



Nutrition Resource Mapping in Ethiopia Across Sectors

2nd NIPN Global Gathering
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Amsterdam



**FEDERAL DEMOCRATIC
REPUBLIC OF ETHIOPIA**
MINISTRY *of* HEALTH

BILL & MELINDA
GATES foundation



**RESULTS FOR
DEVELOPMENT**



Agenda

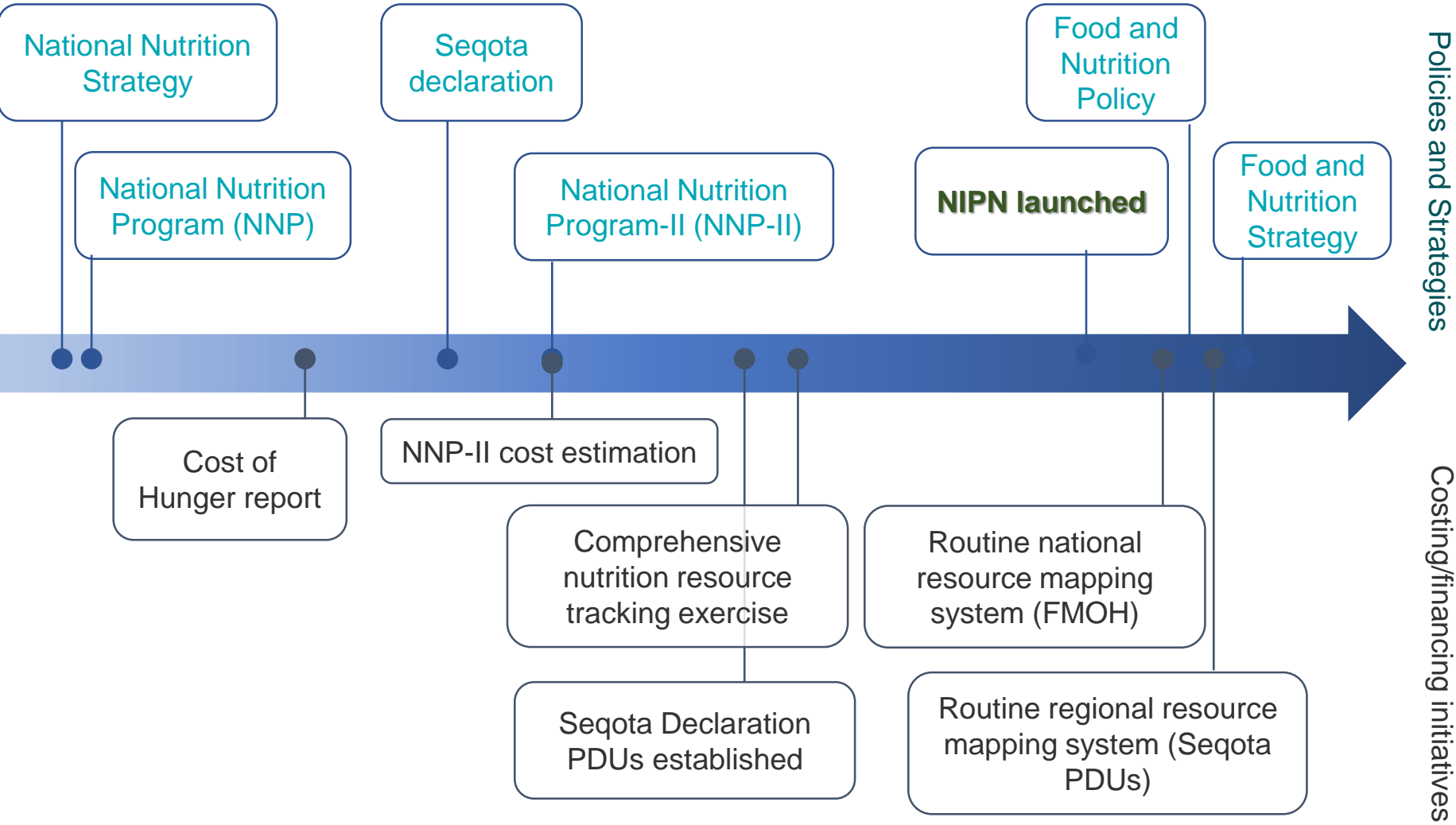
1. Describe the role and efforts in multi-sectoral resource tracking to support national nutrition efforts in Ethiopia
2. Present approach and illustrative analysis results from 2015/16 – 2018/ 19 as examples to inform decision-making
3. Highlight lessons learned which may be helpful to other countries 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



SOCIAL
PROTECTION



EDUCATION



HEALTH



WATER,
HYGIENE
& SANITATION



NUTRITION-
SENSITIVE
AGRICULTURE

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

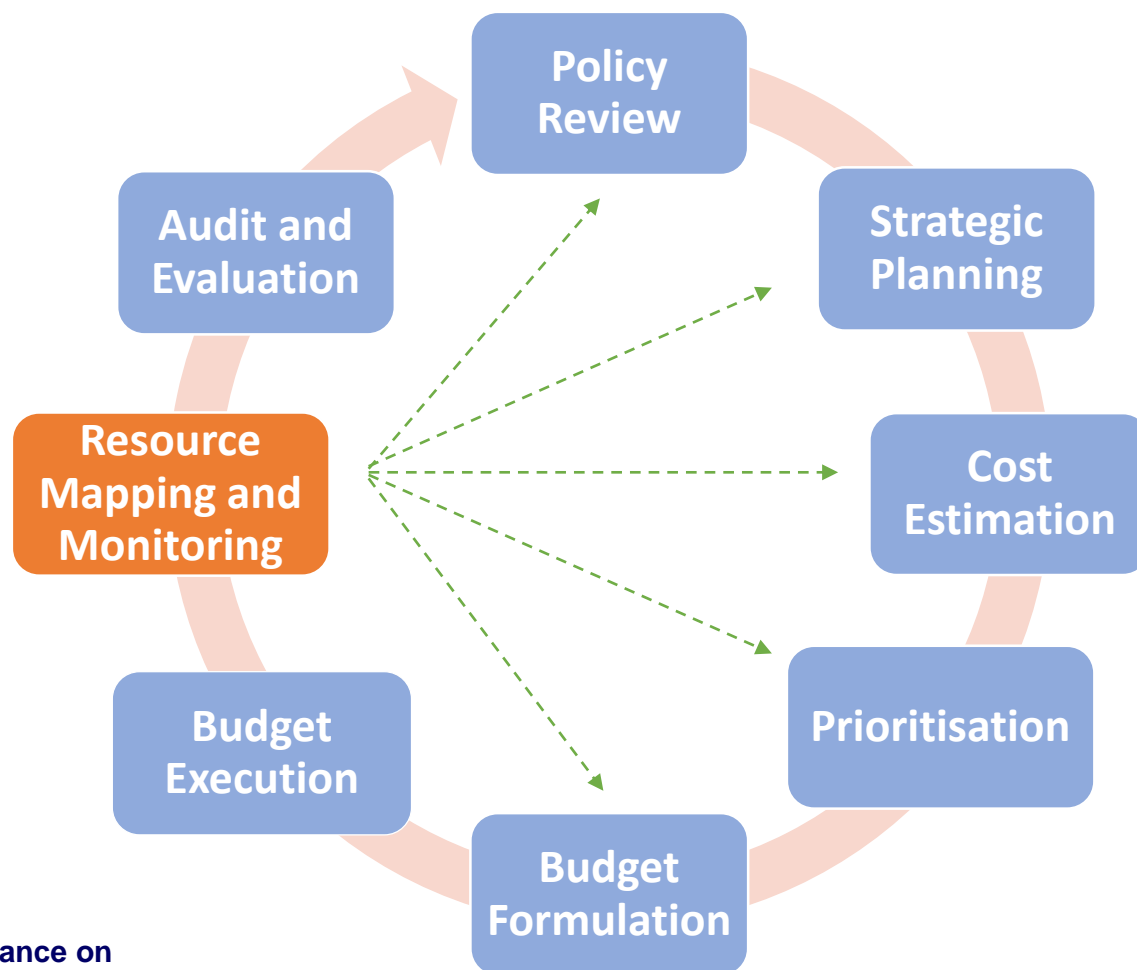


NATIONAL
NUTRITION
COORDINATION
BODY (NNCB)

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

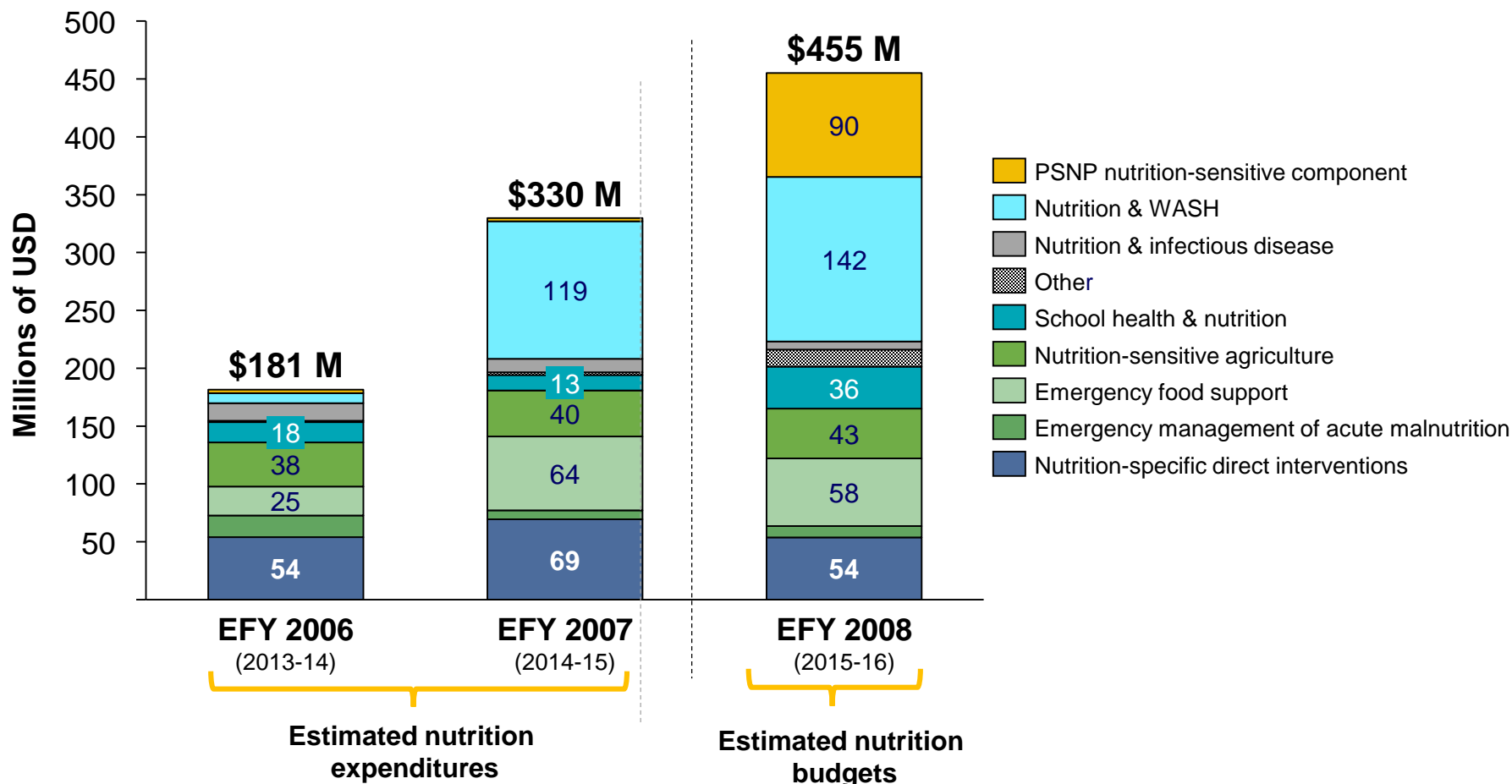
FMOH implemented a **supplemental tool** to more fully capture non-health spending on nutrition for 2016/17-2018/19

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



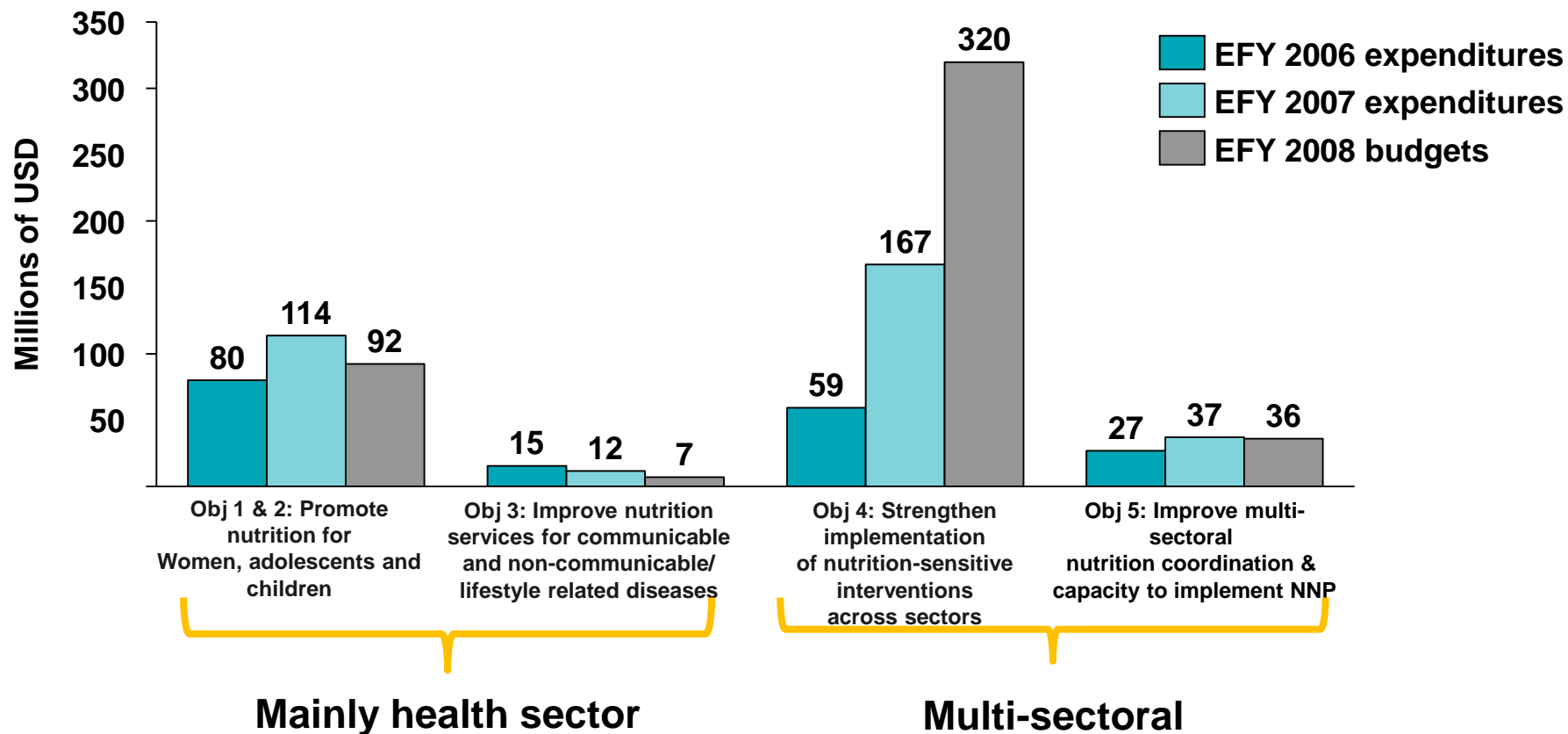
Multi-sectoral analysis: total funding increasing in most sectors, but nutrition-specific funding in 2015/16 no higher than 2013/14



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

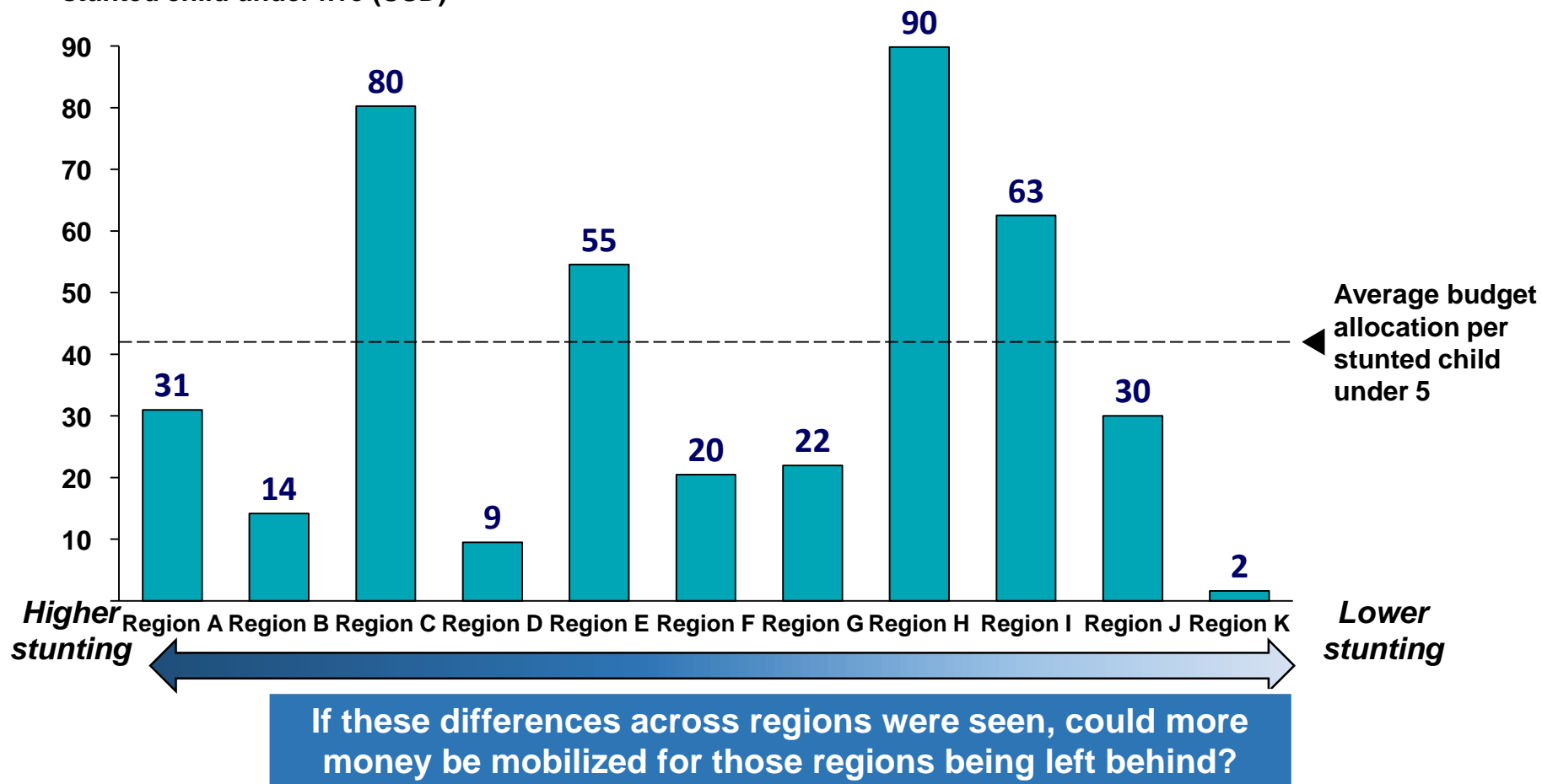


Trends in NPP-II Obj.1,2,3 are not very positive - is more funding needed for these from GoE and/or external sources?



Regional analysis: is funding being allocated in proportion with stunting burden?

Illustrative EFY 2008 budget allocations per stunted child under five (USD)





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

Federal Ministry of Health
Government of Ethiopia
Resource Mapping Annual Exercise for EFY2006 - EFY2007
Implementing Partners Form

Questions or Comments?
Please contact:
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Due Date: January 17, 2014
Please submit completed responses to fmoh.resource.mapping@gmail.com

Splash Screen Organization Information Activity Input MW Tool Completion and Quality Check Feedback

Respondents for both include both donors and implementing partners

Federal Ministry of Health
Government of Ethiopia
Resource Mapping Annual Exercise for EFY2006 - EFY2007
Implementing Partners Form

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Splash Screen Organization Information Activity Input MW Tool Completion and Quality Check Feedback

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

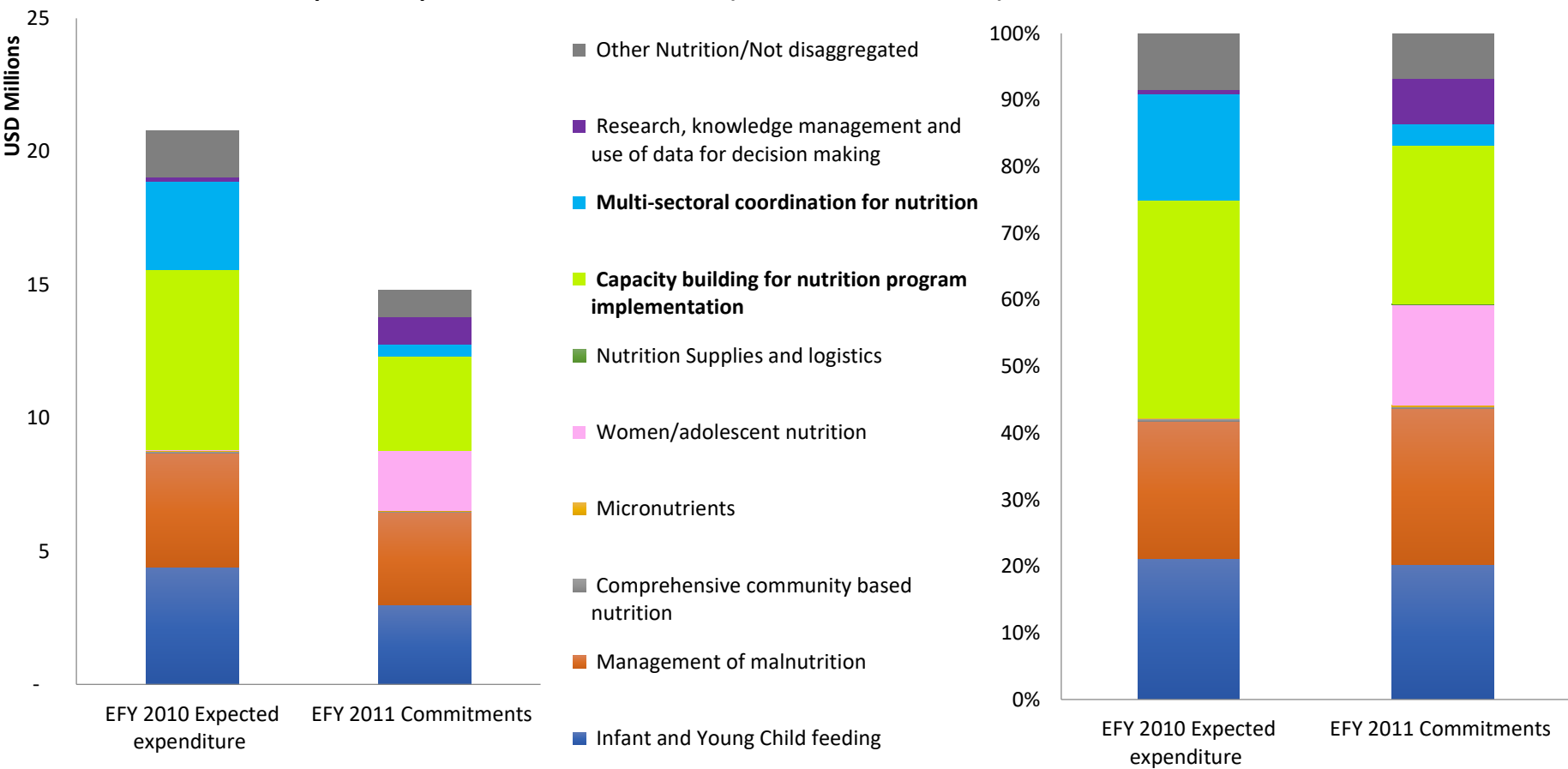
The full set of sample analyses is available with FMOH in the slide deck "FMOH-R4D nutrition resource mapping in Ethiopia preliminary analysis deck v16Dec"



Example analysis (1) : multi-sectoral coordination and capacity-building both becoming less prominent in EFY 2011 health sector programs for nutrition

Illustrative analysis

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



Source: IP data from routine FMOH tool

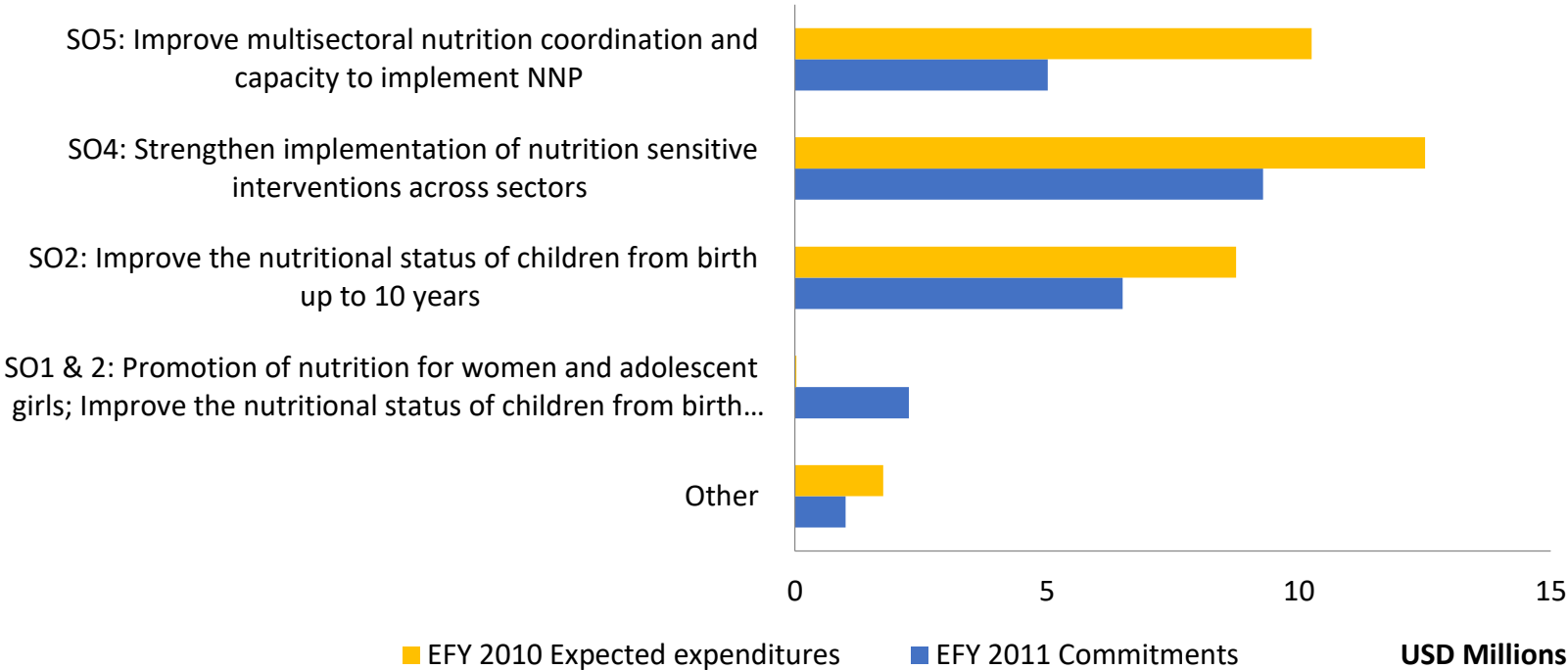


Example analysis (2): changing mix of spending by NNP-II strategic objectives

Illustrative analysis

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



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

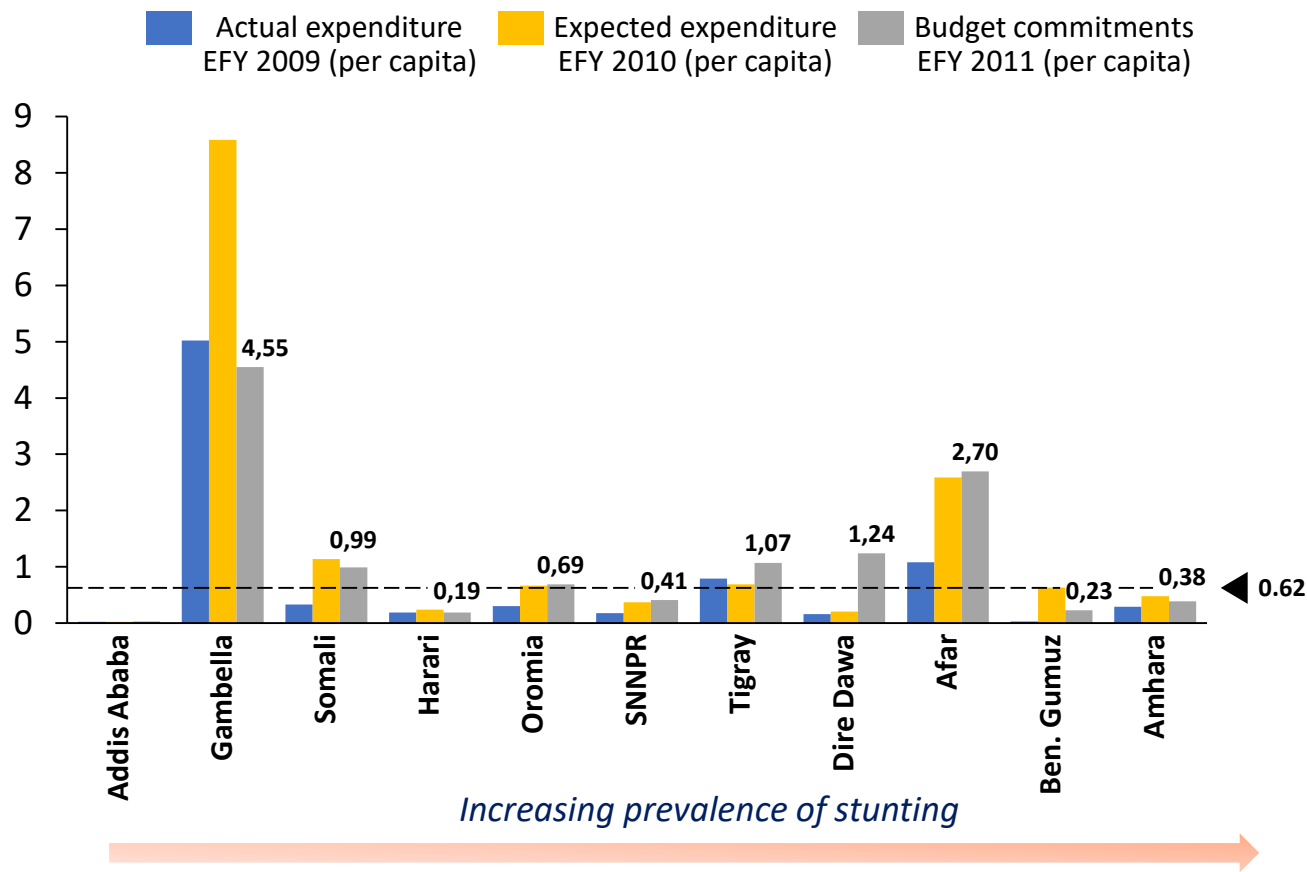
Source: IP data from routine FMOH tool



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**

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!



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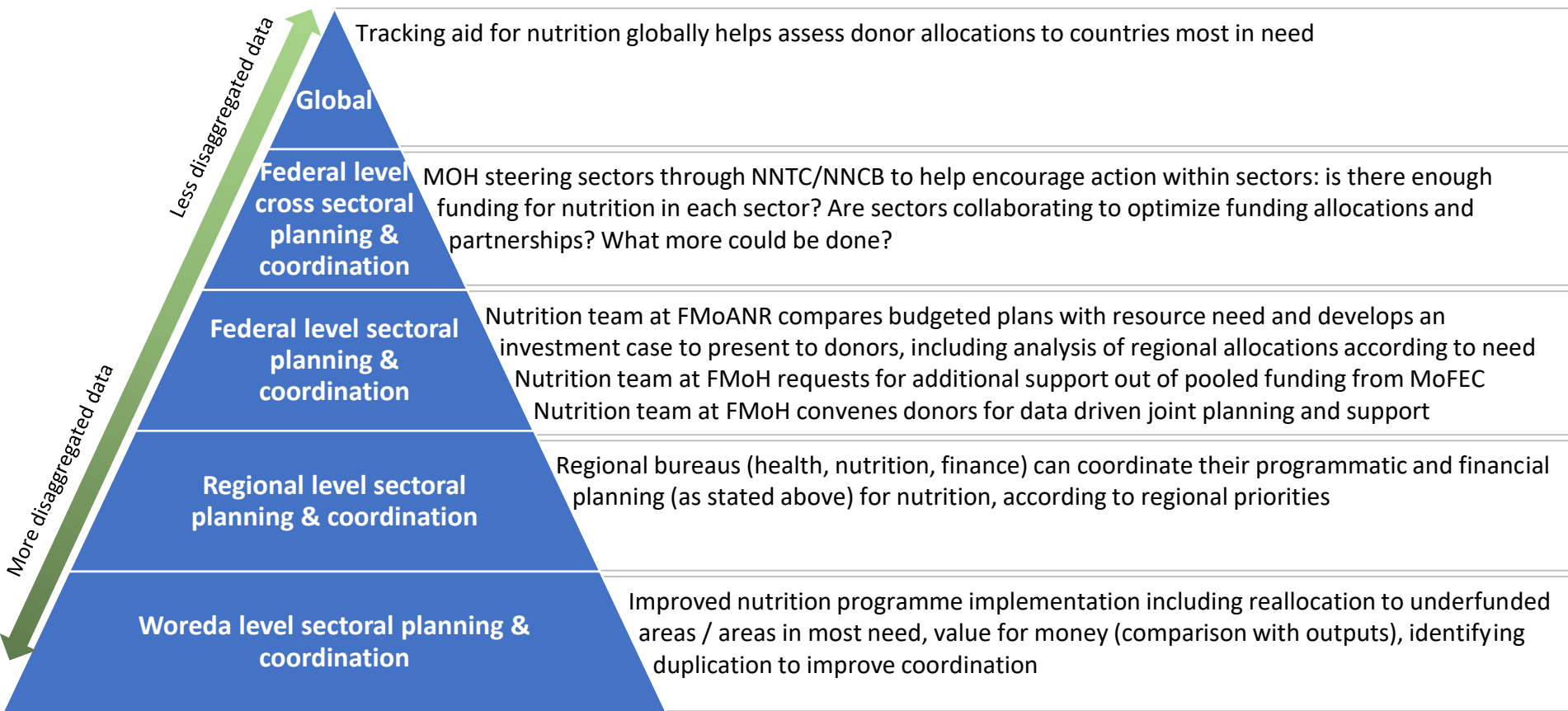


Annexes



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:





Round 1 experience informed the routinization process to ensure sustainability

Health sector resource mapping capturing largely nutrition-specific partners

EFY 2010 [Round 1]

EFY 2011 [longer-term]

