are activities estimated?	By activity	By programme component	By programme component	By programme component	By strategic objective
c. If costs are calculated by input, which input costs are considered?	No information available	Limited information available - Staffing and Operational Costs, into sharing platform, and Government contribution (which includes salaries, logistics and utilities) were considered.	No information available	No information available	No information available
d. Are the costs of each activity estimated by one stakeholder, or do multiple stakeholders contribute to the cost estimation and cost efficiencies?	No information available	No information available	Unknown - there is indication of contributions from multiple agencies but it is unclear if they were involved in cost estimation.	No information available	One stakeholder - there are multiple plans, each developed by a separate agency.
<b>Scale Up</b>					
a. Are activities in the plan matched to specific objectives or outcomes? Are the outcomes scaled up by plan year or are the outcomes specific to the overall plan?	Activities are mapped to objectives	No information available	Activities are mapped to objectives	Activities are mapped to objectives and include annual targets.	Activities are mapped to objectives
b. In calculating costs per plan year, how were the costs mapped to the annual/overall goals?	Cost per plan year are presented, but the distribution of costs by year are not explained.	No information available	Cost per plan year are presented and appears to be generally increased by 6% each year.	Cost per plan year are presented, but the distribution of costs by year are not explained.	Total plan costs are presented, as well as annual targets.
c. In calculating scale up costs, were regional cost differences considered?	No information available	No information available	No information available	No information available	No information available
d. In calculating costs of scale up, were efficiencies of scale considered? Were start-up and maintenance costs considered?	No information available	No information available	No information available	No information available	No information available
e. In calculating the costs of scale up, were the costs of sustainment considered?	No information available	No information available	No information available	No information available	No information available

\* Specific agencies unknown



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