Nutrition Resource Mapping in Ethiopia Across Sectors

2nd NIPN Global Gathering
May 22 – 24 2019
Amsterdam
Agenda

1. Describe the role and efforts in multi-sectoral resource tracking to support national nutrition efforts in Ethiopia

2. Present approach and illustrative analysis results from 2015/16 – 2018/19 as examples to inform decision-making

3. Highlight lessons learned which may be helpful to other countries looking to implement a similar process

4. Present areas for collaboration with NIPN
Background and objectives
In the last 5 years, Ethiopia’s fight against malnutrition has moved forward with political will, policy and financing.
Routine nutrition resource mapping across sectors is essential for national planning and priority setting.

Routine multi-sectoral reporting, consolidated across sectors, to monitor progress against national strategies.

Information can be used to inform allocative decisions to:
- scale-up high-impact interventions in areas most in need
- enhance the enabling environment for nutrition, including by making large-scale programs more nutrition-sensitive

Strategic priority setting and governance
Routine nutrition resource mapping **within sectors** is essential for sectoral budget management.

Adapted from SUN guidance on planning & implementation.
FMOH has taken leadership in tracking resources for nutrition against the NNP-II framework

1. FMOH (Nutrition Case Team) oversaw the **first comprehensive multi-sectoral resource tracking effort**, for 2014/15 - 16/17

2. FMOH (Partnership Cooperation Directorate) has mapped nutrition resources from health sector partners over a number of years through **annual resource mapping exercise**, as well as some non-health sector spending

3. FMOH implemented a **supplemental tool** to more fully capture non-health spending on nutrition for 2016/17-2018/19

4. FMOH’s annual **resource mapping exercise has now fully integrated the supplemental** non-health categories and non-health donors/IPs for EFY 2019/20 and future nutrition tracking
Multi-sectoral analysis: total funding increasing in most sectors, but nutrition-specific funding in 2015/16 no higher than 2013/14

Do the results suggest nutrition-specific programs are not receiving high enough priority? What are the causes?
Funding for national strategic priorities: despite positive trend overall, not all objectives are receiving increasing funding

![Bar chart showing trends in NPP-II objectives from EFY 2006 to EFY 2008 budgets.]

Mainly health sector

- Obj 1 & 2: Promote nutrition for Women, adolescents and children
- Obj 3: Improve nutrition services for communicable and non-communicable/lifestyle related diseases

Multi-sectoral

- Obj 4: Strengthen implementation of nutrition-sensitive interventions across sectors
- Obj 5: Improve multi-sectoral nutrition coordination & capacity to implement NNP

Trends in NPP-II Obj.1,2,3 are not very positive - is more funding needed for these from GoE and/or external sources?
Regional analysis: is funding being allocated in proportion with stunting burden?

![Bar chart showing illustrative EFY 2008 budget allocations per stunted child under five (USD)]

If these differences across regions were seen, could more money be mobilized for those regions being left behind?
The approach built on the annual FMOH health resource mapping process to include additional nutrition-sensitive investments across sectors.

The annual resource mapping process captured mainly nutrition-specific investments through the health sector...

In 2018, supplemental tool developed to capture multi-sectoral investments from non-health partners.

Respondents for both include both donors and implementing partners.

Present status: One tool

FMOH tool updated with multi-sectoral categories and non-health partners to capture nutrition investments.
Illustrative data analysis using FMOH’s routine annual health resource mapping tool + supplemental tool for multi-sectoral partners

The full set of sample analyses is available with FMOH in the slide deck “FMOH-R4D nutrition resource mapping in Ethiopia preliminary analysis deck v16Dec”
Example analysis (1): multi-sectoral coordination and capacity-building both becoming less prominent in EFY 2011 health sector programs for nutrition.

### Nutrition specific expenditure & commitments (EFY 2010-2011, USD, %)

<table>
<thead>
<tr>
<th>Category</th>
<th>EFY 2010 Expected expenditure</th>
<th>EFY 2011 Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Nutrition/Not disaggregated</td>
<td>4.5%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Research, knowledge management and use of data for decision making</td>
<td>1.5%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Multi-sectoral coordination for nutrition</td>
<td>2.0%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Capacity building for nutrition program implementation</td>
<td>4.0%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Nutrition Supplies and logistics</td>
<td>0.5%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Women/adolescent nutrition</td>
<td>1.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Micronutrients</td>
<td>2.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Comprehensive community based nutrition</td>
<td>1.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Management of malnutrition</td>
<td>0.5%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Infant and Young Child feeding</td>
<td>1.5%</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

**Source:** IP data from routine FMOH tool

Illustrative analysis.
Example analysis (2): changing mix of spending by NNP-II strategic objectives

Future efforts could track Food & Nutrition Strategy priority areas

Expected expenditures (EFY 2010) and budget commitments (EFY 2011) by NNP-II strategic objective reported by IPs through FMOH tool

SO5: Improve multisectoral nutrition coordination and capacity to implement NNP
SO4: Strengthen implementation of nutrition sensitive interventions across sectors
SO2: Improve the nutritional status of children from birth up to 10 years
SO1 & 2: Promotion of nutrition for women and adolescent girls; Improve the nutritional status of children from birth...
Other

Notes: Finances for SO 3: improve the delivery of nutrition services for communicable and non-communicable/lifestyle related diseases was not reported period by the IPs through either tools. To some extent, these may embedded under other program areas such as HIV/AIDS, TB, diabetes

Source: IP data from routine FMOH tool
Example analysis (3): regional spend p.c. vs burden

Significant regional variation in per capita budget allocations which did not appear to correlate with stunting burden

Per capita funding by region (USD, EFY 2009-2011, USD)

- Extremely high per-capita spending in Gambella driven by emergency response for South Sudan refugees
- No clear link between higher stunting burden and higher per capita funding
- Regional breakdowns have substantial data challenges and are particularly vulnerable to distortions from incomplete responses – these tentative findings are for illustration only

Increasing prevalence of stunting

Source: IP data from supplemental tool; does not include any funding from regional bureaus/partners
Lessons learned and areas for NIPN collaboration
Lessons Learnt

1. Recent efforts in multisectoral resource tracking using different approaches have **provided a useful foundation for a future routine process**

2. **Integrating nutrition resource tracking within routine health-sector exercises** can help avoid duplication of efforts and reporting burden on partners

3. Despite good response rates, there is room for improvement. **In initial rounds more sensitisation, support and follow up is needed** with multi-sectoral partners who may be new to the exercise

4. Large nutrition-sensitive programs such as PSNP IV and ONE WASH had to be excluded from round 1 analysis due to complexity of reporting, which points to the **need for a different resource tracking approach (using existing reports, working with secretariats) for multi-stakeholder programs**

5. Aligning the exercises with national plans (costed where available) and using other types of available data (programmatic, burden etc) can yield richer analyses and strategic use for policy makers
Further areas for NIPN collaboration

How can the analyses inform stronger decision making for nutrition?

1. Partnering on analyses to combine financial data with other types of available data including population data, programmatic indicators, burden estimates and cost data, for insights on efficiencies and equity

2. The data may be tailored to and help answer questions such as:
   
   • What is the **volume of funding** available for nutrition and what are the **trends**?
   • What **strategic objectives** in the national strategy are well funded? Where are the gaps?
   • What are the **types of interventions** that funding is directed towards?
   • Which **geographies** (Regions, Districts) is it distributed across?
Thank you!
Annexes
Nutrition resource mapping data can inform decision-making at various levels.

Data can be used and tailored to the needs of decision-makers at various levels; with increased levels of disaggregation needed for woreda level planning and lesser moving up the pyramid:

- **Global**: Tracking aid for nutrition globally helps assess donor allocations to countries most in need.

- **Federal level cross sectoral planning & coordination**: MOH steering sectors through NNTC/NNCB to help encourage action within sectors: is there enough funding for nutrition in each sector? Are sectors collaborating to optimize funding allocations and partnerships? What more could be done?

- **Federal level sectoral planning & coordination**: Nutrition team at FMoANR compares budgeted plans with resource need and develops an investment case to present to donors, including analysis of regional allocations according to need. Nutrition team at FMoH requests for additional support out of pooled funding from MoFEC. Nutrition team at FMoH convenes donors for data driven joint planning and support.

- **Regional level sectoral planning & coordination**: Regional bureaus (health, nutrition, finance) can coordinate their programmatic and financial planning (as stated above) for nutrition, according to regional priorities.

- **Woreda level sectoral planning & coordination**: Improved nutrition programme implementation including reallocation to underfunded areas / areas in most need, value for money (comparison with outputs), identifying duplication to improve coordination.
Round 1 experience informed the routinization process to ensure sustainability

**EFY 2010 [Round 1]**

- **Tool development**
  - Development of **nutrition-sensitive tool** led by resource mobilization directorate, aligned with health resource mapping
  - *Feb - Mar*

- **Stakeholder consultations & pilot testing**
  - Partners provided feedback on tool and data use case: UNICEF, FAO, IFPRI, Save the Children
  - *Mar - Apr*

- **Launch workshop for development partners**
  - Workshop to launch data collection phase
  - *May 29th*

- **Data collection & follow up (donors & IPs)**
  - Donors and IPs report nutrition-sensitive investments using the Excel tool and send responses to FMOH by *June 15th*
  - *June - Oct*

- **Data analysis**
  - Nutrition Case Team leads analysis and outputs that inform key questions & decision making for **planning purposes**; R4D to support
  - *Nov*

**EFY 2011 [longer-term]**

- **Review & planning for routinization**
  - Convene stakeholders to present preliminary findings, implications and solicit inputs for longer term routinization
  - *Nov onwards*

- **Nutrition Case Team leads analysis and outputs that inform key questions & decision making for planning purposes**

**Health sector resource mapping capturing largely nutrition-specific partners**