

# Innovative avenues for financing nutrition programmes in West Africa

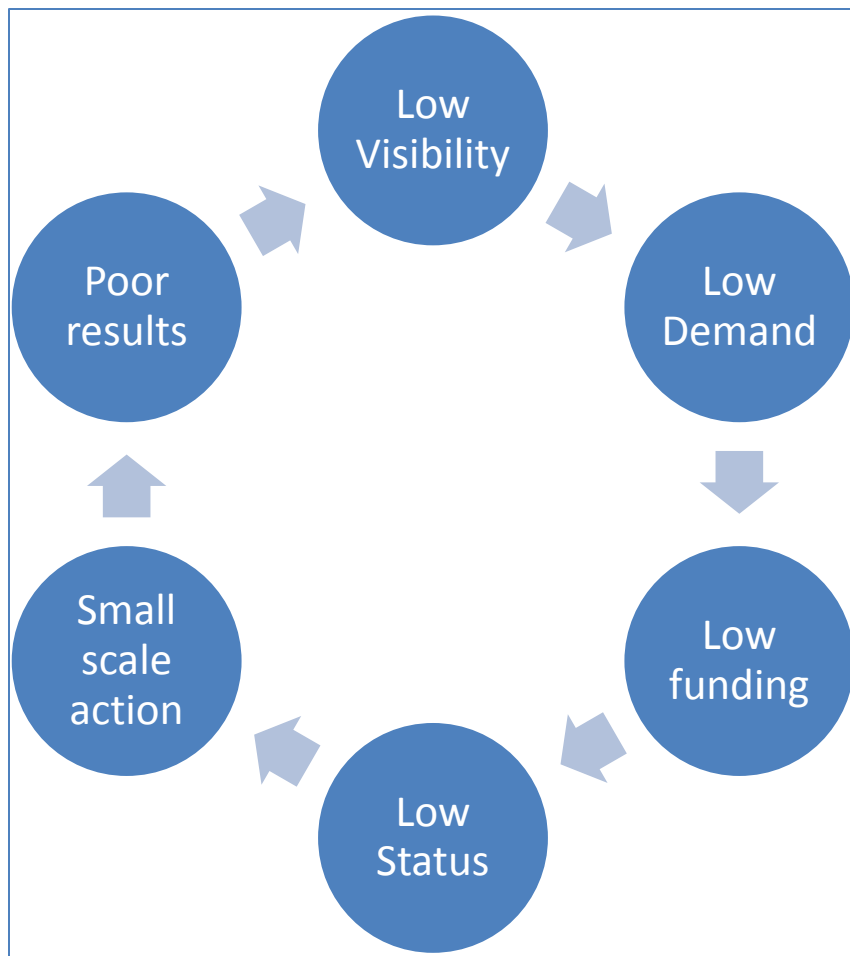
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CAADP Nutrition Workshop  
Dakar 9 – 12 Nov 2011



# Outline of the presentation

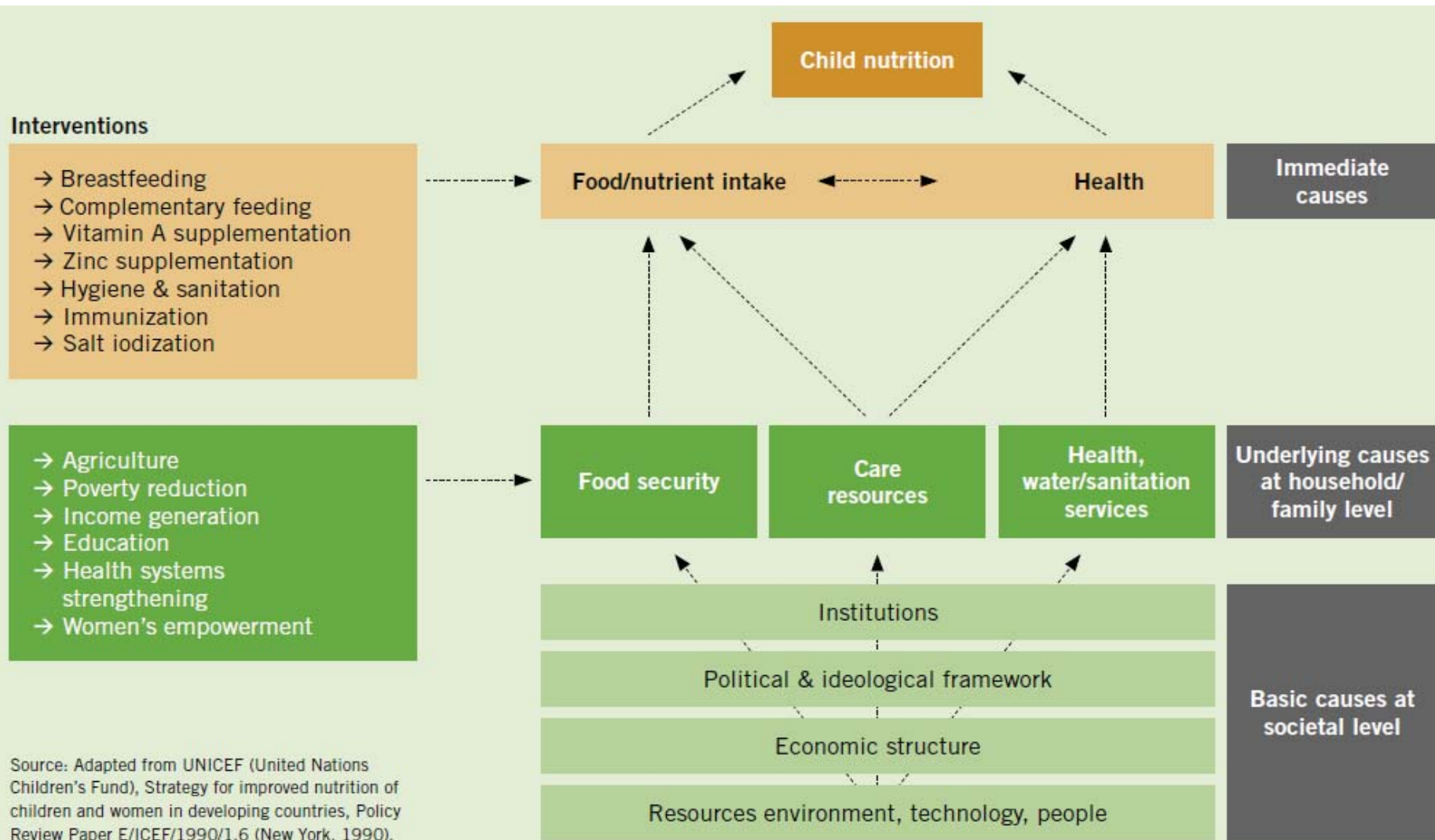
- Bottleneck analysis of nutrition
- How much is needed
- How much is invested: globally, case study (Burkina Faso)
- Strategies for increasing investment in nutrition
- Investing through multisectoral approach
- Conclusion

# Nutrition – Low priority cycle



- Implementation framework
- Institutionalization & mainstreaming
- Management capacity (all levels)
- **Financial capacity**
- Policy narrative

# Conceptual framework and interventions



# Do we know how much is needed?

## COSTING & BUDGETING

- Health sector has two approaches of costing:
  - Ingredients – Lancet series
  - Programme activity – Marginal Budgeting for Bottlenecks (MBB) & Integrated Health Model
- Per package based: REACH & SUN
- Few approaches assess health impact (MBB)

# 2008 review of tools: nutrition interventions included

Existing tools included in 2008 tool review, and their developers							
Pop benefitti ng		MBB	CHCET	CORE plus	Integrated health model	Resource Needs Model	IHTP - MNH
	Nutrition related interventions included	(UNICEF/ WB)	WHO	MSH	UNDP	Futures Institute	WHO
Children < 5	Breastfeeding counseling and promotion	x	x				x
	Complementary feeding	x	x				
	Nutrient supplementation (Vit A, Iodine, Zinc) and growth monitoring	x	x		x		
	Mild malnutrition			x			
	Supplementary feeding for moderately malnourished children (< 2SD)	x	x				
	Severe malnutrition (with or without complications)		x	x	x		
Pregnan t Women	Calcium supplementation in pregnancy	x					
	Balanced protein energy supplements for pregnant women	x					x
HIV	Nutritional support for HIV treatment				x	x	x
	Estimates health impact?	Yes	No	No	No	No	No
	Cost categories included						
	Drugs and commodities	☑	☑	☑	☑	☑	☑
	Staff costs	☑	☑	☑	☑	☑	☑
	Programme activity costs - overall	☑			☑		
	Programme activity costs - detailed		☑				

# Tools developed after the 2008 review specifically for coverage of nutrition interventions (1-REACH)

**REACH Costing tool : developed by the REACH Secretariat**

**Covers:**

- Micronutrient
- IYCH feeding
- SAM treatment
- Hygiene/parasite control
- Food security



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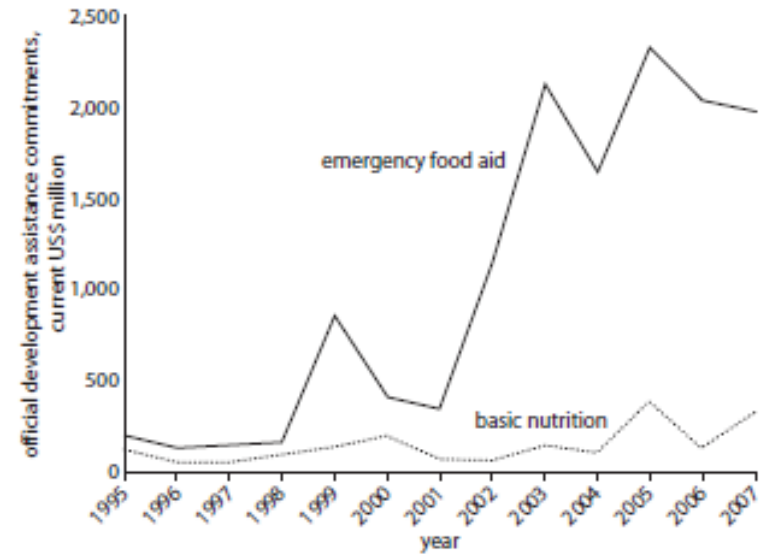
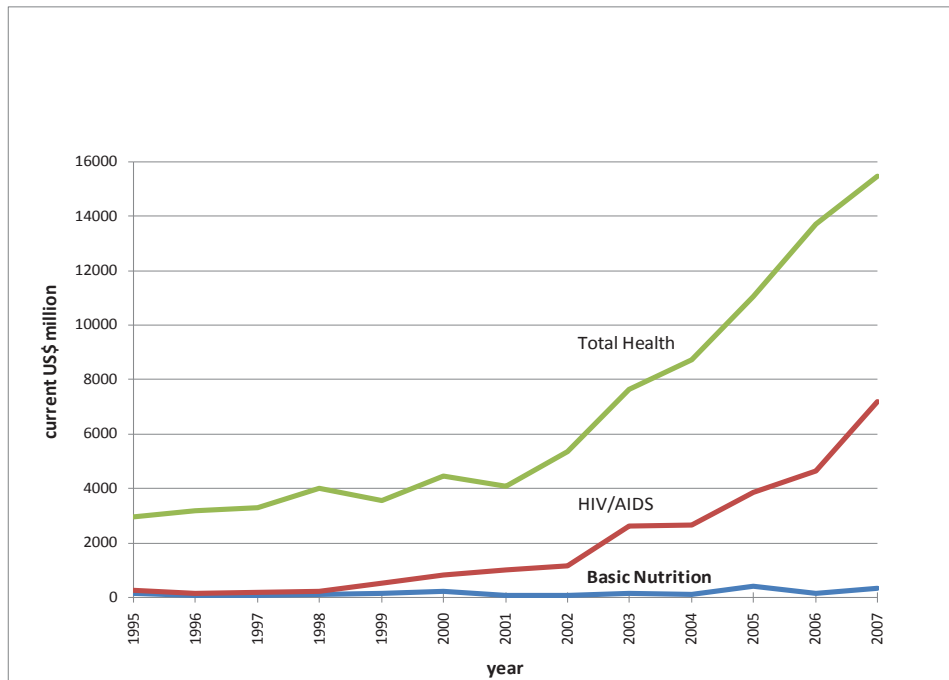
Package	Intervention	Population benefitting
Treat SAM	Therapeutic feeding	Child <5
Improve IYCH feeding	BF / CF	Child <5
Increase micro-nutrient intake	Micronutrient supplementation	Child <5
	Micronutrient fortification	10% are children
Improve hygiene and parasite control	Household water treatment	10% are children
	Handwashing with soap	Child <5
	Malaria: bednets	Child <5
	Malaria: IPT	Child <5
	Deworming	Child <5
Increase food availability and accessibility	Supplementary feeding	Child <5
	Homestead food production	40% are children <5
	Conditional cash transfer	40% are children <5
Estimates health impact?		No
Cost categories included		
Drugs and commodities		<input checked="" type="checkbox"/>
Staff costs		<input checked="" type="checkbox"/>
Programme activity costs - overall		<input checked="" type="checkbox"/>
Programme activity costs - detailed		

# SUN costing

Package	Intervention	Population benefitting
Behaviour change interventions	Breastfeeding promotion and support	Pregnant women and parents of infants < 6 months
	Complementary feeding promotion (excluding provision of food)	Pregnant women and parents of infants < 2 years
	Handwashing with soap and promotion of hygiene behaviours	Pregnant women and parents of infants < 5 years
Micronutrient and deworming interventions	Vitamin A supplementation	Children 6-59 months of age
	Therapeutic zinc supplements	Children 6-59 months of age
	Multiple micronutrient powders	Children 6-23 months of age
	Deworming	Children 12-59 months of age
	Iron-folic acid supplements for pregnant women	Pregnant women
	Iron fortification of staples	Entire population
	Salt iodization	Entire population
	Iodine supplements	Pregnant women in highly endemic pockets if iodised salt is unavailable
Complementary and therapeutic feeding interventions	Prevention or treatment of moderate malnutrition in children 6-23 months of age	Population with high prevalence of children 6-23 months of age with WFA <-2 SD
	Treatment of severe acute malnutrition	Children 6-59 mos of age with WFH < -3 SD; or bilateral oedema or MUC <115 mm



# How much is invested globally?



Source: OECD DAC at <http://www.oecd.org/dac/stats/idsonline>.

- In 2010, during the crisis in Niger; **\$100 millions** were spent for nutrition and **\$300 millions** for nutrition and food security.

Package	Interventions	West Africa	Burkina Faso	Niger
BCC		371.3	23.3	24.8
Micronutrient		189.9	20.1	11.1
	VAS	15.6	10.5	1.4
	Therapeutic Zinc	49.5	3.1	3.3
	MNP	36.5	1.9	1.9
	Deworming	10.7	0.6	0.6
	Iron folic	11.9	0.6	0.6
	iron fortification	59.7	3.2	3.1
	Salt iodisation	6.0	0.3	0.3
Complementary feeding		796.9	42.1	40.8
	Complementary feeding	442.1	23.3	22.7
	CMAM	354.7	18.7	18.2
Capacity development		104.5	5.5	5.4
M&E & Operational research		20.9	1.1	1.1
<b>Total</b>		<b>1,483.5</b>	<b>92.1</b>	<b>83.1</b>

# Case study – Burkina Faso (1)

Expenditure per programme  
(Ministry of health) →

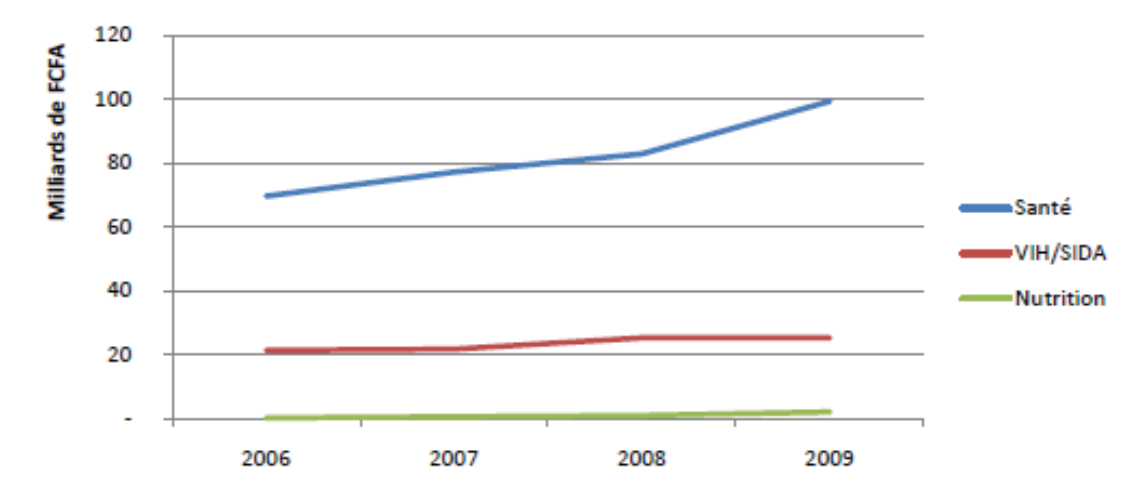


Figure 2 : Evolution des budgets du Ministère de la Santé, du VIH/SIDA et de la nutrition  
Sources : REDES 2008, UNGASS 2010, DGISS 2009.

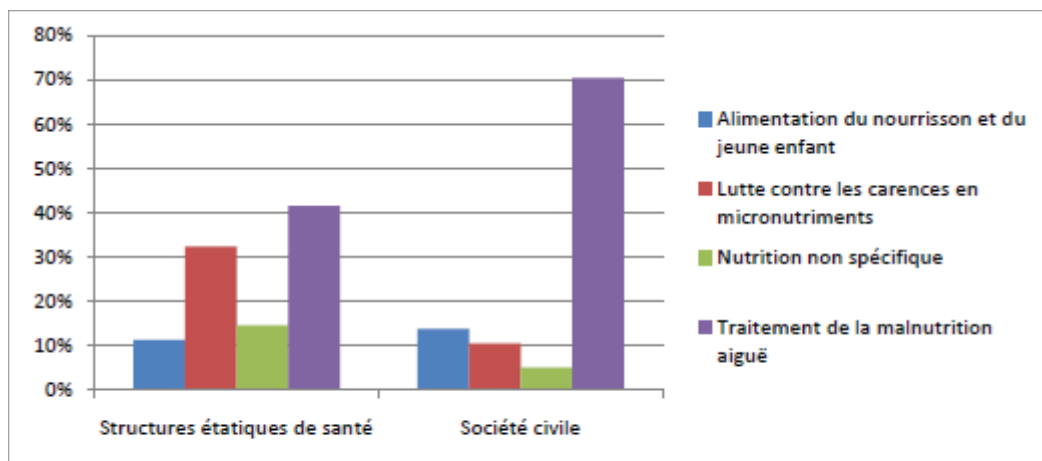


Figure 5 : Importance donnée, en termes de financements, à chaque activité par les structures étatiques de santé et la société civile

← Expenditure per package  
(MOH & NGOs)

## Case study – Burkina Faso (2)

With advocacy – the proportion from the government is increasing.

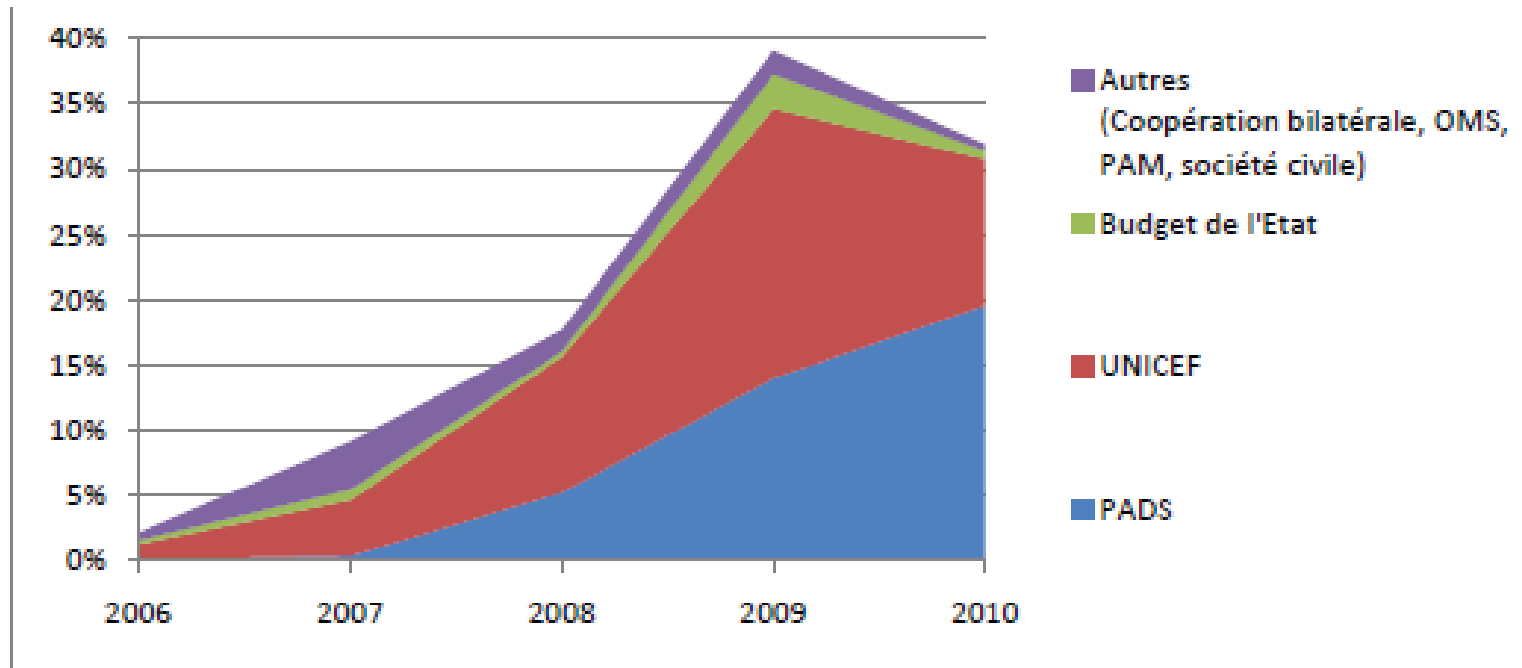


Figure 3 : Répartition du volume total des financements alloués pour les activités de nutrition menées par les structures étatiques selon les années et les différentes sources de financement

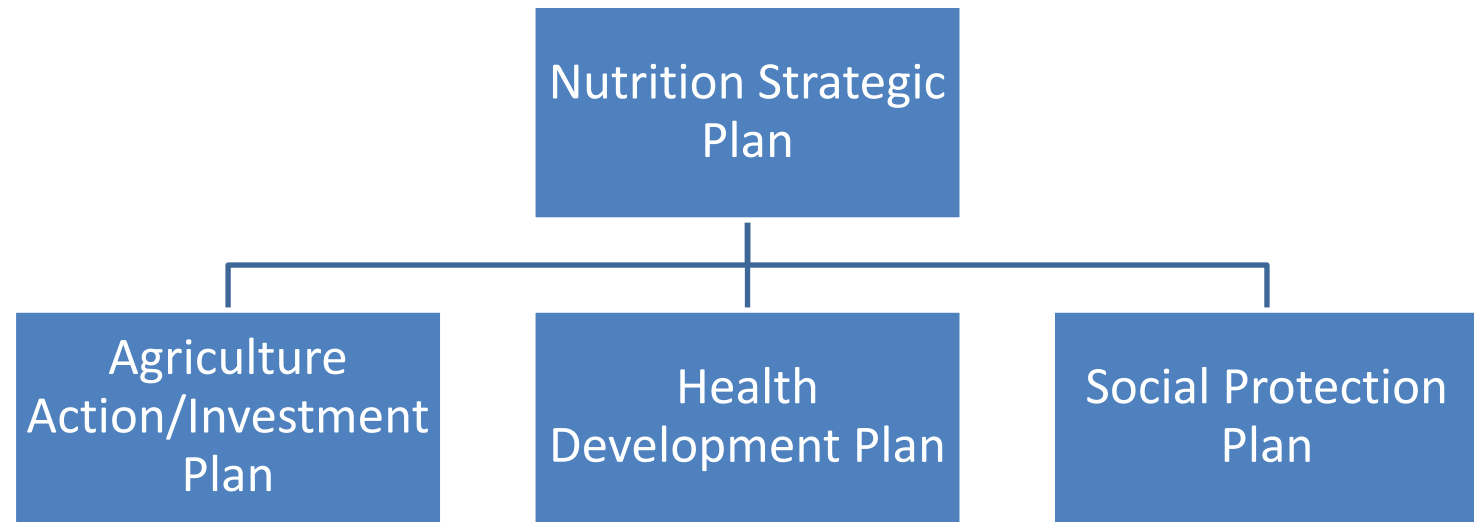
# Strategies to increase funding for nutrition (1)

- Realignment of government expenditures toward the most cost-effective interventions
  - Nutrition strategic plan
  - Sectoral action plans (health, agriculture, education, social protection...)
- Budget/expenditure analysis to increase efficiency
- Shifting from activity-based to result-based programming
- Organisation of package by delivery modes using system analysis
  - Facility-based services (curative & preventive)
  - Population oriented services (child health & nutrition days)
  - Community-based care & services

# Strategies to increase funding for nutrition (2)

- Seizing opportunities (integration/packaging)
  - HIV/AIDS : PMCT + (IYCF)
  - Integrated management of acute malnutrition + (IYCF + Sanitation & Hygiene)
  - Malaria + (Micronutrients)
  - Immunisation + (Micronutrients)
  - Community Case Management + (comprehensive community-based programme)
- Prioritisation of expenditures toward most vulnerable areas/population (equity)
- Harnessing household and private resources (especially in the food sector)
- Ensuring that international aid is supporting basic nutrition and is more predictable (more development funds)

# Investing through multisectoral approach



Household & Community level – Private sector

Supply & Demand bottleneck analysis: Supply availability, Human Resources, Geographic Access, utilisation, social norms, institutional analysis,

# Conclusions

- It is possible to increase funding for nutrition by:
  - exploring different avenues: government; donors; private sector & household/community
  - Tracking/analysing budgets and expenditures
  - Ensuring better results for the funds available
  - Moving from activity-based budgeting to system-wide budgeting with a focus on results (outcomes & impact)





THANK YOU

MERCI

OBRIGADO